Subject: Public Records Request
Date: Wednesday, January 12, 2022 at 5:07:08 PM Eastern Standard Time
From: Lanaghan, Olivia
To: AO Records
Attachments: image001.png

EXTERNAL SENDER

Good afternoon,

We are sorry for the confusion and delay when it came to locating your requested records. You may find your records on the Governor's website at the link provided below under "01-12-2022_Evers, A_15-G_Responsive_Documents." If there are any problems locating your records, please reach out. Thank you for contacting The Executive Office of the Governor.


Public Records Requests

Sincerely,
Olivia Lanaghan
Legal Assistant
The Executive Office of the Governor

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

Hendricks, Courtney

Subject: DRIVE TIME (Real Time §119.071(2)(d) F.S.)
Location: Port Everglades Administration Building

Start: Sat 3/7/2020 1:45 PM
End: Sat 3/7/2020 2:15 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Schedule, Gov
Required Attendees FDLE, Mansion; Mons, Robert

AMERICAN OVERSIGHT

Hendricks, Courtney

Subject: Call with Vice President Mike Pence Regarding COVID-19
Location: VIA PHONE

Start: Mon 3/9/2020 12:00 PM
End: Mon 3/9/2020 1:00 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Schedule, Gov
Required Attendees FDLE, Mansion; Mons, Robert; Lukis, Adrian

Dial-in Instructions:

- Primary dial-in numbers: **1-877-369-5243** or **1-617-668-3633**
- Governor Ron DeSantis's UNIQUE Telephone connection information:
  - **Access Code:** [redacted]
  - **Attendee ID:** [redacted]

AMERICAN OVERSIGHT

Hendricks, Courtney

Subject: Call with President Donald Trump, Vice President Pence and our Nation's Governors
Location: VIA PHONE

Start: Mon 3/16/2020 11:30 AM
End: Mon 3/16/2020 12:30 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Schedule, Gov
Required Attendees FDLE, Mansion; Mons, Robert; Lukis, Adrian

Dial-in Instructions:

- Primary dial-in numbers: **1-877-369-5243** or **1-617-668-3633**
- Ron DeSantis's UNIQUE Telephone connection information:
  - **Access Code:** [redacted]
  - **Attendee ID:** [redacted]

AMERICAN OVERSIGHT

Hendricks, Courtney

Subject: Call with Vice President Mike Pence re: COVID-19

Start: Thu 3/12/2020 4:50 PM
End: Thu 3/12/2020 5:00 PM

Recurrence: (none)

Organizer: Schedule, Gov

AMERICAN OVERSIGHT

Hendricks, Courtney

Subject: Call with Vice President Mike Pence Regarding COVID-19
Location: VIA PHONE

Start: Mon 3/9/2020 12:00 PM
End: Mon 3/9/2020 1:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Schedule, Gov
Required Attendees FDLE, Mansion; Mons, Robert; Lukis, Adrian

Dial-in Instructions:

- Primary dial-in numbers: **1-877-369-5243** or **1-617-668-3633**
- Governor Ron DeSantis's UNIQUE Telephone connection information:
  - **Access Code:** [redacted]
  - **Attendee ID:** [redacted]

AMERICAN OVERSIGHT

Hendricks, Courtney

Subject: Call with Vice President Mike Pence Regarding COVID-19
Location: Via Phone

Start: Mon 3/2/2020 12:00 PM
End: Mon 3/2/2020 12:30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Schedule, Gov
Required Attendees FDLE, Mansion; Mons, Robert; Mara Gambineri; Meiner, Drew

888-600-5819
Access Code: [redacted]

AMERICAN OVERSIGHT

Hendricks, Courtney

Subject: Canceled: TENTATIVE: Meeting with President of Brazil Jair Bolsonaro
Location: Miami

Start: Mon 3/9/2020 11:30 AM
End: Mon 3/9/2020 12:00 PM
Show Time As: Free

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Schedule, Gov
Required Attendees FDLE, Mansion; Castellanos, Silvia

Hilton Miami Downtown
1601 Biscayne Blvd, Miami, Florida, 33132, USA

AMERICAN OVERSIGHT

Hendricks, Courtney

Subject: FW: CA/FL/NY/WA CDC & WH Taskforce on COVID-19 Guidance Discussion
Location: Dial-in: 202-395-6392; Code [redacted]

Start: Mon 3/9/2020 8:30 PM
End: Mon 3/9/2020 9:00 PM
Show Time As: Tentative

Recurrence: (none)

Organizer: Imhoff, Olivia (who.eop.gov)

Attached are close hold draft documents. Please don't forward.

Call Information
Dial-in: 202-395-6392
Code: [redacted]

*Everyone will be on an unmuted line. Please mute your line if you are not speaking.

AMERICAN OVERSIGHT

Hendricks, Courtney

From: Gambineri, Mara
Sent: Sunday, March 1, 2020 9:12 PM
To: Moulton, Diane
Subject: Accepted: Call with Vice President Mike Pence Regarding COVID-19

AMERICAN OVERSIGHT

Hendricks, Courtney

From: Mons, Robert
Sent: Friday, March 6, 2020 10:03 AM
To: Moulton, Diane
Subject: Accepted: Call with Vice President Mike Pence Regarding COVID-19

AMERICAN OVERSIGHT

Hendricks, Courtney

From: Meiner, Drew
Sent: Sunday, March 1, 2020 10:18 PM
To: Moulton, Diane
Subject: Accepted: Call with Vice President Mike Pence Regarding COVID-19

AMERICAN OVERSIGHT

Hendricks, Courtney

From: Meiner, Drew
Sent: Monday, March 9, 2020 10:29 AM
To: Moulton, Diane
Subject: Accepted: Meeting with Vice President Pence Regarding COVID-19

AMERICAN OVERSIGHT

Hendricks, Courtney

From: Saccio, Steven
Sent: Friday, March 6, 2020 3:45 PM
To: Moulton, Diane
Subject: Accepted: Meeting with Vice President Pence Regarding COVID-19

AMERICAN OVERSIGHT

Hendricks, Courtney

From: Mons, Robert
Sent: Friday, March 6, 2020 2:43 PM
To: Moulton, Diane
Subject: Accepted: Meeting with Vice President Pence Regarding COVID-19

AMERICAN OVERSIGHT

Hendricks, Courtney

From: McCloud, Cody
Sent: Friday, March 6, 2020 2:09 PM
To: Moulton, Diane
Subject: Accepted: Meeting with Vice President Pence Regarding COVID-19

AMERICAN OVERSIGHT

Hendricks, Courtney

From: Mons, Robert
Sent: Friday, March 13, 2020 4:48 PM
To: Moulton, Diane
Subject: Accepted: Nation's Governors Call with Vice President Mike Pence Regarding COVID-19

AMERICAN OVERSIGHT

Recommendations for Communities in the United States with Transmission of COVID-19- March 8, 2020

Bottom Line Up Front:

Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. These approaches are used to minimize morbidity and mortality caused by COVID-19 and minimize social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. The following four communities should begin implementing community mitigation strategies: Seattle, Santa Clara, Westchester, and Florida.

Goals:

The goals for using mitigation strategies for communities with local COVID-19 transmission are to protect:

- Individuals at risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A).
- The healthcare workforce and critical infrastructure workforces

Strategy:

- Emphasize individual responsibility for implementation of recommended personal-level actions,
- Empower businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at risk of severe illness
- Focus on settings that provide critical services to implement recommended actions to protect critical infrastructure and individuals at risk of severe disease
- Minimize disruptions to daily life to the extent possible

The attached document outlines a proposed framework for actions which local and state health departments can implement as local spread of COVID-19 continues in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity. All communities should be preparing for community mitigation. Additionally, based off these recommendations, the following communities should be taking community mitigation action:

Community	Considerations	Community Mitigation Actions
Seattle, WA	Widespread transmission, impacting public health response and healthcare capacity, focal point in a high-risk setting (long-term care facility) with high mortality rate	Moderate to severe actions
Santa Clara, CA	Widespread transmission, impact on public health response and healthcare capacity, large older adult population	Moderate to severe actions
Westchester, NYS	Sustained transmission with most cases associated with communal exposure	Low to moderate actions
Florida	Limited community transmission, older adult population, reported deaths	Prepare/Low actions

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Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a proposed framework for actions which local and state health departments can implement as local spread of COVID-19 continues in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

The goals for using mitigation strategies for communities with local COVID-19 transmission are to protect:

- Individuals at risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A).
- The healthcare workforce and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality caused by COVID-19 and minimize social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy.

Implementation emphasizes:

- Emphasizing individual responsibility for implementation of recommended personal-level actions,
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at risk of severe illness
- Focusing on settings that provide critical services to implement recommended actions to protect critical infrastructure and individuals at risk of severe disease
- Minimizing disruptions to daily life to the extent possible

Guiding principles

- Each community is unique, and mitigation appropriate strategies will vary based on characteristics of the community and populations at risk of severe disease as well as the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including vulnerable populations that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at risk for severe illness

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- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- The level of activities implemented may vary across settings (i.e.. may be at moderate for one setting and at substantial for another setting at the same time in order to meet community response needs).
- Local and state public health departments may need to implement mitigation strategies for public health functions in the identification and contact tracing of cases depending on level of community spread (Table 3). When applied, community mitigation efforts may help implementation of public health activities like contact tracing.

Table 1. Local Factors to Consider for Determining Mitigation Strategies

Factor	Characteristics
Epidemiology	Level of community transmission Number of outbreaks COVID-19 cases impacting delivery of healthcare or impacting other critical infrastructure or services Epidemiology in surrounding jurisdictions
Community Characteristics	Size of community and population density Level of community engagement/support Size and characteristics of vulnerable populations Access to healthcare Transportation (public, walking) Planned large events
Healthcare capacity	Healthcare workforce Number of healthcare facilities Testing capacity Intensive care capacity PPE availability
Public health capacity	Public health workforce and availability of resources to implement strategies Available support from other state/local government agencies and partner organizations

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Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Setting	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None/minimal	Moderate	Substantial

	• Know where to find local information on COVID-19 and local trends of COVID-19 cases.
	• Know the signs and symptoms of COVID-19 and what to do if symptomatic:
	  ○ Stay home when you are sick
	  ○ Call HCP office in advance of a visit
	  ○ Limit movement in the community
	  ○ Limit visitors
	• Know what additional measures those at high-risk and who are vulnerable should take
	• Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).
	• Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.
	  ○ Consider 2 week supply of prescription and OTC medications, food and other essentials. Know how to get food delivered if possible.
		• Continue to monitor local information about COVID-19 in your community.
		• Continue to practice personal protective measures.
		• Continue to put household plan into action.
		Individuals at risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel
			• Continue to monitor local information
			• Continue to practice personal protective measures.
			• Continue to put household plan into place
			• All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials

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	○ Establish ways to communicate with important others (e.g., family, friends, co-workers) ○ Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. Know about emergency operations plans for schools/workplaces of household members.		
Individuals and Families at Home *"What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site. • Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available. • Evaluate whether there are students or staff who are at risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact ○ Parents of children at risk for severe illness should discuss with their HCP whether those students should stay	• Implement social distancing measures, e.g.: ○ Reduce large gatherings (e.g., assemblies) ○ Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times) ○ Limit inter-school interactions ○ Consider distance or e-learning in some settings • Regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors. • Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing • Students at risk of severe illness should consider implementing individual plans for distance learning, e-learning.	• Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism • Cancellation of school-associated congregations, particularly those with participation of high-risk individuals. • Implement distance learning if feasible

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	home in case of school or community spread ○ High risk staff should have a plan to stay home if there are school-based cases or community spread. • Encourage staff and students to stay home when sick and notify school administrators of illness. • Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings. •		
Schools/childcare *"What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19. • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop plan if one is not available. • Encourage residents to stay in private quarters and staff and clients who live elsewhere to stay home when sick and notify program administrators of illness.	• Implement social distancing measures, e.g.: ○ Reduce large gatherings (e.g., group social events) ○ Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) ○ Limit programs with external staff ○ Consider having residents stay in facility ○ Limit visitors, implement screening	• Longer-term closure or quarantine of facility. • Restrict visitor access

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	• Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings.	• Temperature and respiratory symptom screening of attendees, staff, and visitors. • Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing •	
Assisted living facilities, Senior living facilities and adult day programs *"What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. • Review, update, or develop workplace plans to include: o Liberal leave and telework policies o 7-day leave policies for people with symptoms o Consider alternate team approaches for work schedules. • Encourage employees to stay home and notify workplace administrators of illness when sick. • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette).	• Encourage staff to telework (when feasible), particularly individuals at risk of severe disease • Implement social distancing measures, e.g.: o Spacing workers at the worksite o Staggering work schedules o Decreasing social contacts in the workplace (limit in-person meetings) • Limit large work-related gatherings (e.g., staff meetings, after-work functions) • Limit non-essential work travel • Regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings.	• Implement extended telework arrangements (when feasible) • Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals • Cancel non-essential work travel Cancel work-sponsored conferences, tradeshows, etc.

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	• Clean frequently touched surfaces daily. Ensure hand hygiene supplies are readily available in building.		
Workplace *"What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.) • Review, update, or develop emergency plans for the organization, especially consideration for individuals at risk of severe illness • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building.	• Implement social distancing. Reduce activities (e.g., religious services, group congregation), especially for organizations with individuals at risk of severe illness. Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at risk of severe disease (services, meals, checking in) while limiting group settings and exposures • Cancel large gatherings (e.g., >500 people) or move to smaller groupings. For organizations that serve high-risk communities, cancel gatherings of more than 10 people.	• Cancel faith-based and community gatherings of any size •
Community and faith-based organizations	• Provide healthcare personnel (HCP, includes staff at nursing homes and long-term care), facilities, and systems with tools and guidance	• Implement changes to visitor policies to further reduce limit exposures to HCP, residents, and patients. Changes could include temperature/symptom	• Restrict all visitors from facility entry to reduce facility-based transmission.

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"What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	needed to support their decisions to care for patients at home (or in nursing homes/long-term care facility) • Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use. • Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed. • Assess visitor policies • Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill). • Encourage HCP to stay home and notify healthcare facility administrators of illness when sick. • In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions • Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, upon arrival) •	checks for visitors, limiting visitor movement in the facility, etc. • Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; options to limit unnecessary healthcare visits • Actively monitor HCP absenteeism and respiratory illness among HCP and patients • Actively monitor PPE supplies • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g. designated clinic, surge tent) • Consider allowing asymptomatic exposed HCP to work while wearing a facemask • Begin to cross train HCP for working in other units in anticipation of staffing shortages •	• Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask) • Cancel elective and non-urgent procedures • Establish cohort units or facilities for large numbers of patients • Consider requiring all HCP to wear a facemask when in the facility depending on supply

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Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) *"What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*			

Table 3.

Public health control activities by level of COVID-19 community transmission		
None/Low (Evidence of limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., health care facility, school, mass gathering)	**Medium** (Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases)	**High** (Large scale community transmission, health care staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.)

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• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases • Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance • For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing • Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources • Test symptomatic individuals for COVID-19 • Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges, other first responder; technology etc.)	• May reduce contact tracing if needed, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure) infrastructure when necessary • Reduce at risk of spreading infection or exposures in (those with vulnerable populations or critical infrastructure) • Encourage HCP to more strictly implement phone triage and telemedicine practices • Continue routine COVID-19 testing; however, if testing capacity limited, prioritize testing of high-risk individuals	• May reduce or discontinue contact tracing, even in high-risk settings (e.g., healthcare professionals or high-risk settings further based on vulnerable populations or critical infrastructure) resource capacity. • Discontinue routine testing, continue testing of persons at high-risk of serious disease • Reinforce systems for phone triage and telemedicine to reduce unnecessary healthcare visits

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Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease as defined by your doctor**. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease as defined by your doctor**. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

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AMERICAN OVERSIGHT

From:	Fenske, Taryn
To:	Coppola, Courtney; Moscoso, Alberto; Mahon, Jason; Gambineri, Mara; Ferre, Helen; Beatrice, Meredith M.
Subject:	3.8.20 Draft COVID-19 FAQ
Date:	Sunday, March 8, 2020 4:30:06 PM
Attachments:	3.8.20 Draft COVID-19 FAQ.docx

HI Team –

Updated the DOH FAQ regarding COVID-19. Sending to all, but Courtney is getting it to the epidemiologists for review.

Thanks,

Taryn

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Who is at a higher risk to contract COVID-19?

Older adults and people who have serious chronic medical conditions including heart disease, diabetes, and lung disease have a higher risk of contracting COVID-19.

If you are at higher risk for serious illness from COVID-19 because of your age or because you have a serious long-term health problem, it is extra important for you to take actions to reduce your risk of getting sick with the disease.

What should I do if I am an older adult with higher risk of contracting the COVID-19 virus?

If you are at higher risk of getting very sick from COVID-19, you should:

- Stock up on supplies
- Take everyday precautions to keep space between yourself and others
- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- Avoid crowds as much as possible

During a COVID-19 outbreak in your community, stay home as much as possible.

What is COVID-19?

COVID-19 is caused by a previously unrecognized coronavirus, called COVID-19.

For more information about COVID-19 please visit the Center for Disease Control (CDC) website, and the World Health Organization (WHO) website.

What is the status of the COVID-19 outbreak in Florida?

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For the latest situation report in Florida, please visit the Florida Department of Health's website.

How many cases of COVID-19 have been reported to the Florida Department of Health?

To see the latest case count please visit the Florida Department of Health's COVID-19 page.

What is the Florida Department of Health doing to address COVID-19?

The Florida Department of Health (FDOH) is actively educating the community about how to prevent the spread and working with those infected to ensure their safety as well as the safety of those in their community. FDOH Epidemiologists are conducting tests in the three laboratories throughout Florida, in Miami, Jacksonville, and Tampa. They are also monitoring and conducting investigations on suspected cases that meet criteria for COVID-19, and are following up on these cases. Epidemiologic consultation is available 24/7 through the county health departments and Bureau of Epidemiology at 850-245-4401.

The Florida Department of Health will continue to communicate regularly with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

What are the symptoms and signs of COVID-19?

Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Difficulty breathing

Read about COVID-19 Symptoms.

How does the virus spread?

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COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

What should I do if I think I (or someone in my family) might have COVID-19?

- Contact your county health department (CHD).
- Consult a health-care provider as soon as possible. Call ahead and tell them before you visit that you think you may have COVID-19 so they can take precautions to prevent exposing other people.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- If you have a surgical mask, wear it during close contact with other people. A mask can reduce the number of droplets coughed into the air.
- Remember, very few respiratory infections will be COVID-19.
- **Review your signs, symptoms and travel history thoroughly with your physician.**
- 24/7 Consultation is available to physicians through contacting their county health department and the Florida Department of Health Bureau of Epidemiology at (850) 245-4401.

If I were exposed to COVID-19, how long would it take for me to become sick?

The time between exposure to the COVID-19 virus and onset of symptoms is called the "incubation period." The incubation period for COVID-19 is typically 2 to 14 days, although in some cases it may be longer.

Is it safe to take a cruise?

If you are an older adult and therefore have a higher risk of contracting COVID-19, no, it is recommended not to take cruise at this time.

Is it safe to travel to China or other countries where COVID-19 cases have occurred?

No. The CDC has issued its most severe threat-level warning for China, South Korea, Italy, and Iran, and strongly recommending that US citizens avoid traveling to those

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countries. The CDC has also issued a level 2 warning for Japan. Please visit the CDC website to see the most updated travel notices.

What if I recently traveled to China, or other countries under travel advisory notices, and got sick?

If you were in China, or other countries that have travel advisories, and feel sick with fever, cough, or difficulty breathing within 14 days after you left China, you should:

- Call your local county health department.
- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.
- CDC does have additional specific guidance for travelers available online.

How can I protect myself?

There are some common-sense precautions that you can take that apply to many infectious diseases.

- The most important precaution is frequent hand washing with soap and water and the use of 60% alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unclean hands.
- Encourage people around you to cover their nose and mouth with a tissue when coughing or sneezing.

Helpful prevention and treatment guidelines can be found on the CDC's website: Prevention and Treatment and Guidelines for Hand Hygiene

Why is the novel coronavirus (2019-nCoV) now being called COVID-19?

AMERICAN OVERSIGHT

The World Health Organization made an announcement Feb. 11 that the official name for the illness caused by the new coronavirus (previously known as 2019 Novel Coronavirus or 2019-nCoV) is now COVID-19.

What are coronaviruses?

Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. These viruses are a common cause of mild to moderate upper respiratory illness in humans and are associated with respiratory, gastrointestinal, liver and neurologic disease in animals.

If coronaviruses usually cause mild illness in humans, how could this new coronavirus be responsible for a potentially life-threatening disease such as COVID-19?

There is not enough information about the new virus to determine the full range of illness that it might cause. Coronaviruses have occasionally been linked to pneumonia in humans, especially people with weakened immune systems. The viruses also can cause severe disease in animals, including cats, dogs, pigs, mice, and birds.

How long can COVID-19 survive in the environment?

The length of time that the virus survives likely depends on a number of factors. These factors could include the type of material or body fluid containing the virus and various environmental conditions such as temperature or humidity. Researchers at the Centers for Disease Control and Prevention and other institutions are designing standardized experiments to measure how long COVID-19 can survive in situations that simulate natural environmental conditions.

Are there disinfectants available that can inactivate (kill) COVID-19?

Right now, there are no disinfectant products registered by the U.S. Environmental Protection Agency for use on environmental surfaces that are specifically listed as having the ability to kill COVID-19. However, related viruses that have similar physical and biochemical properties can be killed with bleach, ammonia or alcohol, or cleaning

AMERICAN OVERSIGHT

agents containing any of these disinfectants. Cleaning agents should be used according to the manufacturer's instructions.

Where can I get more information about COVID-19?

For Florida specific information, please visit The Florida Department of Health website.

The Centers for Disease Control and Prevention and World Health Organization are excellent sources of information about this evolving outbreak. You can access their websites here:

CDC COVID-19 Website

World Health Organization (WHO) Website

What should I do if I had close contact with someone who has COVID-19?

If you have come in contact with an individual that has recently traveled internationally, and feel sick with fever, cough, or difficulty breathing, you should:

- Call your local county health department.
- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.
- CDC does have additional specific guidance for travelers available online.

Is there a vaccine?

Currently, there is no vaccine available to protect against COVID-19.

What are the treatments?

AMERICAN OVERSIGHT

There is no specific antiviral treatment recommended for COVID-19 infection. People infected with COVID-19 should receive supportive care to help relieve symptoms. Learn more about COVID-19 Treatment.

Should I be tested for COVID-19?

If you develop a fever and symptoms of respiratory illness, such as cough or shortness of breath, within 14 days after travel from China, Iran, Italy, Japan or South Korea, you should call your county health department in your area to coordinate testing with a local healthcare provider.

If you have had close contact with someone showing these symptoms who has recently traveled from these areas, you should call your county health department to coordinate testing with a local healthcare provider.

Your healthcare provider will work with your county health department, and they will coordinate with the Florida Department of Health and CDC to determine if you need to be tested for COVID-19.

How do you test a person for COVID-19?

Your healthcare professional will work with your county health department to determine if you need to be tested for COVID-19.

A person who is tested will have three specimens taken: oral, nasal, and saliva. The samples will be given to the county health department, who will then either ship or deliver them to the closest state laboratory. If a specimen is tested positive, it will be identified as 'presumptive positive' until the result is confirmed at the Centers for Disease Control and Prevention (CDC).

For more information on COVID-19 testing see CDC Tests for COVID-19.

Is COVID-19 the same as the MERS-CoV or SARS virus?

No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged COVID-19 is not the same as the coronavirus that causes Middle East Respiratory Syndrome (MERS) or the coronavirus that caused Severe Acute Respiratory Syndrome (SARS) in 2003. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

AMERICAN OVERSIGHT

Should I be concerned about pets or other animals and COVID-19?

While this virus seems to have emerged from an animal source, it is now spreading from person-to-person. The Florida Department of Health and CDC recommend that people traveling to China avoid animals both alive and dead, but there is no reason to think that any animals or pets in the United States might be a source of infection with this new coronavirus.

What about animals or animal products imported from China?

CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading COVID-19 in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The United States Department of Agriculture regulates the importation of animals and animal products, and CDC regulates the importation of animals and animal products capable of spreading human disease.

AMERICAN OVERSIGHT

From: Jerry Parshall
To: Jerry Parshall
Subject: Aggressive actions states & cities must take immediately to slow spread of coronavirus
Date: Saturday, March 14, 2020 3:42:06 PM

Today, the Center for American Progress outlined aggressive actions states and cities must take to slow the spread of coronavirus. Many experts have pointed out that the key goal right now is to "flatten the curve" – to slow transmission in the near term so that the hospital system is not overwhelmed. Given the slow and inadequate response from the federal government, state and local governments must lead.

In releasing these steps, CAP analyzed the epidemiology of flattening the curve and reviewed state and local bans as of today. CAP is calling on governors and mayors to implement widespread bans and closures effective immediately that should be put into effect for at least two to four weeks:

- Banning all gatherings of more than 50 people
- Banning all gatherings of more than 10 people for individuals who are at higher risk for severe illness, such as seniors (including gatherings at retirement and assisted living facilities
- Strongly encouraging places of worship to cancel services and other events for groups of more than 25 people, as well as religious leaders to adopt additional social distancing modifications for any small gatherings that continue
- Banning all concerts, conferences, and sporting events
- Closing all schools and public colleges in jurisdictions with community spread
- Closing all gyms, bars, movie theaters, libraries, and community centers in jurisdictions with community spread
- Limiting restaurants to half of their legal capacity in jurisdictions with community spread
- Strongly encouraging employers to require employees to work remotely
- Leading by example by canceling all public events of any size
- Requiring all state and local employees to work remotely to the extent possible

Thank you for all the work your team is doing during these difficult circumstances.

Jerry Parshall
Associate Director, State and Local Government Affairs
Center for American Progress & Center for American Progress Action Fund
202.769.0842
www.americanprogress.org

AMERICAN OVERSIGHT

From: Bill Bucknam
To: Strum, Shane
Subject: Bahamas Paradise Cruise Line
Date: Tuesday, March 10, 2020 9:33:34 AM

Dear Shane:

I hope this finds you well. I am writing to you today as a matter of urgency regarding Bahamas Paradise Cruise Line, which is headquartered here in Deerfield Beach, and its CEO, Oneil Khosa, who is a good friend.

Bahamas Paradise Cruise Line operates two ships out of the Port of Palm Beach with daily cruises to the Bahamas. One of their ships is currently in dry dock for a brief period. Their operation is responsible for a $100 million annual economic impact in Palm Beach County and it is impossible to calculate the economic impact they have in the Bahamas. After Hurricane Dorian struck the Bahamas, BPCL was the first to commence humanitarian missions. Oneil Khosa paid $600,000 of his personal funds to finance the first such mission that included doctors, nurses, contractors and ready made meals to feed hundreds of Bahamians in Freeport. This first mission was followed by several more that were supported by many generous people in Palm Beach County.

These humanitarian missions and the subsequent loss of passenger revenue while the Bahamas recovered has put BPCL in a $50 million deficit and that was before the current crisis. Unfortunately, Oneil Khosa was not invited to meet with other cruise line CEO's and Vice President Pence last Saturday at Port Everglades so their voice is not being heard. Separately, I will send you a press release they issued yesterday about this matter as well as an interview Mr. Khosa gave to WPBF Channel 25.

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It is important for Governor DeSantis to be fully aware of the operation of Bahamas Paradise Cruise Line out of the Port of Palm Beach and the next time he is here, Mr. Khosa would like to invite him to take a personal tour of their ship. I can tell you from my own experience that the maintenance level I witnessed was unbelievable and it seemed like the crew was constantly wiping down and cleaning every part of the ship. It is for this reason that none of their passengers have ever suffered from Norovirus which so many other cruise lines experience regularly (due to improper maintenance) and why COVID-19 will also be non-existent on either of their ships.

Bahamas Paradise Cruise Line continues to take passengers to Freeport in the Bahamas daily and they are hopeful that they will be able to continue to do so in order to get out from under their $50 million deficit and once again be profitable. If they were to cease operations at the Port of Palm Beach that would result in an immediate $100 million economic loss to Palm Beach County, the loss of hundreds of jobs and an incalculable financial loss to Freeport with the termination of their sole economic line.

If you wish, I would be happy to put you or someone on your staff directly in touch with Mr. Khosa and we greatly appreciate anything you can do to inform Governor DeSantis of this matter.

Best regards.

Bill Bucknam

William E. Bucknam, Esq.

AMERICAN OVERSIGHT

Vice President & General Counsel
MWI Corporation
Deerfield Beach, Florida
Mobile 954.415.5300

AMERICAN OVERSIGHT

From: Treadwell, Ray
To: Kraeft, Erin
Cc: Beshears, Halsey; Philpot, Thomas; Johnston, Michael; Uthmeier, James; Jacquot, Joe
Subject: Bar/Restaurant Guidance
Date: Wednesday, March 18, 2020 3:43:16 PM
Attachments: image002.png
image003.png
image004.png
image005.png

Erin, will you please set up a conference call with Joe and James as soon as possible? We want to discuss the guidance issues.

Thanks, Ray

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

AMERICAN OVERSIGHT

From: Bruno Assunção Rodrigues
To: Gambineri, Mara
Cc: Luís Felipe Pereira de Carvalho
Subject: Brazil - Visit of the President of Brazil, Mr. Jair Bolsonaro, to Florida - meeting with Governor Ron deSantis
Date: Tuesday, March 3, 2020 1:30:27 PM

Dear Ms. Mara,

I am Bruno Rodrigues, Protocol of the Ministry of Foreign Affairs of Brazil. I would like to coordinate with you the meeting between the President of Brazil, HE Jair Bolsonaro, and the Governor of Florida, HE Ron deSantis on **March 9, 11am, at Hilton Miami Downtown Hotel**. My local phone is [redacted] and my Whatsapp number is [redacted].

Looking forward to talking to you.

Best regards,

Bruno Assunção Rodrigues
Protocol
Ministry of Foreign Affairs
Brazil
E-mail: bruno.rodrigues@itamaraty.gov.br

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Esta mensagem foi verificada pelas ferramentas de detecÃ§Ã£o de ataques do MinistÃ©rio e nenhuma ameaÃ§a cibernÃ©tica foi encontrada. NÃ£o obstante, recomenda-se cautela, especialmente se solicitar dados pessoais e senhas ou se contiver anexos.

AMERICAN OVERSIGHT

From:	Gambineri, Mara
To:	Meiner, Drew; Thorpe, Amanda; Ash, Ryan; Ferre, Helen; Beatrice, Meredith M.; Mons, Robert; Aaron, Chelsea; Himrod, LeAnna; Henderson, Olivia; Tweed, Christina; Jones, Morgan; Kopelousos, Stephanie; Lukis, Adrian; Clark, David; Moulton, Diane; Spencer, Chris; McCloud, Cody; Marquez, Jonas; Saccio, Steven; Wonsock, Kiersten M.; Castellanos, Silvia; Ash, Ryan
Cc:	Schmitt, Christina; Wagner, Maureen
Subject:	Briefs for Tomorrow
Date:	Sunday, March 1, 2020 11:29:00 PM
Attachments:	03022020 COVID TAMPA.docx 03022020 COVID MIAMI.docx 02282020 VPOTUS COVID19.docx 03022020 Agency Heads Meeting.docx

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All,

Please see attached briefs for tomorrow:

- Agency Heads Meeting
- Tampa Press Conference
- VPOTUS
- Miami Press Conference

NOTE: The press conference briefs will be updated in the morning when we get additional RSVPs.

Thank you,
Mara

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

EVENT POC/STAFFERS

EOG Regional Representative: LeAnna Himrod, (863) 781-2355
EOG Communications: Cody McCloud, (850) 241-3728
Lake County Contact: Kevin Watler, (813) 298-2024

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	Public Health Laboratory
Attire:	Business
Podium:	Yes
Weather:	77°F / Mostly Sunny - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Andrew Cannons, *Director, Tampa Laboratory, Florida Department of Health*
5. John Couris, *President and CEO, Tampa General Hospital*
6. Betsy Benac, *Chairman, Manatee County Commission*
7. Steve Litschauer, *Chief of Emergency Management, Manatee County*
8. Jake Saur, *Director of Public Safety, Manatee County*
9. Cynthia Saunders, *Superintendent, Manatee County*
10. Vanessa Baugh, *Commissioner, District 5, Manatee County*
11. Dennis Jones, *Chief, Hillsborough County Fire and Rescue*
12. Mike Merrill, *County Administrator, Hillsborough County*

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

TIMELINE:

10:30 a.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health Tampa Laboratory
	Met by: Dr. Andrew Cannons
10:31 a.m.	**Governor DeSantis** and the group move to the Podium
10:32 a.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
10:39 a.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
10:44 a.m.	State Surgeon General Dr. Rivkees delivers remarks
10:51 a.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
11:00 a.m.	**Governor DeSantis** concludes Press Conference
11:01 a.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Andrew Cannons leads tour
11:15 a.m.	Lab tour concludes; **Governor DeSantis** and group move to conference room for roundtable with local officials and health care partners
11:16 a.m.	**Governor DeSantis** opens roundtable discussion
11:50 a.m.	**Governor DeSantis** concludes roundtable and departs

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

AMERICAN OVERSIGHT

During his career, Dr. Rivkees has been named as “One of America’s Best Doctors,” “One of America's Top Pediatricians" and “One of New York’s Best Doctors.” He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

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Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Andrew Cannons, *Director, Tampa Laboratory, Florida Department of Health*

Dr. Cannons has served as lab director at the DOH Tampa lab for the last 8 years. Prior to this position he served as scientific director of the USF Center for Biological Defense for nearly a decade.

Dr. Cannons holds a bachelors degree and doctorate degree in biology and biochemistry from the University of Bradford.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



John Couris, *President and CEO, Tampa General Hospital*

John D. Couris is the president and CEO of Tampa General Hospital, a nationally renowned nonprofit academic medical center. As a recognized leader in the health care industry, John has achieved tremendous success through innovation, technological integration and strategic collaborations.

He writes about these experiences in leadership and some of the most critical and relevant issues facing the health care industry today on his blog, posted here at www.changewithcouris.com. John also shares his experience and perspective on health care innovation and management at conferences across the country. Currently, over 30,000 individuals across the health care sector, as well as lawmakers, public policy advocates, and executives, have engaged with John via LinkedIn.

Prior to joining Tampa General Hospital, John served as president and CEO of Jupiter Medical Center, the region's leading medical center. During his tenure, the organization expanded its services and forged innovative partnerships with some of the leading providers in the nation, including Mount Sinai New York and Nicklaus Children's Hospital in Miami. Under John's leadership, Jupiter Medical Center developed a partnership with IBM Watson, becoming the first community regional medical center in the country to adopt IBM Watson for oncology.

John also led efforts to raise over $170 million to support technological investments, critical care services and new centers of excellence.

John's career began at Massachusetts General Hospital, one of the premier academic medical centers in the country. From there, he spent the next ten years with BayCare System, rising from vice president of ambulatory care at Morton Plant Mease Health Care in Clearwater to chief operating officer.

Throughout his over twenty-year career, John has demonstrated a unique ability to lead organizations and empower individuals to reach their fullest potential while generating high levels of return on investment and developing innovative programs that consistently deliver on results.

John is a graduate of Boston University and holds a Master's of Science in management from Lesley University in Cambridge, Massachusetts. Beginning in February 2019, John will pursue his Doctor of Business Administration at the University of South Florida Muma College of Business. He resides in Tampa, Florida, with his wife, Dianne, and their two children, Benjamin and Isabelle.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



Betsy Benac, Commission Chair, Manatee County

Benac has 34 years of experience as a professional land planner in both the public and private sectors. [3]

Among her successes as Commissioner are the replacement of the aging DeSoto Bridge, which she was able to get designated the top regional priority for funding. [3]

Benac's service on the Manasota Basin Board of the Southwest Florida Water Management District included planning and funding long-term water supply projects. Her environmental record includes contributions to the policy boards of the Sarasota and Tampa Bay National Estuary Programs.

She has also served on the boards of the Manatee Chamber of Commerce, the Bradenton Area Economic Development Corp. and Leadership Manatee, among other organizations.



Steve Litschauer, *Emergency Management Chief, Manatee County*

Steve Litschauer has served as Manatee County's Emergency Management Chief since April 2019. Litschauer previously worked as an emergency management officer and later Operations Manager before assuming his current role. Litschauer has had a lengthy career in law enforcement, including 32 years as the captain of the Manatee County Sheriff's Office. Litschauer earned his degree in Psychology from Saint Leo College.



Jacob A. Saur, *Director of Public Safety, Manatee County*

Jacob A Saur was appointed as Manatee County's new public safety director in January of 2020. Saur previously served as the county's emergency communications chief and has worked for Manatee County since 2001. Saur championed multiple projects, along the way positioning Manatee County as a leader in the public safety industry. Saur graduated from Manatee Technical College and Saint Petersburg College. He

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612
is a Registered Public-Safety Leader (RPL) and Emergency Number Professional (ENP).



Cynthia Saunders, *Superintendent, School District of Manatee County*

Cynthia Saunders was sworn in as Superintendent of the School District of Manatee County on June 28, 2018. Her nearly 30 years of service in education in Florida include experience as a classroom teacher, assistant principal and principal as well as time in district administrative and leadership positions including curriculum and staff development, Executive Director of Secondary Schools and Deputy Superintendent of Instructional Services.

Mrs. Saunders came to Manatee County in July 2013 as Executive Director of Secondary Schools and became Deputy Superintendent of Instructional Services in March 2015. With the help of her leadership, experience and community spirit, the School District of Manatee County has seen momentous gains academically, financially and in terms of community support during her tenure.



Vanessa Baugh, *Commissioner, Manatee County District 5*

Commissioner Baugh is originally from Virginia and moved to Florida in 1999. She and her husband, Don started Vanessa Fine Jewelry in 1999, which is located on Lakewood Main Street. They have four children and 10 grandchildren. Baugh graduated from Tidewater Community College with a degree in business. She is the President and CEO of Vanessa Fine Jewelry and has been the Commissioner of Manatee County District 5 for over seven years.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



Dennis Jones, *Chief, Hillsborough County Fire and Rescue*

Chief Jones has served as the fire chief for Hillsborough County since August 2015. Prior to this position, he served as fire training specialist for the City of Tampa Fire Rescue. Both of these positions were after he retired from the City of Tampa Fire Rescue for 32 years, retiring as chief in May 2010.

Chief Jones holds a bachelor's degree in fire science from Columbia Southern University. He is also a licensed paramedic.



Mike Merrill, *County Administrator, Hillsborough County*

The Administrator is the County's chief executive officer. Hillsborough County's current Administrator, Mike Merrill, sets the framework for carrying out the Board of County Commissioners' decisions, including preparing an annual budget, monitoring the effectiveness of County services, and overseeing the management of more than 4,000 County employees.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

EVENT POC/STAFFERS

EOG Regional Representative: Chelsea Aaron, (954) 328-2047, Silvia Castellanos, (786) 531-9842
EOG Communications: Cody McCloud, (850) 241-3728
DOH-Miami Dade Contact: Olga Connor, (305) 926-5960

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	County Health Department
Attire:	Business
Podium:	Yes
Weather:	76°F / Partly Cloudy - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*
5. Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

TIMELINE:

2:00 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health in Miami-Dade County
	Met by: Dr. Yesenia Villalta, Administrator, Florida Department of Health in Miami-Dade County
2:01 p.m.	**Governor DeSantis** and the group move to the Podium
2:02 p.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
2:09 p.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
2:14 p.m.	State Surgeon General Dr. Rivkees delivers remarks
2:21 p.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
2:30 p.m.	**Governor DeSantis** concludes Press Conference
2:31 p.m.	**Governor DeSantis** and group moves to Roundtable
2:32 p.m.	**Governor DeSantis** opens roundtable discussion
3:02 p.m.	**Governor DeSantis** concludes roundtable and departs for Lab Tour
3:05 p.m.	Governor DeSantis and group transition to Lab location
	Met by: Dr. Stephen White
3:07 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Stephen White leads tour
3:30 p.m.	Lab tour concludes; **Governor DeSantis** and group depart

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

AMERICAN OVERSIGHT

During his career, Dr. Rivkees has been named as "One of America's Best Doctors," "One of America's Top Pediatricians" and "One of New York's Best Doctors." He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*

Stephen serves as the bioterrorism defense coordinator for the Florida Department of Health. He has held this position for nearly four years. He previously served in the same role from August 2011 to June 2015.

Stephen has a PhD in public health from Florida International Univiersity as well as bachelors and masters degrees from Texas Tech University in clinical laboratory science and practice management.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125



Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*

Dr. Villalta was born in Miami, Florida. After graduating from Coral Gables High School, she attended Miami-Dade College, where she majored in chemistry. Dr. Villalta is a three-time graduate of the University of Miami School of Nursing, where she earned a Bachelors and Masters of Science in Nursing as well as a Doctor of Nursing Practice degree. Upon graduation, she worked in the private sector and then made a change to public health.

Dr. Villalta has nearly 13 years of experience in a variety of public health functions and 19 years in the field of nursing. She started her career with public health in 2005, at DOH-Miami-Dade as an Advanced Practice Registered Nurse. Dr. Villalta also served as Assistant Director of Nursing in 2007, until being appointed Executive Community Health Nursing Director in 2014.

AMERICAN OVERSIGHT

Call with Vice President Michael Pence on COVID-19

Monday, March 2, 2020, 12:00 p.m. –12:30 p.m.

EXTERNAL ACTIVITY TYPE

☐ **Meeting** ☐ **Lunch** ☐ **Dinner**

☒ **Call** ☐ **Photo-op** ☐ **Other**

EOG POINT OF CONTACT

Diane Moulton

CALL IN NUMBER

888-600-5819
Access Code: [redacted]

NOTE: There is only one line per Governor.

PURPOSE

Governor DeSantis will participate in a call on Coronavirus (COVID-19) with United States Vice President Michael Pence.

EVENT INFORMATION

Principals:	**THE GOVERNOR**
Format:	Call
Time:	12:00 p.m. – 12:30 p.m.
Press:	Closed
Attire:	NA

CONFIRMED PARTICIPANTS

The call is open to ALL Governors

AMERICAN OVERSIGHT

Agency Heads Meeting

Monday, March 2, 2020, 8:00 a.m. – 8:40 a.m.
Large Conference Room, Governor's Office, 400 S. Monroe Street, Tallahassee, FL 32399

EXTERNAL ACTIVITY TYPE

☒ **Meeting** ☐ **Lunch** ☐ **Dinner**

☐ **Call** ☐ **Photo-op** ☐ **Other**

EOG POINT OF CONTACT

Diane Moulton, (850) 980-1387

PURPOSE

Governor DeSantis will meet with agency heads regarding COVID-19.

EVENT INFORMATION

Principals:	**THE GOVERNOR**
Format:	Meeting
Time:	8:00 a.m. – 8:40 a.m.
Press:	Closed
Attire:	Business

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General Secretary of Health, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Health, Florida Department of Health*
3. Richard Prudom, *Secretary, Florida Department of Elder Affairs*
4. Mary Mayhew, *Secretary, Agency for Health Care Administration*
5. Richard Corcoran, *Secretary, Florida Department of Education*
6. Chad Poppell, *Secretary, Florida Department of Children and Families*
7. Jared Moskowitz, *Director, Florida Division of Emergency Management*
8. Mark Inch, *Secretary, Florida Department of Corrections*

AMERICAN OVERSIGHT

From:	Gambineri, Mara
To:	Meiner, Drew; Thorpe, Amanda; Ash, Ryan; Ferre, Helen; Beatrice, Meredith M.; Mons, Robert; Aaron, Chelsea; Himrod, LeAnna; Henderson, Olivia; Tweed, Christina; Jones, Morgan; Kopelousos, Stephanie; Lukis, Adrian; Clark, David; Moulton, Diane; Spencer, Chris; McCloud, Cody; Marquez, Jonas; Saccio, Steven; Wonsock, Kiersten M.; Castellanos, Silvia; Ash, Ryan
Subject:	Briefs for Tomorrow
Date:	Friday, March 6, 2020 4:57:00 PM
Attachments:	03072020 FSU.docx 03072020 VPOTUS COVID19.docx

All,

Please see attached briefs for tomorrow:

- FSU
- Meeting with Vice President Pence

Thank you,
Mara

AMERICAN OVERSIGHT

The Seminole Legacy Golf Club Grand Opening

Saturday, March 7, 2020 10:00 a.m. – 11:45 a.m.
Florida State University Golf Course, 2550 Pottsdamer St, Tallahassee, FL 32310

EVENT POC/STAFFERS

EOG Regional Representative: Drew Meiner, (309) 531-0384
EOG Communications: Cody McCloud, (850) 241-3728
FSU Contact: Elizabeth Hirst, Chief of Staff, Office of the President, (850) 645-0152

PURPOSE

Governor DeSantis will deliver remarks at the Grand Opening of the Seminole Legacy Golf Club.

EVENT INFORMATION

Principals:	**THE GOVERNOR, THE FIRST LADY**
Indoor/Outdoor:	Outdoor
Format:	Remarks
Press:	Open
Visual:	Golf Course
Attire:	Golf Attire
Podium:	No
Weather:	62°F / Mostly Sunny - 0% chance of precipitation

CONFIRMED PARTICIPANTS

1. John Thrasher, *President, Florida State University*
2. Ed Burr, *Chairman, Florida State University Board of Trustees*
3. Marcellus Osceola Jr., *Chairman, Seminole Tribe of Florida*
4. Trey Jones, *Head Coach & Director of Golf, Florida State University*
5. Jack Nicklaus, *Pro-Golfer*
6. Jack Nicklaus Jr., *Golfer and Golf Course Designer*

AMERICAN OVERSIGHT

The Seminole Legacy Golf Club Grand Opening

Saturday, March 7, 2020 10:00 a.m. – 11:45 a.m.
Florida State University Golf Course, 2550 Pottsdamer St, Tallahassee, FL 32310

TIMELINE:

10:00 a.m.	**Governor DeSantis**, **The First Lady**, Madison and Mason DeSantis arrive at the Burr Family Grille to participate in Reception
11:00 a.m.	**Governor DeSantis**, **The First Lady**, Madison and Mason DeSantis depart Reception and move to #18 Green
11:12 a.m.	**Governor DeSantis** moves to where fellow speakers are assembled on the green
11:15 a.m.	President John Thrasher delivers remarks and introduces **Governor DeSantis**
11:18 a.m.	**Governor DeSantis** delivers remarks and introduces Chairman Ed Burr
11:21 a.m.	Chairman Ed Burr delivers remarks and introduces Seminole Tribe of Florida Chairman Osceola
11:24 a.m.	Chairman Osceola delivers remarks and introduces Coach Trey Jones
11:27 a.m.	Coach Jones delivers remarks and introduces Jack Nicklaus Jr.
11:30 a.m.	Jack Nicklaus Jr. delivers remarks and introduces Jack Nicklaus
11:35 a.m.	Jack Nicklaus delivers remarks
11:40 a.m.	Formal Program Concludes
11:45 a.m.	**Governor DeSantis, The First Lady**, Madison and Mason DeSantis depart

AMERICAN OVERSIGHT

The Seminole Legacy Golf Club Grand Opening

Saturday, March 7, 2020 10:00 a.m. – 11:45 a.m.
Florida State University Golf Course, 2550 Pottsdamer St, Tallahassee, FL 32310

BIOGRAPHIES:



Ed Burr, *Chairman, FSU Board of Trustees*

Edward Burr is president and chief executive officer of GreenPointe Holdings, LLC, a diversified holding company he founded in 2008. After graduating from FSU College of Business with a B. S. in Accounting in 1979, he began his career with Coopers & Lybrand LLP. He founded the LandMar Group LLC in 1987 and led the company's creation of master-planned, award-winning communities in Florida and coastal Georgia. Ed also co-founded Hampton Golf & Lifestyles Management.
Ed has served on Board of Trustees of the FSU Foundation, the board of the Seminole Boosters and the Executive Board of the FSU Center for Real Estate Education and Research in the College of Business.

Throughout his career, Ed has been actively involved in business, civic and community organizations. He has served as chairman of the Jacksonville Regional Chamber of Commerce and is currently on the Chamber Board of Directors overseeing the Downtown Development Council. Burr was named Developer of the Year by his peers and accepted a gubernatorial appointment to the Jacksonville Transportation Authority. He is actively involved in the Urban Land Institute, the National Association of Home Builders and the Northeast Florida Builders Association. A longtime advocate for bettering the lives of children, Ed is founder of the Monique Burr Foundation for Children, a foundation committed to the prevention of child abuse.



John Thrasher, *President, Florida State University*

John Thrasher, a Florida State University alumnus and former state legislator, is the university's 15th president. Thrasher assumed the presidency on Nov. 10, 2014, after a successful career as a state legislator, businessman, lobbyist and lawyer. As president, Thrasher has focused his efforts on elevating FSU's reputation as a preeminent research institution. He has presided over a $1 billion fundraising campaign, advanced the university's academic and research mission, championed diversity and inclusion, and welcomed the best and brightest students in the university's history.

AMERICAN OVERSIGHT

The Seminole Legacy Golf Club Grand Opening

Saturday, March 7, 2020 10:00 a.m. – 11:45 a.m.
Florida State University Golf Course, 2550 Pottsdamer St, Tallahassee, FL 32310

Thrasher earned a bachelor's degree in business from Florida State in 1965. After graduating, he joined the U.S. Army where he received the Army Commendation Medal in Germany and was awarded two Bronze Stars for his service in Vietnam. He was honorably discharged as a captain in 1970.

Thrasher then returned to his alma mater to earn a law degree with honors in 1972. After working in private law practice in Daytona Beach and Tallahassee for several years, Thrasher returned to Jacksonville to serve as general counsel of the Florida Medical Association, a position he held for 20 years. He also served as "of counsel" to the Jacksonville law firm of Smith, Hulsey & Busey from 1996 to 2008. Thrasher was a partner of Southern Strategy Group, a Tallahassee-based governmental relations firm, from 2001 to 2009.

Thrasher's political career began in 1986 when he was elected to the Clay County School Board where he served as vice chairman, then chairman. He then became a state representative in 1992, and he was re-elected without opposition in 1994, 1996 and 1998.

Thrasher was unanimously elected as the speaker of the Florida House of Representatives in 1998. He was elected to the Florida Senate in 2009 and subsequently re-elected. He served as chairman for the Republican Party of Florida in 2010.

From 2001 to 2005, Thrasher was the first chair of Florida State University's Board of Trustees. He was a key supporter of legislation that brought funding to the development of FSU's College of Medicine, and a building at the college is named in his honor.
In 2016, he was inducted into the FSU College of Business Hall of Fame. He currently serves on the College Football Playoff Board of Managers.
Born in Columbia, S.C., Thrasher moved to Florida as a child and grew up in Jacksonville. He and his wife, Jean, have three children and eight grandchildren.



Marcellus W. Osceola, Jr., *Chairman Seminole Tribe of Florida*

Marcellus William Osceola Jr. is the current and 7th Tribal Council Chairman of the Seminole Tribe of Florida. Osceola won a special election in 2016 to replace James Billie, who was ousted following a recall petition and was re-elected to a full term in 2019.

AMERICAN OVERSIGHT

The Seminole Legacy Golf Club Grand Opening

Saturday, March 7, 2020 10:00 a.m. – 11:45 a.m.
Florida State University Golf Course, 2550 Pottsdamer St, Tallahassee, FL 32310

Osceola is the grandson of Bill Osceola, the tribe's first Tribal Chairman, serving from 1957 to 1967.

Osceola first ran unsuccessfully for a seat on the Board of Directors of the Seminole Tribe of Florida Inc., which manages the tribe's non-gaming business interests, in 2003 and was finally elected in 2009 on his third try. In 2011, he was elected as the Hollywood District representative to the Tribal Council.

An entrepreneur, Osceola ran a limousine company, lawn company, and seafood company prior to becoming chairman. He lives on the Hollywood Seminole Reservation.

In 2019, Osceola informed Florida Gov. Ron DeSantis that the tribe would end annual casino payments to the state due to a long-running dispute over other gambling activities in the state.



Trey Jones, *Head Coach & Director of Golf, Florida State University*

Top national finishes, All-Americans, professional success and academic achievement have become synonymous with the Florida State men's golf program under Trey Jones. Now in his 17th season as the head men's coach and Director of Golf for the Seminoles' men's and women's golf programs, Jones has lifted the sport of golf at Florida State to new heights.

Under his direction, there is no limit on how high the Seminole programs will go. Florida State Golf will remain in excellent hands in the foreseeable future, as it was announced on June 5, 2015, that Jones' contract was extended through the 2020 season.

Jones is responsible for attracting nationally ranked recruiting classes, upgrading the Seminoles' schedule to where it is ranked among the nation's toughest on an annual basis and creating one of the most functional player development facilities in all of college golf on one of the Seminoles' five home golf courses. Jones continues annually to build on the Seminoles' success in developing the nation's top talent into national contenders and collegiate golf's elite players.

Jones is also playing a key role in securing the redevelopment of the Seminole Golf Course through the services of Nicklaus Design. With golf legend Jack Nicklaus and his son Jack II at the helm of the project, the Nicklaus Legacy Course is expected to be completed in the Fall 2019.

AMERICAN OVERSIGHT

The Seminole Legacy Golf Club Grand Opening

Saturday, March 7, 2020 10:00 a.m. – 11:45 a.m.
Florida State University Golf Course, 2550 Pottsdamer St, Tallahassee, FL 32310

The development of All-American John Pak was an enormous highlight to Jones' 2018-19 season, which also saw the Seminoles grab two tournament wins at the Sea Best Invitational and the Mobile Sports Authority Intercollegiate. Pak re-wrote the record books in his sophomore year at FSU, shooting a program low 69.56 for the year. He was honored as a first-team All-American by both the Golf Coaches Association of America and *Golfweek,* becoming just the third Seminole to pick up first-team honors from both organizations in the same year. The other two also occurred under Jones' watch (Daniel Berger in 2013 and Jonas Blixt in 2008). FSU also made its 14th consecutive NCAA post-season appearance.

Jones' teams have now finished in the Top 5 of tournaments 73 times in the last 111 tournaments played entering the 2019-20 season.

Florida State Men's Golf achieved three team victories in the 2017-18 year and enjoyed a breakthrough freshman campaign by Pak. FSU won the year-opening Doc Gimmler, the Mobile Sports Authority Intercollegiate and the Seminole Intercollegiate. Four different individual winners emerged in Pak (Seminole Intercollegiate), Harry Ellis (Marquette Intercollegiate, Mobile Sports Authority Intercollegiate), Jamie Li (co-won the Mobile Sports Authority Intercollegiate with Ellis) and Bennett Baker (USA Individual Tournament).

Jones oversaw another solid season in 2016-17, as FSU finished 14th in the NCAA Finals and reached four days of competition at Rich Harvest Farms. Redshirt senior Cristobal Del Solar and redshirt junior Harry Ellis recorded All-America honors while also being named to the All-ACC Team. Ellis' turnaround has been one of the highlights of Jones' career, as the England native recorded career bests in scoring average (71.62), average vs. par (+0.54) and rounds played (39). Ellis would go on to win the British Amateur and participate in the 2017 Open Championship (+12). He also had exemptions to the 2018 Masters and 2018 U.S. Open as an amateur.

FSU's two All-ACC selections in 2018, which included Pak and Ellis, made it 12 straight years the Seminoles have garnered multiple all-conference selections. Their sixth consecutive trip to the NCAA Finals in 2017 was the longest active streak in the ACC and tied for the fifth-longest nationally before falling just shy in 2018.

The top-notch head coach helped FSU Men's Golf achieve more milestones in 2016. For the fifth consecutive year, the Seminoles made the NCAA Tournament. Senior Hank Lebioda became the third Seminole to win ACC Player of the Year honors, while redshirt junior Cristobal Del Solar's career year put him on the All-ACC Team and PING

AMERICAN OVERSIGHT

Southeast All-Region Team alongside Lebioda. Senior leader Lebioda was also a PING All-American.

Jones guided Florida State to one of its most successful seasons in program history in 2015, earning ACC Coach of the Year honors for the second time. FSU ranked No. 1 in the Golf Coaches Association of America Poll for most of the season and entered the NCAA Tournament as the No. 1 overall seed for the first time ever. The Noles set a school record with six tournament victories and established three All-Americans in Jack Maguire (First Team), Hank Lebioda (Second Team) and Rowin Caron (Third Team) – the most in a single year.

Named the 2008 Atlantic Coast Conference Coach of the Year as he led the Seminoles to the first conference championship in the sport of golf in school history, Jones is no stranger to competing with the nation's best in one of the top conferences for college golf.

Building championship teams and elevating those teams onto the national stage is also nothing new to Jones, who has earned five conference coach of the year awards and led 17 of his 22 teams at the Division I level to the NCAA Championship tournament. His teams consistently hold prominent places in the national rankings, are adept at winning conference championships and are annually among the top producers of All-American and all-conference performers.

Jones has become one of the winningest coaches in school history in his first 16 years in Florida State. He is the only coach in school history to lead the Seminoles to 14 NCAA Tournament appearances (no other coach has led Florida State to more than five appearances) and he is ranked first in school history with 25 tournament championships (second is nine by Don Veller). The Seminoles have appeared in a school record 14 consecutive NCAA Tournaments entering the 2019-20 season.

Jones also co-hosts a radio show on SiriusXM PGA Tour Radio called *Beyond The Tips,* airing on Wednesdays at 9 p.m. ET.

Jones is married to the former Cathy McVeigh, who is the coordinator of financial aid for student-athletes at Florida State. They are the proud parents of a daughter, Jordan (17) and a son, Drew (13). Jones earned his bachelor's degree in health and physical education with a minor in business administration from North Alabama in 1991. Jones is a 28-year veteran of the collegiate coaching ranks. He was the head men's coach and Director of Golf Operations at Georgia State for eight years (1996-2003) before

AMERICAN OVERSIGHT

becoming only the fifth coach in the history of the Seminole program in 2004. Prior to his career at Georgia State, Jones was an assistant coach at Wallace State Junior College (1992-95) and his alma mater North Alabama (1991). Jones developed his teaching, coaching and recruiting philosophies as he helped hone those programs into national contenders.



Jack Nicklaus, Jr., *Golfer and Golf Course Designer*

After a successful collegiate career at the University of North Carolina, Jackie enjoyed competitive success first on the amateur circuit, winning the prestigious North-South Championship in 1985, and later on various professional circuits including the PGA Tour, the Canadian PGA Tour, and the Australian, European and Ben Hogan (now Nike) Tours.

In the late 1980s Jack 11 decided on a career in golf course design. By 1991 he had opened his first solo creation, Hanbury Manor near London, England. In the intervening years Nicklaus has emerged as one of the most gifted golf course designers of his generation. To date Jack 11 has opened seven golf courses in locales as varied as Indonesia, Montana, Japan, Florida and Ohio. He currently has courses under construction in Italy, Vermont, the Philippines, Ecuador and Arizona.

In addition to his own designs, Jack 11 frequently works with his father on codesigns. In recent years father and son have christened three such projects. Golden Bear Golf Club at Hammock Creek in Palm City, Florida, the Golf Club at Indigo Run on Hilton Head Island in South Carolina, and Aspen Glen Golf Club in Carbondale, Colorado. Construction was recently started on the father-son team's first Asian co-design, Olympic Staff Ashikaga.



Jack Nicklaus, *Pro-Golfer*

Jack William Nicklaus, nicknamed The Golden Bear, is an American retired professional golfer. He is widely considered to be one of the greatest golfers of all time. Over a quarter-century, he won a record 18 major championships, three more than second-placed Tiger Woods. Nicklaus focused on the major championships—Masters Tournament, U.S. Open, Open Championship and PGA Championship—and played a selective schedule of regular PGA Tour events. He

AMERICAN OVERSIGHT

competed in 164 major tournaments, more than any other player, and finished with 73 PGA Tour victories, third behind Sam Snead (82) and Woods (82).

Nicklaus won the U.S. Amateur in 1959 and 1961 and finished second in the 1960 U.S. Open, two shots behind Arnold Palmer. Nicklaus turned professional at age 21 toward the end of 1961. He earned his first professional victory at the 1962 U.S. Open, defeating Palmer by three shots in a next-day 18-hole playoff and launching a rivalry between golf superstars. In 1966, Nicklaus became the first player to win the Masters Tournament two years running; he also won The Open Championship, becoming at age 26 the youngest player to win all four golf majors. He won another Open Championship in 1970.

Between 1971 and 1980, he won nine more major championships, overtook Bobby Jones' record of 13 majors, and became the first player to complete double and triple career grand slams. He won the 1986 Masters, his 18th and final major championship at age 46, the tournament's oldest winner. Nicklaus joined the Senior PGA Tour (now known as the PGA Tour Champions) when he became eligible in January 1990, and by April 1996 had won 10 tournaments, including eight major championships despite playing a very limited schedule. He continued to play at least some of the four regular Tour majors until 2005, when he made his final appearances at the Masters Tournament and The Open Championship.

Today Nicklaus heads one of the world's largest golf course design companies. Among his courses is Harbour Town Golf Links. He is a member of the American Society of Golf Course Architects. Nicklaus runs an event on the PGA Tour, the Memorial Tournament.

Nicklaus' books vary from instructional to autobiographical, with his *Golf My Way* considered one of the best instructional golf books of all time; the video of the same name is the best-selling golf instructional to date.

AMERICAN OVERSIGHT

Vice President Michael Pence Meeting Regarding COVID-19

Saturday, March 7, 2020, 2:30 p.m. – 3:30 p.m.
Port Everglades Administration Building, 1850 Eller Drive, Fort Lauderdale, FL 33316

EXTERNAL ACTIVITY TYPE

☒ **Meeting** ☐ **Lunch** ☐ **Dinner**

☐ **Call** ☐ **Photo-op** ☐ **Other**

EOG POINT OF CONTACT

Silvia Castellanos, (786) 531-9842

PURPOSE

Governor DeSantis will participate in a roundtable discussion on Coronavirus (COVID-19) with United States Vice President Michael Pence and cruise line industry leadership.

EVENT INFORMATION

Principals:	**THE GOVERNOR**
Format:	Meeting
Time:	2:30 p.m. – 3:30 p.m.
Location:	Port Administration Building
Press:	Spray at the Bottom; Closed Meeting
Attire:	Business

CONFIRMED PARTICIPANTS

1. Michael Pence, *Vice President, United States of America*
2. Chad Wolf, *Acting Secretary of Homeland Security*
3. Dale Holness, *Mayor, Broward County*
4. Carlos Gimenez, *Mayor, Miami-Dade County*
5. Cruise Line CEOs*
6. Port Directors*

NOTE: This brief will be updated upon receipt of additional attendees from the Vice President's Office

AMERICAN OVERSIGHT

Vice President Michael Pence Meeting Regarding COVID-19

Saturday, March 7, 2020, 2:30 p.m. – 3:30 p.m.
Port Everglades Administration Building, 1850 Eller Drive, Fort Lauderdale, FL 33316

BIOGRAPHIES



Chad Wolf, *Secretary, Department of Homeland Security*

On November 13, 2019, Chad F. Wolf was designated as the Acting Secretary of Homeland Security by President Donald J. Trump and was also confirmed as the first Under Secretary of the U.S. Department of Homeland Security's (DHS) Office of Strategy, Policy, and Plans (PLCY). Previously, he served as the Acting Under Secretary.

As the senior official for PLCY, Mr. Wolf leads the Department's policymaking process to develop and coordinate strategies and policies that advance the homeland security mission and protect the American public.

Since his selection by the President, Mr. Wolf has advanced many of the Administration's critical priorities across the entire homeland security mission. Mr. Wolf oversaw the completion of the recently released DHS Strategic Plan, which establishes the Department's long-term strategic goals and objectives to inform key leadership decisions. Additionally, he led several significant initiatives to counter international and domestic terrorism, prevent terrorist travel, safeguard the U.S. electoral process, and protect American trade interests. As part of his duties, Mr. Wolf led and coordinated the Department's engagement with international partners to protect American homeland security interests at home and abroad.

During his tenure, Mr. Wolf has made significant progress to strengthen U.S. border security, address the humanitarian crisis on the U.S. Southwest Border, and improve the integrity of the U.S. immigration system. As a result of these efforts, Mr. Wolf and his staff have implemented policies that protect American communities from transnational criminal organizations and safeguard American workers.

With over 20 years of policy development and management experience in both the public and private sectors, Mr. Wolf is an effective leader and policymaker on a variety of complex issues. During the Trump Administration, he served as the Chief of Staff for the Transportation Security Administration (TSA), Deputy Chief of Staff and Chief of Staff for the Department. For his leadership and management of complex national issues, Mr. Wolf received the U.S. Secretary of Homeland Security Distinguished Service Medal. Shortly after the terrorist attack on September 11, 2001, Mr. Wolf served as the Assistant Administrator of Transportation Security Policy in which he played a leading role in establishing the Transportation Security Administration.

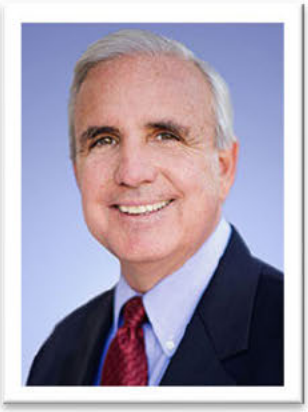
Beyond his service in the executive branch, Mr. Wolf served as Vice President and Senior Director at Wexler & Walker, a bipartisan public policy consultancy, and held staff positions in the U.S. Senate.

AMERICAN OVERSIGHT

Vice President Michael Pence Meeting Regarding COVID-19

Saturday, March 7, 2020, 2:30 p.m. – 3:30 p.m.
Port Everglades Administration Building, 1850 Eller Drive, Fort Lauderdale, FL 33316

Mr. Wolf earned his Bachelor of Arts in History from Southern Methodist University, and holds a Master's Certificate in Government Contract Management from Villanova University.



Carlos Gimenez, *Mayor, Miami-Dade County*

Carlos A. Gimenez is the Mayor of Miami-Dade – Florida's most populous county. He is Miami-Dade's highest-ranking elected official and chief administrator, who oversees a metropolitan government with 28,417 employees, an annual budget of approximately $8.9 billion, and serving 2.7 million residents.

Mayor Giménez is a Cuban American (naturalized in January 1975) retired firefighter and Mayor of Miami-Dade County, Florida, elected to office June 28, 2011 in a special election. He previously served as a Miami-Dade County Commissioner from 2003 through 2011, and the Fire Chief of the City of Miami Fire Department. He is a member of the Republican Party, but his position of mayor of Miami-Dade County is a nonpartisan one.

Mayor Gimenez has continued to consistently hold the line on tax increases and to date, the average homeowner has saved approximately $1,400 in property taxes. He championed and secured approval for the largest tax cut in County history six years ago, and collectively Miami-Dade taxpayers have saved approximately $2 billion during his tenure.

Gimenez was re-elected as Mayor in 2012 and again in 2016 for two consecutive four-year terms. He brings with him over 40 years of public service experience.



Dale V.C Holness, *Mayor, Broward County*

Mr. Holness is the first Jamaican-American to hold the position, received a unanimous vote from the Broward County Commission which is required by charter to elect a mayor and vice mayor each year in November.

Mr. Holness previously served as vice mayor.

He was first elected in 2010 to represent residents of Broward County's District 9, which includes a population in excess of 200,000 and covers more than eight municipalities in Broward County.

Prior to being elected a Broward County commissioner, he served as a City of Lauderhill commissioner from 2004 to 2010. During his terms in office he served as vice mayor

AMERICAN OVERSIGHT

twice — 2007 and 2010 — started the Lauderhill Chamber of Commerce and established the Lauderhill Business Incubator.

A practicing real estate broker for more than 30 years, he is the president and CEO of All Broward Realty. He is a well-known advocate for small, minority and women-owned businesses, fair wages for workers, improving and providing economic development opportunities for all, and homeownership.

His global advocacy includes positioning Broward County as the center for international trade with the recent success of the annual Florida International Trade and Cultural Expo held October 9-10, 2019 with representation from 60 countries and nearly 2,000 people in attendance, the largest to date.

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: Lukis, Adrian; Jacquot, Joe
Subject: Broward Visitation Order
Date: Friday, March 13, 2020 3:20:35 PM
Attachments: DRAFT Emergency Order (Visitation-Broward) (3.13.20 NAP).docx
DEM ORDER NO. 20-002, In re COVID-19 Public Health Emergency, Issued March 11, 2020.pdf

---

Adrian and Joe – Here is the draft Emergency Order implementing the Governor's direction to Jared to stop all visitation at ALF-type facilities in Broward County. For reference, attached is the Order from two days ago.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

AMERICAN OVERSIGHT

STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20- _____

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

WHEREAS, on March 11, 2020, I issued DEM ORDER NO. 20-002 prohibiting certain individuals from visiting nursing homes, assisted living facilities, adult family-care homes, long-term care facilities, and adult group homes to protect the residents from potential spread of COVID-19; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

DRAFT

AMERICAN OVERSIGHT

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting all individuals from visiting facilities in Broward County, Florida. For purposes of this order, a facility includes nursing homes, assisted living facilities, adult family-care homes, long-term care facilities, and adult group homes.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 11th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby

DRAFT

AMERICAN OVERSIGHT

acknowledged.

_____
Division Clerk

Date: _____

DRAFT

AMERICAN OVERSIGHT

STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-002

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting certain individuals from visiting facilities. For purposes of this order, a facility includes nursing homes, assisted living

AMERICAN OVERSIGHT

facilities, adult family-care homes, long-term care facilities, and adult group homes. The order applies as follows:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours is prohibited from visiting a facility; or

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat is prohibited from visiting a facility; or

c. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or

d. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and

AMERICAN OVERSIGHT

Prevention or a state public health agency, is prohibited from visiting a facility.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 11th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: 3/11/20

AMERICAN OVERSIGHT

From: Michael McGarry
To: Michael McGarry
Subject: CLIA Cruise Line Members Suspend U.S. Operations
Date: Friday, March 13, 2020 7:19:09 PM
Attachments: CLIA Suspends U.S. Operations_Mar13.pdf

Please See Message Below from Kelly Craighead, President & CEO, Cruise Lines International Association

CLIA cruise line members are voluntarily and temporarily suspending operations related to any cruise line departures from the United States for 30 days, effective at 12:00AM EST on 14 March 2020.

Attached, please find our media statement announcing this unprecedented action. We recognize that this decision will have detrimental effects, including on the 1.17 million people who depend on this robust industry, including cruise line employees and crew, tens of thousands of travel agents, ports, destinations and others, the majority of which represent small businesses.

Since the end of January, when the World Health Organization (WHO) first announced the global health emergency, all the way through this week when the WHO declared COVID-19 a pandemic, we have consistently and increasingly strengthened our health policies—always in the interest of public health and safety.

We will use this time during the temporary suspension to continue to focus on our public health protocols and policies by going still further in our efforts—working with the U.S. Centers for Disease Control and Prevention and other U.S. officials.

Our ocean-going cruise line members are focused now on the safe and smooth return of those currently at sea onboard those ships that will be affected by this decision. For CLIA, our singular focus is to support our community through this difficult time. The best way we can do that is to begin planning for the successful return to normal operations as soon as possible. In the days and weeks ahead, that will be our priority above all. And we will do it together.

We will keep you apprised as we learn more and thank you for your partnership now more than ever.

Very sincerely,
Kelly

Kelly Craighead
President & CEO
Cruise Lines International Association
1201 F Street NW Suite 250 | Washington, DC 20004

kcraighead@cruising.org | **T** (202) 759-9296 | **M** (202) 674-6707
cruising.org | **Facebook** | **Twitter** | **LinkedIn**

Important: This transmission is intended only for the use of the addressee and may contain

AMERICAN OVERSIGHT

confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission.

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Cruise Lines International Association (CLIA) Announces Voluntary Suspension in U.S. Cruise Operations

Washington, DC (13 March 2020)—CLIA ocean-going cruise lines will be voluntarily and temporarily suspending cruise ship operations from and to U.S. ports of call for 30 days as public health officials and the U.S. Government continue to address COVID-19.

"CLIA cruise line members are voluntarily and temporarily suspending operations from the U.S. as we work to address this public health crisis," said Kelly Craighead, President and CEO, CLIA. "This is an unprecedented situation. Our industry has taken responsibility for protecting public health for more than 50 years, working under the guidance of the U.S. Centers for Disease Control and Prevention, and prides itself on its ability to deliver exceptional vacation experiences for guests, as well as meaningful employment opportunities for crew. This has been a challenging time, but we hope that this decision will enable us to focus on the future and a return to normal as soon as possible."

The temporary suspension will take effect at 12:00AM EST on 14 March 2020. CLIA ocean-going cruise lines are focused on the safe and smooth return of those currently at sea onboard ships that will be affected by this decision.

"We do not take this decision lightly, and we want the traveling public to know in no uncertain terms the commitment of this industry to putting people first," said Adam Goldstein, CLIA Global Chairman. "During this time, we will continue to work with the CDC and others to prepare for resumption of sailings when it is appropriate. We know the travel industry is a huge economic engine for the United States and when our ships once again sail, our industry will be a significant contributor to fueling the economic recovery."

The cruise industry is a vital artery for the U.S. economy, supporting over 421,000 American jobs, with every 30 cruisers supporting one U.S. job, and annually contributes nearly $53 billion to the U.S. economy. Cruise activity supports travel agencies, airlines, hotels and a broad supply chain of industries that stretches across the United States.

Guests who are booked on cruise itineraries which will be impacted by this decision are encouraged to contact their travel advisors or reach out to their cruise lines directly. For additional information, please contact press@cruising.org.

About the Cruise Lines International Association
The Cruise Lines International Association (CLIA) is the world's largest cruise industry trade association, providing a unified voice and leading authority of the global cruise community. On behalf of the industry, together with its members and partners, the organization supports policies and practices that foster a safe, secure, healthy and sustainable cruise ship environment, as well as promote positive travel experiences for the more than 30 million passengers who cruise annually. The CLIA community includes the world's most prestigious ocean, river and specialty cruise lines; a highly trained and certified travel agent community; and cruise line suppliers and partners,

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-000085

including ports & destinations, ship development, suppliers and business services. The organization's global headquarters are located in Washington, DC, with regional offices located in North and South America, Europe, Asia and Australasia. For more information, visit www.cruising.org or follow us on via Facebook.com/CLIAGlobal and Twitter via @CLIAGlobal.

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-000086

From: Primrose, Nicholas
To: Moulton, Diane
Subject: COVID - Bar and Restaurant Draft
Date: Tuesday, March 17, 2020 1:20:45 PM
Attachments: COVID - Bar and Restaurant Draft.docx

AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-68

(Emergency Management - COVID-19)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 16, 2020, President Donald J. Trump and the Centers for Disease Control and Prevention ("CDC") issued the 15 Days to Slow the Spread guidance advising individuals to adopt far-reaching social distancing measures, such as working from home and avoiding gatherings of more than 10 people; and

WHEREAS, as Governor, I am responsible for meeting the dangers presented to this state and its people by this emergency.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

AMERICAN OVERSIGHT

Section 1. Bars, Pubs and Nightclubs

A. Pursuant to sections 252.36(5)(g)-(h), Florida Statutes, any licensee authorized to sell alcoholic beverages for consumption on premises that derive more than 50% of its gross revenue from the sale of alcoholic beverages shall suspended all sale of alcoholic beverages for thirty days from the date iuof this order, effective at 5 p.m. today, March 17, 2020.

B. The Department of Business and Professional Regulation shall utilize its authorities under Florida law to further implement and enforce the provisions of this Section and shall take additional measures with respect to bars, pubs and nightclubs as necessary to protect the public health, safety and welfare.

Section 2. Beaches

Pursuant to section 252.36(5)(k), Florida Statutes, I direct parties accessing public beaches in the State of Florida to follow the CDC guidance by limiting theirs gatherings to no more than 10 persons, distance themselves from other parties by 6 feet, and support beach closures at the discretion of local authorities.

Section 3. Restaurants

A. Pursuant to section 252.36(5)(g), Florida Statutes, a restaurant shall immediately limit its occupancy to 50% of its current building occupancy.

B. Pursuant to section 252.36(5)(g), Florida Statutes, a restaurant shall follow the CDC guidance by ensuring, at minimum, a 6-foot distance between any group of patrons and limiting parties to no more than 10 individuals.

C. The Department of Business and Professional Regulation shall ensure all restaurants implement employee screening and prohibit any employee from entering the restaurant premises if they meet any of the criteria listed below:

AMERICAN OVERSIGHT

1) Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

2) Any person showing, presenting signs or symptoms of, or disclosing the presence of a respiratory infection, including cough, fever, shortness of breath or sore throat;

3) Any person who has been in contact with any person(s) known to be infected with COVID-19, who has not yet tested negative for COVID-19 within the past 14 days;

4) Any person who traveled through any airport within the past 14 days; or

5) Any person who traveled on a cruise ship within the past 14 days.

D. The Department of Business and Professional Regulation shall utilize its authorities under Florida law to further implement and enforce the provisions of this Section and shall take additional measures with respect to bars, pubs and nightclubs as necessary to protect the public health, safety and welfare.

For purposes of this section, "restaurant" shall include any Food Service Establishment, licensed under Chapter 500, Florida Statutes, and Public Food Service Establishment, licensed under Chapter 509, Florida Statutes.

Section 4. This Executive Order shall expire thirty days from this date unless extended.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 17th day of March, 2020.

_____
RON DESANTIS, GOVERNOR

ATTEST:

_____
SECRETARY OF STATE

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: Moulton, Diane
Subject: COVID - Bar and Restaurant
Date: Tuesday, March 17, 2020 1:15:50 PM
Attachments: COVID - Bar and Restaurant Draft.docx

AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-68

(Emergency Management - COVID-19)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

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WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 16, 2020, President Donald J. Trump and the Centers for Disease Control and Prevention ("CDC") issued the 15 Days to Slow the Spread guidance advising individuals to adopt far-reaching social distancing measures, such as working from home and avoiding gatherings of more than 10 people; and

WHEREAS, as Governor, I am responsible for meeting the dangers presented to this state and its people by this emergency.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

AMERICAN OVERSIGHT

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C. The Department of Business and Professional Regulation shall ensure all restaurants implement employee screening and prohibit any employee from entering the restaurant premises if they meet any of the criteria listed below:

AMERICAN OVERSIGHT

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3) Any person who has been in contact with any person(s) known to be infected with COVID-19, who has not yet tested negative for COVID-19 within the past 14 days;

4) Any person who traveled through any airport within the past 14 days; or

5) Any person who traveled on a cruise ship within the past 14 days.

D. The Department of Business and Professional Regulation shall utilize its authorities under Florida law to further implement and enforce the provisions of this Section and shall take additional measures with respect to bars, pubs and nightclubs as necessary to protect the public health, safety and welfare.

For purposes of this section, "restaurant" shall include any Food Service Establishment, licensed under Chapter 500, Florida Statutes, and Public Food Service Establishment, licensed under Chapter 509, Florida Statutes.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 17th day of March, 2020.

_____
RON DESANTIS, GOVERNOR

ATTEST:

_____
SECRETARY OF STATE

AMERICAN OVERSIGHT

From:	Stevens, Lee (OS/IEA)
To:	Johnston, Darcie (HHS/IEA); Marks, Caryn (HHS/IEA); Stevens, Lee (OS/IEA)
Subject:	COVID-19 Latest Guidance and Response
Date:	Wednesday, March 18, 2020 5:57:14 PM

Dear Stakeholder:

The federal government continues to take proactive steps to address the COVID-19 threat as the health and safety of the American people remain a top priority. Please see below for the latest guidance and releases in response to COVID-19.

CMS Updates FAQs for Medicaid and CHIP: CMS released updated FAQs that address issues raised by states over the prior few days. The document includes answers to questions related to the flexibilities CMS is affording to states in managed care, benefits, financing, 1115 demonstrations, and leveraging "1135" waivers offered as part of the President's declaration of a national emergency. States may submit questions to CMS through their state leads. The FAQs can be found here.

CMS Guidance to Programs of All-Inclusive Care for the Elderly (PACE) Organizations: Medicare and Medicaid beneficiaries that participate in PACE typically have chronic conditions, are older and therefore at higher risk for COVID-19. The guidance offers clear, actionable information to PACE Organizations on accepted policies and standard procedures with respect to infection control. The guidance outlines that POs can ensure access to Part D drugs by relaxing "refill-too-soon" edits & providing maximum extended day supply & waiving prior authorization requirements at any time that they otherwise would apply to drugs used to treat or prevent COVID-19. More information about the guidance can be found here.

Updated FAQs for Healthcare Professionals: CDC updated their frequently asked questions for healthcare personnel to include information for pregnant healthcare workers. The FAQs generally address symptoms, risks, treatment and waste management issues for healthcare professionals treating patients with COVID-19. The FAQs can be found here.

Key Leaders with Messages: Key leaders have written or taped short videos to explain different roles and responsibilities for individuals as part of community mitigation.

- Vice President Pence Asking for American People's Help to Fight Coronavirus (Op-Ed)
- Dr. Fauci on What is Social Distancing? (Video)
- Surgeon General Message to Millennials (Video)
- CDC's Dr. Jay Butler on What Older Adults Need to Know (Video)
- Ambassador Birx on Who Needs to be Tested for Coronavirus (Video)

Phase 1 of Vaccine Trial: On Monday, the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health announced that a Phase 1 clinical trial evaluating an investigational vaccine designed to protect against COVID-19 has begun at Kaiser Permanente Washington Health Research Institute in Seattle, funded by NIH. More information can be found here.

AMERICAN OVERSIGHT

FDA Guidance for Conducting Clinical Trials during COVID-19 Pandemic: FDA issued guidance today to help inform industry and investigators adjust their clinical trials during the COVID-19 pandemic. The guidance can be found here.

FDA FAQs on Food Safety: FDA provided additional resources to industry members and consumers on COVID-19 and food safety. The FAQs can be found here.

Recommended Preventive Practices and FAQs for Faith-based and Community Leaders: HHS recognizes faith and community leaders are a valuable source of comfort and support for members and communities during times of distress, including the growing presence of COVID-19 in different parts of the U.S. To support these efforts, the HHS Partnership Center released the an FAQ document on COVID-19 for this population.

HHS Expanding Public-Private Partnerships: HHS announced a public-private partnership to create a U.S.-based, high-speed, high-volume emergency drug packaging solution using low-cost prefilled syringes. This partnership will enable the Strategic National Stockpile (SNS) to fill and finish, on a rapid basis, hundreds of millions of prefilled syringes to respond quickly and efficiently to widespread health emergencies, such as the novel coronavirus outbreak. More information can be found here.

As always, please reach out if you have questions.

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

From:	Gambineri, Mara
To:	Castellanos, Silvia; Aaron, Chelsea; Himrod, LeAnna; Henderson, Olivia; Thorpe, Amanda
Cc:	Jones, Morgan; Tweed, Christina; Meiner, Drew
Subject:	COVID-19 Resources
Date:	Wednesday, March 4, 2020 12:24:00 PM
Attachments:	DOH Press Release COVID19 March 1 2020.pdf MEMORANDUM _ Coronavirus Disease 2019 (COVID-19).pdf Executive Order 20 51.pdf

Good afternoon team,

As I am sure you are all getting inquiries on COVID-19, I wanted to share resources Department of Health is pushing out.

Attached is the initial press release on our first confirmed cases and the executive order and memo.

Here is a link to the Public Health Emergency Declaration: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/_documents/declaration-of-public-health-emergency-covid-19-3.1.20.pdf

DOH is updating their website regularly here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html

Partners can download the public education campaign files here for use on social media, flyers, etc.; http://www.floridahealth.gov/programs-and-services/public-health-campaigns/index.html#Respiratory (first campaign listed)

DOH has established a hotline and email the public can utilize:
COVID-19@flhealth.gov
1 (866) 779-6121
The Call Center is available Monday through Friday, 8am to 8pm.

Hope this helps.

Thank you,
Mara

Mara Gambineri
Director of External Affairs
Governor Ron DeSantis
407-575-4966
Mara.Gambineri@EOG.myflorida.com

AMERICAN OVERSIGHT

March 1, 2020

DEPARTMENT OF HEALTH ANNOUNCES TWO PRESUMPTIVE POSITIVE COVID-19 CASES IN FLORIDA

Risk to Florida Public Remains Low

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health (Department) has announced there are two presumptive positive cases of 2019 coronavirus disease (COVID-19) in Florida. Both individuals remain in isolation at this time. Despite these cases in Florida, the overall immediate threat to the public remains low.

Governor Ron DeSantis said, "I have been working with federal partners and our Department of Health to ensure that communities are ready to handle the challenges presented by COVID-19. The dedicated professionals at our county health departments, as well as those working at local medical providers, are well equipped to address these and future cases. State Surgeon General Dr. Scott Rivkees has taken appropriate, decisive action to help affect the best possible outcomes, and I will continue directing our state agencies to do whatever is necessary to prioritize the health and well-being of Florida residents."

Lieutenant Governor Jeanette Nuñez said, "Florida is a national leader in public health, and that quickly became evident as soon as we received information regarding presumptive positive cases of COVID-19 in our state. Public health teams from our Department of Health have already begun engaging with the impacted individuals and are quickly working towards identifying and contacting everyone who may be potentially affected by this virus. Thanks to the extensive preparations and tireless work the Department's staff has been undertaking since information regarding COVID-19 became available in early January, our county health departments, medical providers and all other partners in public health are well prepared to prevent the spread of COVID-19."

State Surgeon General Dr. Scott Rivkees said, "This is the scenario that we prepare for every day in public health. The Department is moving forward with the appropriate plans, and we are working directly with the Centers for Disease Control and Prevention (CDC) and local medical providers to ensure these individuals receive the proper treatment and that anyone who has come into contact with them is following the necessary protocols, limiting or stopping any further spread. Thanks to Florida's integrated public health system, we have been able to proactively engage and plan with

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our public health partners at every level, enabling us to take these important steps in a very expeditious manner. Our epidemiological teams are among the best in the nation, and they are right now aggressively pursuing every potential lead during these critical early moments of this outbreak in Florida."

The first patient is an adult Manatee county resident without travel history to countries identified for restricted travel by the CDC. This person did seek health care, is isolated and will continue to remain isolated until cleared by public health officials. The Florida Department of Health is working closely with the patient, their close contacts and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough, or shortness of breath.

The second patient is an adult resident of Hillsborough county with a history of travel to Italy. This person is isolated and will continue to remain isolated until cleared by public health officials.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

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The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available Monday through Friday, 8:00am to 5:00pm.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The Department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information about the Florida Department of Health please visit www.FloridaHealth.gov.

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AMERICAN OVERSIGHT

From: Governor"s Press Office
Bcc: ReleasesPress
Subject: MEMORANDUM: Coronavirus Disease 2019 (COVID-19)
Date: Sunday, March 1, 2020 9:38:00 PM
Attachments: Executive Order 20 51.pdf

MEMORANDUM

TO: Members of the Press

FROM: Helen Aguirre Ferré, Director of Communications, Governor Ron DeSantis

DATE: March 1, 2020

RE: Coronavirus Disease 2019 (COVID-19)

Good evening:

Tonight, Governor Ron DeSantis issued Executive Order 20-51 directing a Public Health Emergency and statewide response protocol for Coronavirus Disease 2019 (COVID-19).

A PDF copy of the Executive Order is attached.

Sincerely,

Helen Aguirre Ferré
Director of Communications
Governor Ron DeSantis

STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-51

(Establishes COVID-19 Response Protocol and Directs Public Health Emergency)

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and

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South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, in response to the recent COVID-19 outbreak in Japan, the CDC has advised older travelers and those with chronic medical conditions to avoid nonessential travel and all travelers to exercise enhanced precautions; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, two individuals in the State of Florida tested presumptively positive for COVID-19, including a resident of Manatee County and a resident of Hillsborough County; and

WHEREAS, the CDC currently recommends mitigation measures in communities with COVID-19 cases, including staying at home when sick, keeping away from others who are sick and staying at home when a household member is sick with respiratory disease symptoms or if instructed to do so by public health officials or a health care provider; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I direct the State Health Officer and Surgeon General, Dr. Scott Rivkees, to declare a public health emergency in the State of Florida, pursuant to his authority in section 381.00315, Florida Statutes. The State Health Officer is authorized and directed to use his judgment as to the duration of this public health emergency.

Section 2. In accordance with section 381.0011(7), Florida Statutes, I direct the State Health Officer to take any action necessary to protect the public health.

Section 3. I direct the State Health Officer to follow the guidelines established by the CDC in establishing protocols to control the spread of COVID-19 and educate the public on prevention.

Section 4. In accordance with section 381.0011(7), Florida Statutes, I designate the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. The State Health Officer, or his designee, shall advise the Executive Office of the Governor on the implementation of these emergency response activities.

AMERICAN OVERSIGHT

Section 5. All actions taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified.

Section 6. The Florida Department of Health will actively monitor, at a minimum, all persons meeting the definition of a Person Under Investigation ("PUI") as defined by the CDC for COVID-19 for a period of at least 14 days or until the PUI tests negative for COVID-19. Active monitoring by the Florida Department of Health will include at least the following:

A. Risk assessment within 24 hours of learning an individual meets the criteria for a PUI.
B. Twice-daily temperature checks.

Section 7. The Florida Department of Health, pursuant to its authority in section 381.00315, Florida Statutes, will ensure that all individuals meeting the CDC's definition of a PUI are isolated or quarantined for a period of 14 days or until the person tests negative for COVID-19.

Section 8. I hereby direct the Florida Department of Health to make its own determinations as to quarantine, isolation and other necessary public health interventions as permitted under Florida law.

Section 9. I direct all agencies under the direction of the Governor to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order. Agencies not under the direction of the Governor are requested to provide such assistance as is required.

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AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-51

(Establishes COVID-19 Response Protocol and Directs Public Health Emergency)

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WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, in response to the recent COVID-19 outbreak in Japan, the CDC has advised older travelers and those with chronic medical conditions to avoid nonessential travel and all travelers to exercise enhanced precautions; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95%

AMERICAN OVERSIGHT

alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

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AMERICAN OVERSIGHT

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Section 9. I direct all agencies under the direction of the Governor to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order.

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Agencies not under the direction of the Governor are requested to provide such assistance as is required.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 1st day of March, 2020.

RON DESANTIS, GOVERNOR

ATTEST:

SECRETARY OF STATE

FILED
2020 MAR -1 PM 9:31
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-51

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RON DESANTIS, GOVERNOR

ATTEST:

SECRETARY OF STATE

FILED
2020 MAR -1 PM 9:31
TALLAHASSEE, FLORIDA

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From:	Pottebaum, Nic D. EOP/WHO
To:	Pottebaum, Nic D. EOP/WHO
Cc:	Hoelscher, Douglas L. EOP/WHO; Swint, Zachariah D. EOP/WHO; Imhoff, Olivia
Subject:	COVID-19 Update: Recent Actions & Resources
Date:	Friday, March 13, 2020 8:23:10 AM
Attachments:	image001.png

THE WHITE HOUSE

State Leader and Staff,

Below you will find a summary of recent Federal actions, updated resources, and readout of recent briefing calls. As a reminder, the best resource for up-to-date information and guidance is **www.coronavirus.gov**.

- **Helpful Guidance for Your State Health Officer & State Health Lab**: FAQs on Diagnostic Testing (more here)



Presidential Proclamation to Protect the Homeland from Travel-Related Coronavirus Spread

On Thursday, March 12, President Donald J. Trump signed a **Presidential Proclamation**, which suspends the entry of most foreign nationals who have been in certain European countries at any point during the 14 days prior to their scheduled arrival to the United States. These countries, known as the Schengen Area, include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland. *This does not apply to legal permanent residents, (generally) immediate family members of U.S. citizens, and other individuals who are identified in the proclamation.*

- DHS Acting Secretary Wolf's Statement on Presidential Proclamation to Protect the Homeland from Travel-Related Coronavirus Spread *(more here)*

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- Fact Sheet – President Donald J. Trump Has Taken Unprecedented Steps to Respond to the Coronavirus and Protect the Health and Safety of Americans *(more here)*

Framework Mitigation Strategies for Communities with Local COVID-19 Transmission

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.

- A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission *(more here; 10-page frame work for States, localities, and communities)*
- CDC mitigation strategies for Santa Clara (CA), Seattle (WA), and New Rochelle (NY)

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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Background & Additional Information for State & Local Officials

U.S. Department of Health & Human Services (HHS)

- The Department of Health and Human Services is committed to providing as much information as possible to prepare communities for response to COVID-19. The Department, through the Centers for Disease Control and Prevention, the Food and Drug Administration, and other agencies, continuously provide guidance to healthcare providers, laboratories, communities, and state and local officials for dealing with suspected or confirmed cases of COVID-19. The most up-to-date information can be found at **www.coronavirus.gov**.
- Wednesday, March 12, CDC **announced** the imminent release of almost $600 million to support state and local authorities respond to the COVID-19 outbreak. Full funding amounts are **here**.
- CDC released their "**Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission**." This is a guide for communities describing possible coronavirus transmission. Community mitigation strategies are often the most available interventions to help slow the transmission of COVID-19 in communities.
- The CDC has been actively working to address the need for testing across the country. You can find more information about testing **here**. We encourage review of the **Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019**, as well as the recently updated the **FAQ website for laboratories** to determine best practices for testing.

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- The U.S. Public Health Service Commissioned Corps has deployed hundreds of officers to help with this response. As America's Health Responders, the Commissioned Corps is currently very involved in assisting the CDC with airport screenings, deploying staff to support hospitals, among other important missions. Find out more about Commissioned Corps activities **here**.
- Part of preparedness includes a robust blood supply. The current situation around COVID-19 heightens the need for a ready blood supply, please encourage your health community members to keep their appointments to donate blood.
- CDC released updated **guidance** on infection prevention and control recommendations for healthcare workers. Healthcare workers are fighting this outbreak on the front lines, and this guidance is intended to provide assistance to healthcare settings that are handling suspected or confirmed cases of COVID-19. This guidance is applicable to all U.S. healthcare settings.

U.S. Small Business Administration (SBA)

- The Small Business Administration will work directly with state Governors to provide targeted, low-interest loans to small businesses and non-profits that have been severely impacted by the Coronavirus (COVID-19). The SBA's Economic Injury Disaster Loan program provides small businesses with working capital loans of up to $2 million that can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing.
- The Coronavirus Preparedness and Response Supplemental expanded the disaster definition for the Small Business Administration's Economic Injury Disaster Loans (EIDL) to include COVID-19. Economic Injury Disaster Loans are SBA loans that are available to eligible Small Businesses, Small agricultural cooperatives, and most non-profits that have experienced substantial economic injury as a result of a disaster.
    - EIDLs are available in areas that are declared a disaster area by the SBA.
    - There has to be an SBA Disaster Declaration in an area for EIDL loans to be made available, which originates from a request made by the Governor.
    - To assist in the efforts, the SBA engages with States' Emergency Response Teams to help them comply with the requirements before a request is made.
- EIDL Loan Details
    - Entities that can apply for EIDL loans are eligible Small Businesses, Small agricultural cooperatives, and most private nonprofit organizations.
    - EIDL Loans are up to $2million and have terms as long as 30 years.
- State and local officials who have been contacted by Small Businesses that may have been affected should share that information with their Governor or the State's Emergency Response Officials. More information on SBA's disaster loans, including eligibility and how to apply for loans, can be found here: **www.SBA.gov/disaster**

U.S. Department of Education (DoED)

- The Department of Education has established a dedicated Coronavirus **webpage**, which includes resources for institutions of higher education and for K-12.
    - The website includes **guidance** for students at institutions of higher education, and covers Coronavirus-related scenarios that could impact students who are enrolled in study abroad programs, students who meet full-time requirements but fall below 12 credit hours, students who are quarantined and miss class, campuses that have temporarily stopped offering ground-based classes to prevent the spread of Coronavirus, and foreign schools that serve Americans who receive Federal financial aid. Also see a

AMERICAN OVERSIGHT

letter from the Office for Civil Rights that addresses potential discrimination associated with coronavirus.

- The Department is working on additional information for families and communities including:
  - Information regarding certain flexibilities under the Every Student Succeeds Act, or "ESSA;"
  - Information regarding services to children with disabilities;
  - A fact sheet from our Office for Civil Rights on the risk of Coronavirus in schools while protecting the civil rights of students; and
  - Information on the Family Education Records Privacy Act, or "FERPA," as it pertains to K-12 and higher education students.
- The Department will continue to update its website, ed.gov/coronavirus. Please direct education related questions to COVID-19@ed.gov.

U.S. Department of Transportation (DOT)

- The U.S. Department of Transportation, in its important supporting role, has and will continue to coordinate with transportation stakeholders, foreign counterparts and other federal agencies to manage the risk in the United States.
- DOT continues to ensure: an active air bridge remains in place for the safe return of Americans from affected areas; airlines are funneling passenger flights to one of the eleven designated U.S. airports equipped to health-screen Americans returning from affected areas; continued air and sea cargo traffic between the US and China; health protocols are established to protect the crews of aircraft continuing to fly between the US and foreign locations; and, dissemination of health messages about the virus, for airlines to use to inform their passengers.
- The U.S. government's travel restrictions and advisories have been a remarkably effective 'first layer' of containment. These travel requirements delayed the arrival of the virus to the United States, giving the nation precious time to prepare further measures, and plan for mitigation. This achievement took the cooperation of nearly 200 commercial airlines, a like number of overseas airports, and the Civil Aviation Authority of China.
- External Stakeholder outreach is being actively conducted throughout the modes of transportation in DOT. DOT has already hosted calls with stakeholders for the Federal Aviation Administration, Federal Transit Authority, Federal Motor Carrier Safety Administration, and others. Additional calls are scheduled for outreach to additional stakeholders in all surface transportation, maritime, and labor.

U.S. Department of Labor (DOL)

- The Occupational Safety and Health Administration (OSHA) developed COVID-19 planning guidance for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE). The guidance is intended for planning purposes – employers and workers should use the planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement.
- The U.S. Office of Personnel Management (OPM), an independent agency that serves as the chief human resources agency and personnel policy manager for the Federal Government, issued guidance for Federal Agencies regarding COVID-19 and human resources policies.
- DOL announced new guidance outlining flexibilities that States have in administering their unemployment (UI) programs to assist Americans affected by the COVID-19 outbreak. Under the guidance, federal law.

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U.S. Department of Housing & Urban Development (HUD)

- The health and well-being of our country's most vulnerable citizens is Secretary Ben Carson's highest priority. At the direction of Secretary Carson senior HUD, officials have developed an Infectious Disease Toolkit for Continuum of Care homeless shelters (CoC). This includes specific documents addressing preparedness in shelters and encampment settings. More **here**.
- HUD has sent communication to CoC and Housing Opportunities for Persons With AIDS (HOPWA) grantees, highlighting the importance of infectious disease preparedness and linking to CDC and Healthcare for the Homeless resources: **Infectious Disease Preparedness Among Homeless Assistance Providers**
- HUD is coordinating with the CDC, Healthcare for the Homeless, United States Interagency Council on Homelessness (USICH) on messaging and cross-promoting resource materials. This will continue on an ongoing basis. Also, the Department is reaching out to Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA) for future coordination.
- HUD has plenty of resources for your communities including:
    - Communities can use their unspent Emergency Solutions Grants and Continuum of Care Program funds to help address needs related to coronavirus. Additionally, a portion of CDBG funds are also available for public services, including health care.
    - Technical Assistance is available for ESG and CoC Program recipients if requested. Additionally, communities that want to amend their CDBG plans, can reach out to their CPD representative if they need assistance.

U.S. Department of Agriculture (USDA)

- USDA Secretary Sonny Perdue **announced proactive flexibilities** to allow meal service during school closures to minimize potential exposure to the coronavirus. During an unexpected school closure, schools can leverage their participation in one of USDA's summer meal programs to provide meals at no cost to students. Under normal circumstances, those meals must be served in a group setting. However, in a public health emergency, the law allows USDA the authority to waive the group setting meal requirement, which is vital during a social distancing situation.
- USDA intends to use all available program flexibilities and contingencies to serve program participants across our 15 nutrition programs. USDA has already begun to issue waivers to ease program operations and protect the health of participants. USDA is receiving requests for waivers on an ongoing basis. As of today, USDA has been asked to waive congregate feeding requirements in Washington, California, Maryland, Alaska, Utah, Pennsylvania, Wyoming, Maine, Kansas, New Jersey, New York, South Carolina, South Dakota, and Virginia and USDA has granted those requests.
- For more information about the coronavirus response across USDA, please visit: **www.usda.gov/coronavirus**.

U.S. Department of Homeland Security (DHS)

- While the overall risk to the American public remains low, actions by DHS and the administration are decreasing the strain on public health officials by screening incoming travelers, expediting the processing of U.S. citizens returning from China, and ensuring resources are focused on the health and safety of the American people.

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It is important to recognize, that while there is a significant focus on containing and mitigating the spread of COVID-19, all departments and agencies of DHS are continuing to perform their regular duties with no impact on their mission.

- DHS is working to recognize, detect, and assist individuals attempting to enter the U.S. through our, airports, land ports, or waterways who may be carrying the virus: Cruise Lines International Association, CDC, USCG, and CBP. DHS is working with the Department of State, HHS, and the senior public health leadership with the Government of Mexico to prepare for any COVID-19 cases identified along the South West Border. This effort includes coordination with state, and local Public Health Officials to develop reporting and response courses of action.
- FEMA has rostered 56 four-person Incident Management Assistance Teams.
- The Countering Weapons of Mass Destruction Office, which contains the National Biosurveillance Integration Center and the Chief Medical Officer, has maintained close coordination with our Components and U.S. Government partners regarding the status of the outbreak and associated U.S. Government response actions.

Recent Announcements

SBA To Provide Disaster Loans for Small Businesses Impacted by Coronavirus (COVID-19)
On Thursday, March 12, SBA Administrator Jovita Carranza issued the following statement: "The President took bold, decisive action to make our 30 million small businesses more resilient to Coronavirus-related economic disruptions. Small businesses are vital economic engines in every community and state, and they have helped make our economy the strongest in the world. Our Agency will work directly with state Governors to provide targeted, low-interest disaster recovery loans to small businesses that have been severely impacted by the situation. Additionally, the SBA continues to assist small businesses with counseling and navigating their own preparedness plans through our network of 68 District Offices and numerous Resource Partners located around the country. The SBA will continue to provide every small business with the most effective and customer-focused response possible during these times of uncertainty." SBA's Economic Injury Disaster Loans offer up to $2 million in assistance for a small business. These loans can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing. More information can be found **here**.

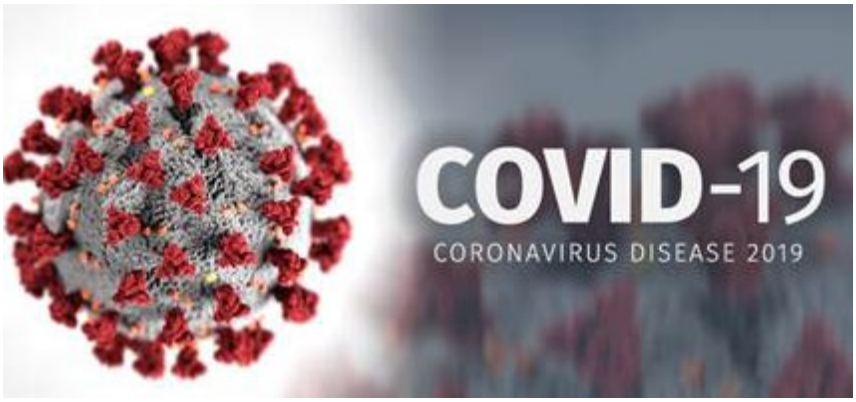
CDC to Award Over $560 Million to State & Local Jurisdictions in Support of COVID-19 Response
The Department of Health and Human Services (HHS) is announcing another upcoming action by the Centers for Disease Control and Prevention (CDC) to provide resources to state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19). The $8.3 billion dollar Supplemental passed by Congress included **statutory language** which prescribed the exact formula for disbursing the money: states will receive 90% of their **2019 CDC PHEP grants**. This marks the first tranche of funding to states from the $8.3 billion supplemental. Your state health officers are receiving a letter today from CDC outlining what is needed to receive the funding, essentially they need to submit a spend plan and they will receive guidance on what that spend plan should contain. More **here**.

Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance
As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here

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and all CMS guidance related to COVID-19 can be found **here**.

COVID-19: Background & Additional Information



Background

Under the leadership of President Trump and Vice President Pence, the full weight of the U.S. Government is working to protect the health and safety of the American people. Since the beginning of the outbreak, President Trump has taken unprecedented steps – including prudent travel restrictions and an early containment strategy – to protect the health of Americans in response to the coronavirus. In January, the President formed a Coronavirus Task Force, led by Vice President Mike Pence and comprised of subject-matter experts, to organize a whole-of-government response (**President Donald J. Trump Has Taken Unprecedented Steps to Respond To the Coronavirus and Protect the Health and Safety of Americans**). The Coronavirus Task Force and broader Administration have and will continue to work with State-Local-Tribal officials and private sector and non-profit partners in preparing for and responding to the Coronavirus. ***It is important to note that at this time, the risk to the average American remains low. All agencies are working aggressively to monitor this continuously evolving situation and to keep our partners and the public informed***.

Up-To-Date Information

- The most up-to-date information and guidance can be found via the Centers for Disease Control and Prevention Coronavirus Disease 2019 website (**here**)
- HHS/CDC Community Framework for Mitigation (**here**)
- Guidance for families, businesses, schools and others (**here**).
- The Coronavirus Task Force holds frequent national briefings which can be viewed live (**here**)
- You are also encouraged to follow HHS, CDC, and other agency social media channels for up-to-date information.

What You Need To Know

- What You Should Know - How COVID-19 Spreads, Symptoms, etc. (**here**)
- Situation Summary (**here**)
- Travel Information (**here**)
- Preventing COVID-10 Spread in Communities (**here**)

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- Higher Risk & Special Populations (**here**)
- Healthcare Professionals (**here**)
- Resources for Healthcare Facilities (**here**)
- Resources for Health Departments (**here**)
- Laboratories (**here**)
- Communication Resources (**here**)

Agency Resources and Contact Information

Below, please find agency-by-agency information, guidance, and contact information.

Resources *– Below, please find agency-by-agency resources and guidance.*

- U.S. Department of Health and Human Services (**here**)
- Centers for Medicare and Medicaid (**here**)
- U.S. Food & Drug Administration (**here**)
- U.S. Department of Education (**here**)
- U.S. Department of Agriculture (**here**)
- U.S. Department of Labor (**here**)
- U.S. Department of Homeland Security (**here**)
- U.S. Department of State (**here**)
- U.S. Department of Veterans Affairs (**here**)
- U.S. Environmental Protection Agency (**here**)
- U.S. Department of the Interior (**here**)
- U.S. Election Assistance Commission (**here**)

Contact Information *– Below, please find contact information for our Intergovernmental Affairs colleagues across the federal family. As State and local elected officials, they are your primary points of contact.*

- U.S. Department of Health & Human Services: Darcie Johnston (Phone – 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security: Cherie Short (Phone – 202-893-2941 / Email – cherie.short@hq.dhs.gov)
- U.S. Department of State: Bill Killion (Phone – 202-647-7595 / Email – killionw@state.gov)
- U.S. Department of Transportation: Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)
- U.S. Department of Education: Susan Falconer (Phone – 202-320-6837 / Email – susan.falconer@ed.gov)
- U.S. Department of Veterans Affairs: Thayer Verschoor (Phone – 202-461-7385 / Email – Thayer.verschoor@va.gov)
- U.S. Environmental Protection Agency: Britt Carter (Phone – 202-440-0728 / Email – carter.brittanys@epa.gov)
- U.S. Small Business Administration: Ryan Lambert (Phone – 202-615-6570 / Email – ryan.lambert@sba.gov)
- U.S. Department of Agriculture: Lillie Brady (Phone – 202-845-3872 / Email - lillie.brady@usda.gov)

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Local Preparedness Tips

- Response is locally executed, state managed, and federally supported.
- Ensuring clear, open lines of communication with the public and making information and guidance readily available.
- Proactively sharing and disseminating *verified and accurate* guidance and information such as HHS/CDC **guidance for families, businesses, and schools**.
- Reviewing Federal guidance such as the HHS/CDC **Community Mitigation Framework**.
- Coordinating with State and local health authorities.
- Reviewing local preparedness plans and strategies.

Recent Task Force Actions

Below, please find pertinent updates on pertinent Administrations actions.

- Task Force Briefings (briefings are held on a frequent basis and can be viewed live **here**)
    - March 10: **Video**
    - March 9: **Video**
    - March 6: **Video**
    - March 4: **Video**
    - March 2: **Video**
    - February 29: **Video**
  - Remarks by President Trump in Address to the Nation (March 11) (**transcript**/**video**)
- Remarks by President Trump and Vice President Pence at a Coronavirus Briefing with Health Insurers (March 10) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (March 9) (**readout**)
- Remarks by Vice President Pence in a Coronavirus Briefing with Cruise Line Executives and Port Directors (March 7) (**transcript**)
- Remarks by President Trump After Tour of the Centers for Disease Control and Prevention (March 5) (**transcript**)
- President Trump Signs the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March 6) (**transcript**/**video**)
- President Trump and Vice President Pence attend Coronavirus Briefing with Airline CEOs (March 4) (**transcript**/**video**)
- Vice President Pence meets with Long-Term, Post-Acute and Palliative Care Provider Executives (March 4) (**transcript**)
- Centers for Medicare & Medicaid Services (CMS) Announces Actions to Address Spread of Coronavirus (March 4) (more **here**)
- President Trump Visits the National Institutes of Health and attends Roundtable Briefing (March 3) (**transcript**)
- Vice President Pence attends Coronavirus Briefing with Diagnostic Lab CEOs (March 4) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (**readout**)

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From:	Pottebaum, Nic D. EOP/WHO
To:	Pottebaum, Nic D. EOP/WHO
Cc:	Hoelscher, Douglas L. EOP/WHO; Swint, Zachariah D. EOP/WHO
Subject:	COVID-19 Update: Recent Actions & Resources
Date:	Saturday, March 14, 2020 5:09:32 PM
Attachments:	image001.png



State and Local Leaders,

President Donald J. Trump is leveraging the full power of the Federal Government, in partnership with state, local, and tribal leaders, and private sector partners, to protect the health and safety of the American people. The President's emergency declarations will give healthcare providers and officials on the front lines of this pandemic the flexibility they need to respond. The Trump Administration is working to rapidly expand coronavirus testing across the nation and make sure Americans who need them have access. Below you will find additional information. You can find the latest information on COVID-19 HERE.

Recent Actions & Updates

President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19

- Presidential Proclamation Here
- Letter from President Donald J. Trump on Emergency Determination Under the Stafford Act to U.S. Department of Homeland Security, Department of Treasury, U.S. Department of Health & Human Services, and Federal Emergency Management Agency. The letter includes specific recommendation to governors including:
    - "In order to meet the challenges caused by this emergency pandemic, **I have encouraged all State and local governments to activate their Emergency Operations Centers and to review their emergency preparedness plans.** In the meantime, I expect FEMA to continue to review all ways in which it can provide assistance to States consistent with the authorities provided to it by this letter and by statute."
    - "I **encourage all governors and tribal leaders to consider requesting Federal assistance under this provision of the Stafford Act, pursuant to the statutory criteria**. I stand ready to expeditiously consider any such request."
- President Donald J. Trump Has Mobilized the Full Resources of the Federal

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Government to Respond to the Coronavirus

- FEMA Fact Sheet

Memorandum on Expanding State-Approved Diagnostic Tests

- Full Memorandum Here
- Secretary Azar Designates Admiral Giroir to Coordinate COVID-19 Diagnostic Testing Efforts
- The FDA is working to help significantly speed up testing and expand accessibility for Americans. The FDA issued emergency approval for a new commercial coronavirus test by Roche that will help greatly expand testing nationwide. FDA: "The FDA authorized the Roche cobas SARS-CoV-2 Test, the third Emergency Use Authorization (EUA) granted for a diagnostic test during the COVID-19 outbreak. Laboratories can immediately run tests on Roche's high-volume platform, which will greatly increase national testing capacity."
- FDA gives flexibility to New York State Department of Health, FDA issues Emergency Use Authorization Diagnostic

Framework Mitigation Strategies for Communities with Local COVID-19 Transmission

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.

- A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission *(more* here*; 10-page frame work for States, localities, and communities).*
- CDC mitigation strategies for Santa Clara (CA), Seattle (WA), New Rochelle (NY), Florida, and Massachusetts.

Other Actions & Updates

- HHS Funds Development of COVID-19 Diagnostic Tests

Centers for Medicare & Medicaid Services (CMS) announced critical new measures designed to keep America's nursing home residents safe from COVID-19 taking the form of a memorandum and is based on the newest recommendations from the Centers for Disease Control and Prevention (CDC).

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Federal Motor Carrier Safety Administration (FMCSA) - Emergency Declaration- Hours of Service Relief: FMCSA has issued an Emergency Declaration covering all 50 states and the District of Columbia to provide hours of service relief to drivers transporting emergency relief. Specifically, the declaration provides for regulatory relief for commercial motor vehicle operations providing direct assistance supporting emergency relief efforts, and will cover the shipment of: medical supplies and equipment related to the testing, diagnosis and treatment of COVID-19; supplies and equipment, including masks, gloves, hand sanitizer, soap and disinfectants, necessary for healthcare worker, patient and community safety, sanitation, and prevention of COVID-19 spread in communities; food for emergency restocking of stores; equipment, supplies and persons necessary for establishment and management of temporary housing and quarantine facilities related to COVID-19; persons designated by Federal, State or local authorities for transport for medical, isolation or quarantine purposes; and personnel to provide medical or other emergency services. The declaration does not cover routine commercial deliveries, or transportation of mixed loads of essential supplies and/or persons and goods or persons not related to emergency needs. Effective immediately, the declaration will remain in effect for the duration of the emergency or until 11:59 P.M. (ET), April 11, 2020, whichever occurs sooner.

U.S. Department of Housing & Urban Development (HUD) Quick Guide to CDBG Eligible Activities to Support Infectious Disease Response



Below, please find additional information. The White House Office of Intergovernmental Affairs (WH IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance.

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Sincerely,

Nic

--

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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Fact Sheet on H.R. 6021 – Families First Coronavirus Response Act

Following extensive negotiations with Congress, President Trump announced his support for legislation to help American workers and families impacted by the coronavirus.

- The President is committed to ensuring American workers and families have the support they need, and this legislation follows through on that.
- The Administration engaged in extensive discussions with Congress to secure key provisions and changes in language.
- As a result of the Administration's efforts, substantial improvements were made from the initial bill.

This delivers on President Trump's plan to help American workers and their families who have been harmed by the coronavirus outbreak.

- The legislation establishes tax credits to provide paid sick and family medical leave for employment interruptions related to coronavirus.
    - This will provide support for employees with coronavirus, under quarantine, caring for someone affected, or with children whose school has closed.
- Eligible employers will receive a dollar-for-dollar tax credit for any paid leave they provide under this program.
- Importantly, employees will be able to receive the paid leave directly from their employer, rather than an inefficient government run program.

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- We are partnering with businesses, not imposing an unfunded mandate on them.

- The legislation also incentivizes states to ease access to unemployment benefits, assisting Americans who may be unemployed due to the impact of the virus.

- In order to help families and the most vulnerable, the bill provides funding and flexibility for emergency nutritional aid for senior citizens, women, children, and low-income families.

To protect the health of our citizens, the legislation provides free coronavirus testing for all Americans who need it.

- This includes free testing through commercial insurance, Medicare, Medicaid, CHIP, Indian Health Service, and TRI-CARE.
- Every American who needs a test, should be able to get a test regardless of their financial circumstances.

Fact Sheet – President Donald J. Trump Has Mobilized the Full Resources of the Federal Government to Respond to the Coronavirus

MOBILIZING ALL FEDERAL RESOURCES: President Donald J. Trump is leveraging the full power of the Federal Government to protect the health and safety of the American people.

- President Trump is exercising statutory authorities to declare a national emergency in response to the coronavirus.
- The unprecedented action the President is taking invites States, territories, and tribes to access over $42 billion in existing funding to combat the coronavirus.
    - The Administration has taken decisive action to ensure State, local, and tribal leaders have the resources they need to provide protective measures for their communities.
    - The Small Business Administration also has authority and available funding to make over $7 billion in loans to qualifying small businesses to assist economic recovery.
- President Trump is directing further actions across his Administration in response to the coronavirus.
    - The Centers for Medicare and Medicaid Services has announced guidance to limit medically unnecessary visits to nursing homes to protect vulnerable elderly Americans
    - The Secretary of the Education will be waiving interest on all student loans held by the Federal Government.
    - The President is directing the Department of Energy to purchase large quantities of crude oil for the strategic reserve.
- The President is urging every State to set up emergency operational centers and is asking every hospital to activate its emergency preparedness plan.

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EMPOWERING HEALTHCARE PROVIDERS: The President's emergency declaration will give healthcare providers on the front lines of this pandemic the flexibility they need to respond.

- President Trump continues to cut through every piece of unnecessary red tape that may hinder our response efforts and make every Federal resource available.
- The President will empower the Secretary of Health and Human Services (HHS) to waive provisions of certain laws and regulations and give maximum flexibility to healthcare providers to care for their patients.
- The declaration will provide HHS with critical authorities to waive:
    - Certain laws to enable telehealth, remote doctors' visits, and hospital check-ins
    - Licensing requirements so doctors from other states can provide services in areas with the greatest need.
    - Critical Access Hospital requirements to allow those hospitals to have more beds and longer lengths of stay
    - The requirement of a 3-day hospital stay prior to admission to a nursing home.
    - Rules hindering hospitals' ability to bring additional physicians on board or obtain needed office space.
    - Restrictions on where hospitals can care for patients.
- The Administration will be working to eliminate every obstacle possible to ensure healthcare providers can deliver Americans the care they need.

RAPIDLY EXPANDING TESTING: The Trump Administration is working to rapidly expand coronavirus testing across the nation and make sure Americans who need them have access.

- President Trump is mobilizing resources across the Federal Government to accelerate testing and expand access for more Americans.
    - The President wants to make sure that those who need a test can get a test safely, quickly, and conveniently.
- The Administration is working with the private sector to open up drive-through testing collection sites in critical areas impacted by the coronavirus.
- The Administration is working with Google to develop a website Americans can go to determine whether a test is needed and, if so, facilitate testing at a nearby location.
- The Food and Drug Administration is issuing emergency authorization for new commercial coronavirus tests that will help significantly expand testing across the country.
    - One new test produced by Roche has already been authorized and authorization is coming for another test very shortly.
    - Up to 2 million additional tests are expected to be available next week thanks to these efforts.

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- President Trump and his Administration are working to provide maximum flexibility for States to approve labs for coronavirus testing.
- HHS recently announced it is providing funding to help accelerate the development of two rapid diagnostic tests.
- The Administration has designated Assistant Secretary for Health Brett Giroir to take the lead in coordinating testing efforts to ensure seamless access for patients, doctors, and hospitals.
- The Administration continues to cut red tape that restricted who qualifies for testing.

Updated - Background & Additional Information for State & Local Officials

U.S. Department of Health & Human Services (HHS)

- The Department of Health and Human Services is committed to providing as much information as possible to prepare communities for response to COVID-19. The Department, through the Centers for Disease Control and Prevention, the Food and Drug Administration, and other agencies, continuously provide guidance to healthcare providers, laboratories, communities, and state and local officials for dealing with suspected or confirmed cases of COVID-19. The most up-to-date information can be found at **www.coronavirus.gov**.
- Wednesday, March 12, CDC **announced** the imminent release of almost $600 million to support state and local authorities respond to the COVID-19 outbreak. Full funding amounts are **here**,
- Framework Mitigation Strategies for Communities with Local COVID-19 Transmission: Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.
    - A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission *(more* **here***; 10-page frame work for States, localities, and communities).*
    - CDC mitigation strategies for **Santa Clara** (CA), **Seattle** (WA), **New Rochelle** (NY), **Florida**, and **Massachusetts**.
- The CDC has been actively working to address the need for testing across the country. You can find more information about testing **here**. We encourage review of the **Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019**, as well as the recently updated the **FAQ website for laboratories** to determine best practices for testing.
- The U.S. Public Health Service Commissioned Corps has deployed hundreds of officers to help with this response. As America's Health Responders, the Commissioned Corps is currently very involved in assisting the CDC with airport screenings, deploying staff to support hospitals, among other important missions.

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Find out more about Commissioned Corps activities **here**.

- Part of preparedness includes a robust blood supply. The current situation around COVID-19 heightens the need for a ready blood supply, please encourage your health community members to keep their appointments to donate blood.
- CDC released updated **guidance** on infection prevention and control recommendations for healthcare workers. Healthcare workers are fighting this outbreak on the front lines, and this guidance is intended to provide assistance to healthcare settings that are handling suspected or confirmed cases of COVID-19. This guidance is applicable to all U.S. healthcare settings.
- Centers for Medicare & Medicaid Services (CMS)
    - *Flexibility and Relief for State Medicaid Agencies*: The national emergency declaration also enables CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under section 1135 waivers. States and territories are now encouraged to assess their needs and request these available flexibilities, which are outlined in the Medicaid and CHIP Disaster Response Toolkit. Examples of flexibilities available to states under section 1135 waivers include the ability to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, allow providers to provide care in alternative settings, waive prior authorization requirements, and temporarily suspend certain pre-admission and annual screenings for nursing home residents. For more information and to access the toolkit, visit **here**.
    - *Waivers and Flexibilities for Hospitals and other Healthcare Facilities*: CMS will temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements. CMS will also issue several blanket waivers, listed on the website below, and the CMS Regional Offices will review other provider-specific requests. These waivers provide continued access to care for beneficiaries. For more information on the waivers CMS has granted, visit **here**.
    - *Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance*: As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found **here** (3/9). The Press Release can be found **here** and all CMS guidance related to COVID-19 can be found **here**.

U.S. Small Business Administration (SBA)

- The Small Business Administration will work directly with state Governors to provide targeted, low-interest loans to small businesses and non-profits that have been severely impacted by the Coronavirus (COVID-19). The SBA's Economic Injury Disaster Loan program provides small businesses with working capital loans of up to $2 million that can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing. More **here**.
- The Coronavirus Preparedness and Response Supplemental expanded the disaster definition for the Small Business Administration's Economic Injury Disaster Loans (EIDL) to include COVID-19. Economic Injury Disaster Loans are SBA loans that are available to eligible Small Businesses, Small agricultural cooperatives, and most non-profits that have experienced substantial economic injury as a result of a disaster.

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    - EIDLs are available in areas that are declared a disaster area by the SBA.
    - There has to be an SBA Disaster Declaration in an area for EIDL loans to be made available, which originates from a request made by the Governor.
    - To assist in the efforts, the SBA engages with States' Emergency Response Teams to help them comply with the requirements before a request is made.
- EIDL Loan Details
    - Entities that can apply for EIDL loans are eligible Small Businesses, Small agricultural cooperatives, and most private nonprofit organizations.
    - EIDL Loans are up to $2million and have terms as long as 30 years.
- State and local officials who have been contacted by Small Businesses that may have been affected should share that information with their Governor or the State's Emergency Response Officials. More information on SBA's disaster loans, including eligibility and how to apply for loans, can be found here: **www.SBA.gov/disaster**.

U.S. Department of Education (DoED)

- The Department of Education has established a dedicated Coronavirus **webpage**, which includes resources for institutions of higher education and for K-12.
    - The website includes **guidance** for students at institutions of higher education, and covers Coronavirus-related scenarios that could impact students who are enrolled in study abroad programs, students who meet full-time requirements but fall below 12 credit hours, students who are quarantined and miss class, campuses that have temporarily stopped offering ground-based classes to prevent the spread of Coronavirus, and foreign schools that serve Americans who receive Federal financial aid. Also see a **letter from the Office for Civil Rights** that addresses potential discrimination associated with coronavirus.
- The Department is working on additional information for families and communities including:
    - Information regarding certain flexibilities under the Every Student Succeeds Act, or "ESSA;"
    - Information regarding services to children with disabilities;
    - A fact sheet from our Office for Civil Rights on the risk of Coronavirus in schools while protecting the civil rights of students; and
    - Information on the Family Education Records Privacy Act, or "FERPA," as it pertains to K-12 and higher education students.
- The Department will continue to update its website, ed.gov/coronavirus. Please direct education related questions to **COVID-19@ed.gov**.

U.S. Department of Transportation (DOT)

- The U.S. Department of Transportation, in its important supporting role, has and will continue to coordinate with transportation stakeholders, foreign counterparts and other federal agencies to manage the risk in the United States.
- DOT continues to ensure: an active air bridge remains in place for the safe return of Americans from affected areas; airlines are funneling passenger flights to one of the eleven designated U.S. airports equipped to health-screen Americans returning from affected areas; continued air and sea cargo traffic between the US and China; health protocols are established to protect the crews of aircraft continuing to fly between the US and foreign locations; and, dissemination of health messages about the virus, for airlines to use to inform their passengers.
- The U.S. government's travel restrictions and advisories have been a remarkably

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effective 'first layer' of containment. These travel requirements delayed the arrival of the virus to the United States, giving the nation precious time to prepare further measures, and plan for mitigation. This achievement took the cooperation of nearly 200 commercial airlines, a like number of overseas airports, and the Civil Aviation Authority of China.

- External Stakeholder outreach is being actively conducted throughout the modes of transportation in DOT. DOT has already hosted calls with stakeholders for the Federal Aviation Administration, Federal Transit Authority, Federal Motor Carrier Safety Administration, and others. Additional calls are scheduled for outreach to additional stakeholders in all surface transportation, maritime, and labor.

U.S. Department of Labor (DOL)

- The Occupational Safety and Health Administration (OSHA) developed COVID-19 **planning guidance** for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE). The guidance is intended for planning purposes – employers and workers should use the planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement.
- The U.S. Office of Personnel Management (OPM), an independent agency that serves as the chief human resources agency and personnel policy manager for the Federal Government, issued **guidance** for Federal Agencies regarding COVID-19 and human resources policies.
- DOL announced new guidance outlining flexibilities that States have in administering their unemployment (UI) programs to assist Americans affected by the COVID-19 outbreak. Under the guidance, federal law.

U.S. Department of Housing & Urban Development (HUD)

- The health and well-being of our country's most vulnerable citizens is Secretary Ben Carson's highest priority. At the direction of Secretary Carson senior HUD, officials have developed an Infectious Disease Toolkit for Continuum of Care homeless shelters (CoC). This includes specific documents addressing preparedness in shelters and encampment settings. More **here**.
- HUD has sent communication to CoC and Housing Opportunities for Persons With AIDS (HOPWA) grantees, highlighting the importance of infectious disease preparedness and linking to CDC and Healthcare for the Homeless resources: **Infectious Disease Preparedness Among Homeless Assistance Providers**
- HUD is coordinating with the CDC, Healthcare for the Homeless, United States Interagency Council on Homelessness (USICH) on messaging and cross-promoting resource materials. This will continue on an ongoing basis. Also, the Department is reaching out to Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA) for future coordination.
- HUD has plenty of resources for your communities including:
    - Communities can use their unspent Emergency Solutions Grants and Continuum of Care Program funds to help address needs related to coronavirus. Additionally, a portion of CDBG funds are also available for public services, including health care.
    - Technical Assistance is available for ESG and CoC Program recipients if requested. Additionally, communities that want to amend their CDBG plans, can reach out to their CPD representative if they need assistance.

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U.S. Department of Agriculture (USDA)

- USDA Secretary Sonny Perdue **announced proactive flexibilities** to allow meal service during school closures to minimize potential exposure to the coronavirus. During an unexpected school closure, schools can leverage their participation in one of USDA's summer meal programs to provide meals at no cost to students. Under normal circumstances, those meals must be served in a group setting. However, in a public health emergency, the law allows USDA the authority to waive the group setting meal requirement, which is vital during a social distancing situation.
- USDA intends to use all available program flexibilities and contingencies to serve program participants across our 15 nutrition programs. USDA has already begun to issue waivers to ease program operations and protect the health of participants. USDA is receiving requests for waivers on an ongoing basis. As of today, USDA has been asked to waive congregate feeding requirements in Washington, California, Maryland, Alaska, Utah, Pennsylvania, Wyoming, Maine, Kansas, New Jersey, New York, South Carolina, South Dakota, and Virginia and USDA has granted those requests.
- For more information about the coronavirus response across USDA, please visit: **www.usda.gov/coronavirus**.

U.S. Department of Homeland Security (DHS)

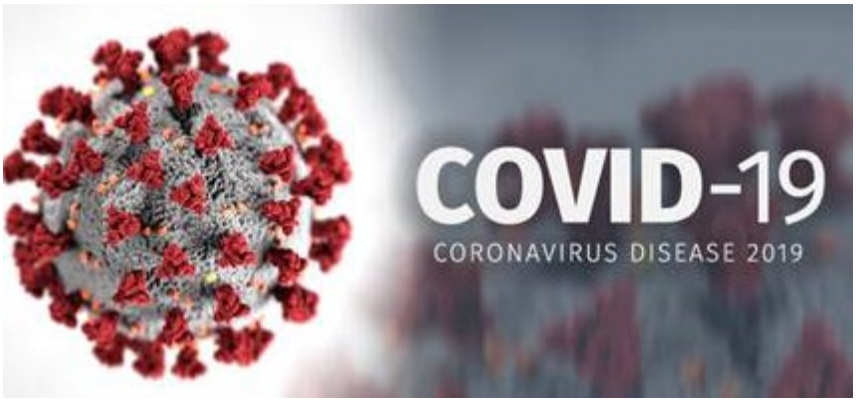
- While the overall risk to the American public remains low, actions by DHS and the administration are decreasing the strain on public health officials by screening incoming travelers, expediting the processing of U.S. citizens returning from China, and ensuring resources are focused on the health and safety of the American people. It is important to recognize, that while there is a significant focus on containing and mitigating the spread of COVID-19, all departments and agencies of DHS are continuing to perform their regular duties with no impact on their mission.
- DHS is working to recognize, detect, and assist individuals attempting to enter the U.S. through our, airports, land ports, or waterways who may be carrying the virus: Cruise Lines International Association, CDC, USCG, and CBP. DHS is working with the Department of State, HHS, and the senior public health leadership with the Government of Mexico to prepare for any COVID-19 cases identified along the South West Border. This effort includes coordination with state, and local Public Health Officials to develop reporting and response courses of action.
- FEMA has rostered 56 four-person Incident Management Assistance Teams.
- The Countering Weapons of Mass Destruction Office, which contains the National Biosurveillance Integration Center and the Chief Medical Officer, has maintained close coordination with our Components and U.S. Government partners regarding the status of the outbreak and associated U.S. Government response actions.
- *Presidential Proclamation to Protect the Homeland from Travel-Related Coronavirus Spread:* On Thursday, March 12, President Donald J. Trump signed a **Presidential Proclamation**, which suspends the entry of most foreign nationals who have been in certain European countries at any point during the 14 days prior to their scheduled arrival to the United States. These countries, known as the Schengen Area, include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland. *This does not apply to legal permanent residents, (generally) immediate family members of U.S. citizens, and other individuals who are identified in the proclamation.*
    - DHS Acting Secretary Wolf's Statement on Presidential Proclamation to

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Protect the Homeland from Travel-Related Coronavirus Spread *(*more **here***)*

- Fact Sheet – President Donald J. Trump Has Taken Unprecedented Steps to Respond to the Coronavirus and Protect the Health and Safety of Americans *(*more **here***)*
- Press Release – Department of Homeland Security Outlines New Process for Americans Returning from Certain European Countries, China, and Iran (more **here**)

COVID-19: Background & Additional Information



Background

Under the leadership of President Trump and Vice President Pence, the full weight of the U.S. Government is working to protect the health and safety of the American people. Since the beginning of the outbreak, President Trump has taken unprecedented steps – including prudent travel restrictions and an early containment strategy – to protect the health of Americans in response to the coronavirus. In January, the President formed a Coronavirus Task Force, led by Vice President Mike Pence and comprised of subject-matter experts, to organize a whole-of-government response (**President Donald J. Trump Has Taken Unprecedented Steps to Respond To the Coronavirus and Protect the Health and Safety of Americans**). The Coronavirus Task Force and broader Administration have and will continue to work with State-Local-Tribal officials and private sector and non-profit partners in preparing for and responding to the Coronavirus. ***It is important to note that at this time, the risk to the average American remains low. All agencies are working aggressively to monitor this continuously evolving situation and to keep our partners and the public informed***.

Up-To-Date Information

- The most up-to-date information and guidance can be found via the Centers for Disease Control and Prevention Coronavirus Disease 2019 website (**here**)
- HHS/CDC Community Framework for Mitigation (**here**)
- Guidance for families, businesses, schools and others (**here**).
- The Coronavirus Task Force holds frequent national briefings which can be viewed live (**here**)
- You are also encouraged to follow HHS, CDC, and other agency social media channels

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for up-to-date information.

What You Need To Know

- What You Should Know - How COVID-19 Spreads, Symptoms, etc. (**here**)
- Situation Summary (**here**)
- Travel Information (**here**)
- Preventing COVID-10 Spread in Communities (**here**)
- Higher Risk & Special Populations (**here**)
- Healthcare Professionals (**here**)
- Resources for Healthcare Facilities (**here**)
- Resources for Health Departments (**here**)
- Laboratories (**here**)
- Communication Resources (**here**)

Agency Resources and Contact Information

Below, please find agency-by-agency information, guidance, and contact information.

Resources *– Below, please find agency-by-agency resources and guidance.*

- U.S. Department of Health and Human Services (**here**)
- Centers for Medicare and Medicaid (**here**)
- U.S. Food & Drug Administration (**here**)
- U.S. Department of Agriculture (**here**)
- U.S. Department of Education (**here**)
- U.S. Election Assistance Commission (**here**)
- U.S. Environmental Protection Agency (**here**)
- U.S. Department of the Interior (**here**)
- U.S. Department of Labor (**here**)
- U.S. Department of Homeland Security (**here**)
- Small Business Administration (**here**)
- U.S. Department of State (**here**)
- U.S. Department of Veterans Affairs (**here**)

Contact Information *– Below, please find contact information for our Intergovernmental Affairs colleagues across the federal family. As State and local elected officials, they are your primary points of contact.*

- U.S. Department of Health & Human Services: Darcie Johnston (Phone – 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security: Cherie Short (Phone – 202-893-2941 / Email – cherie.short@hq.dhs.gov)
- U.S. Department of State: Bill Killion (Phone – 202-647-7595 / Email – killionw@state.gov)
- U.S. Department of Transportation: Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)
- U.S. Department of Education: Susan Falconer (Phone – 202-320-6837 / Email – susan.falconer@ed.gov)

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- U.S. Department of Veterans Affairs: Thayer Verschoor (Phone – 202-461-7385 / Email – Thayer.verschoor@va.gov)
- U.S. Environmental Protection Agency: Britt Carter (Phone – 202-440-0728 / Email – carter.brittanys@epa.gov)
- U.S. Small Business Administration: Ryan Lambert (Phone – 202-615-6570 / Email – ryan.lambert@sba.gov)
- U.S. Department of Agriculture: Lillie Brady (Phone – 202-845-3872 / Email - lillie.brady@usda.gov)

Local Preparedness Tips

- Response is locally executed, state managed, and federally supported.
- Ensuring clear, open lines of communication with the public and making information and guidance readily available.
- Proactively sharing and disseminating *verified and accurate* guidance and information such as HHS/CDC **guidance for families, businesses, and schools**.
- Reviewing Federal guidance such as the HHS/CDC **Community Mitigation Framework**.
- Coordinating with State and local health authorities.
- Reviewing local preparedness plans and strategies.

Recent Task Force Actions

Below, please find pertinent updates on pertinent Administrations actions.

- Task Force Briefings (briefings are held on a frequent basis and can be viewed live **here**)
  - March 10: **Video**
  - March 9: **Video**
  - March 6: **Video**
  - March 4: **Video**
  - March 2: **Video**
  - February 29: **Video**
- Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Conference (March 13) (**transcript**/**video**)
- Remarks by President Trump in Address to the Nation (March 11) (**transcript**/**video**)
- Remarks by President Trump and Vice President Pence at a Coronavirus Briefing with Health Insurers (March 10) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (March 9) (**readout**)
- Remarks by Vice President Pence in a Coronavirus Briefing with Cruise Line Executives and Port Directors (March 7) (**transcript**)
- Remarks by President Trump After Tour of the Centers for Disease Control and Prevention (March 5) (**transcript**)
- President Trump Signs the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March 6) (**transcript**/**video**)
- President Trump and Vice President Pence attend Coronavirus Briefing with Airline CEOs (March 4) (**transcript**/**video**)
- Vice President Pence meets with Long-Term, Post-Acute and Palliative Care Provider Executives (March 4) (**transcript**)

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- Centers for Medicare & Medicaid Services (CMS) Announces Actions to Address Spread of Coronavirus (March 4) (more **here**)
- President Trump Visits the National Institutes of Health and attends Roundtable Briefing (March 3) (**transcript**)
- Vice President Pence attends Coronavirus Briefing with Diagnostic Lab CEOs (March 4) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (**readout**)

AMERICAN OVERSIGHT

From: Ferre, Helen
To: Lukis, Adrian; Strum, Shane
Subject: COVID_7MAR20_Nile_1
Date: Saturday, March 7, 2020 4:34:23 PM
Attachments: COVID_7MAR20_Nile_1.docx

AMERICAN OVERSIGHT

FOR IMMEDIATE RELEASE
March 7, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ADVISES INDIVIDUALS WHO TRAVELLED ON NILE CRUISE TO SELF-ISOLATE FOR 14 DAYS FROM THE DATE OF RETURN

Tallahassee, Fla. — The Florida Department of Health is advising all individuals who travelled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19).

The Department has been made aware that persons who were on tours in Egypt, Israel and Jordan between Feb 4-18, 2020 may have been exposed to COVID-19. Persons who travelled to these areas and have become sick are advised to stay home and isolated from others for the duration of their illness. Before seeking medical care, individuals who may have been exposed to COVID-19 should contact their nearest county health department.

For self-isolation guidelines, please visit: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Self-Isolation.html

For more information regarding what travelers need to know, visit:
http://www.floridahealth.gov/diseases-and-conditions/COVID-19/travel-notice.html

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local county health department.

COVID-19 is spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

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There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov. **The Call Center is available 24 hours a day, seven days a week.**

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov

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##

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From: Gambineri, Mara
To: Mahon, Jason
Subject: COVID_Daily
Date: Sunday, March 8, 2020 5:05:00 PM
Attachments: COVID_Daily.docx

AMERICAN OVERSIGHT

March 9, 2020

Department of Health COVID-19 Daily Update

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health (Department) is closely monitoring the novel coronavirus disease (COVID-19) situation. In an effort to keep Florida residents and visitors safe and aware about the status of COVID-19, the department will issue an update each weekday. Updates will include a COVID-19 case count and other information to keep Floridians informed and prepared.

COVID-19 Testing Results

- 100 persons under investigation
- 31 negatives
- 7 cases in Florida residents
- 2 diagnosed in Florida
- 5 diagnosed and isolated in another state
- 1 confirmed positive in a non-Florida resident
- 69 tests in state results pending
- 948 people monitored to date
- 248 of 948 are currently being monitored

[HOLD FOR NEW CASE DETAILS]

People who have tested positive for COVID-19 will remain in isolation until they test negative.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121.** The Call Center is available 24 hours a day. Inquiries may also be emailed to COVID-19@flhealth.gov**.**

Department Activities

- Governor Ron DeSantis issued an Executive Order directing the State Surgeon General to declare a public health emergency.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Established an incident management team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for

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pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Established a public call-center for questions regarding COVID-19.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

What you Should Know

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- Covering your cough or sneeze with a tissue, then disposing of the tissue;
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About the Florida Department of Health

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Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

AMERICAN OVERSIGHT

From: Aaron, Chelsea
To: Gambineri, Mara
Cc: Meiner, Drew
Subject: Chelsea"s Field Report 3.6.2020
Date: Monday, March 9, 2020 2:30:03 PM
Attachments: Chelsea"s Report 3.6.20.docx

Better late than never :)

Chelsea Aaron
Regional Representative
Executive Office of the Governor
chelsea.aaron@eog.myflorida.com

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Field Report

Chelsea Aaron
2/22-3/6

Events Attended on behalf of the EOG:

Meetings taken on behalf of the EOG:

- Calls with Jennifer LastikOrlando Sports Commission (both weeks)
  - Jennifer and I spoke about once a day regarding the API and then API and Corona Virus.
- Email with Claudia Porpiglia, Guardian Care Management
  - Claudia reached out to me again about a new APD crisis case. I passed it along and Shawna from DCF reached out to her.
- Call with Michelle Branham, (both weeks)
  - Michelle originally reached out to let me know that she was putting in a scheduling request to have the Governor present Secretary Prudom with the Plakon Award. Replied all on the e-mail which Morgan than followed up with her. She reached back out again to discuss options for new dates and I told her to get me those dates and places and I would check back with the office but with everything going on with the virus, this may have to wait.
- Call with Chris Carmody
  - Chris wanted to let me know he sent me a scheduling request to get the Governor out to a new business called Kalera. He wanted to make sure it was on my radar and to see if there had been any feedback from our office. He mentioned that if the Governor can't make it that they would be requesting the attendance of another cabinet member.
- Meeting with Rob Stuart Jr.
  - Rob informed me that he is the President of the Tiger Bay Club and wanted to pick my brain to see if the Governor would be interested in speaking to their members at one of their luncheons. I asked for additional details and for him to put it in writing, but I haven't seen the "formal" request yet. He said they're open to any date and will only need about one week notice to fill the room with about 300 members.
- Call with Mike Nachef, Lee Memorial
  - Mike reached out to me late Friday night for an update about the virus. Wanted to know where the Governor would be and wanted to make sure that his team got ahead with messaging. Spoke to Mara about it Friday night.
- Call with Sherry Major, PGA/Reed

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    - I reached out to Sherry per Governor request to get a contact information and then we caught up about the exciting/busy time for PGA and Reed.
- Call with Keith Dvorchik, JCC (both weeks)
    - Keith reached out to keep me informed about the Bomb threats that JCC's across the US received and to see if this may change scheduling for a request he put in.
- Call with Jay Galbraith, Valencie (both weeks)
    - Jay originally called to thank the Governor for giving Valencia 1.9 Million Dollars for the Accelerated Skills Training program and wanted to give me a heads up that they're planning an event they will invite him to. He then called me the following week to give me an update that the invite was sent and he was hoping that we would have an answer sooner than later.
- Call from Mel, White House Advance
    - Mel reached out to let me know he was the advance lead for the event on Monday and asked if we were going to attend and if I need anything, he's available. Later that day, it was announced that the event was canceled because of the virus.

State Events managed:

- **John's Island Speaker Series**
- **2020 Club for Growth**
- **VPOTUS event in Palm Beach**
- **Corona Virus Press Conference in Miami**
- **Arnold Palmer Stamp Unveiling**

Requests for the EOG:

Upcoming Meetings & Events:

Notes/Issues for the EOG:

- New:
    -
- Old:

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From: Robinson, Wesley
To: Strum, Shane
Cc: Moulton, Diane; Andy Palmer
Subject: Chemical Industry Response to COVID 19
Date: Tuesday, March 17, 2020 4:33:14 PM
Attachments: ACC COVID19 letter to President and Governors 3.17.20.pdf

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Shane & Diane,

My name is Wes Robinson with the American Chemistry Council, the primary trade organization for the chemical industry. I know you both must be extremely busy and thanks for all that you are doing. Attached is a letter we are distributing to each Governor and the White House. It outlines the role that the chemical industry plays in fighting this pandemic, the steps we are taking to keep our employees safe, and to ask that when leaders consider directives to close businesses that the chemical sector be regarded as an essential sector since we have such a large role in this fight.

Please let me know if there is any way I can be of service to either of you and I am wishing you both the best as you work to combat this pandemic.

Thank you,

Wes

Wes Robinson | American Chemistry Council
Senior Director, State Affairs
wes_robinson@americanchemistry.com
900 Circle 75 Parkway, Suite 202 | Atlanta, GA | 30339
O: (770) 206-1347 | C: (404) 242-0116
www.americanchemistry.com/events

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Chris Jahn
President & CEO

American Chemistry Council

President Donald Trump
The White House

Hon. Kay Ivey
Governor
State of Alabama

Hon. Mike Dunleavy
Governor
State of Alaska

Hon. Doug Ducey
Governor
State of Arizona

Hon. Asa Hutchinson
Governor
State of Arkansas

Hon. Gavin Newsom
Governor
State of California

Hon. Jared Polis
Governor
State of Colorado

Hon. Ned Lamont
Governor
State of Connecticut

Hon. John Carney
Governor
State of Delaware

Hon. Ron DeSantis
Governor
State of Florida

Hon. Brian Kemp
Governor
State of Georgia

Hon. David Ige
Governor
State of Hawaii

Hon. Brad Little
Governor
State of Idaho

Hon. JB Pritzker
Governor
State of Illinois

Hon. Eric Holcomb
Governor
State of Indiana

Hon. Kim Reynolds
Governor
State of Iowa

Hon. Laura Kelly
Governor
State of Kansas

Hon. Andy Beshear
Governor
Commonwealth of Kentucky

Hon. John Bel Edwards
Governor
State of Louisiana

Hon. Janet Mills
Governor
State of Maine

Hon. Larry Hogan
Governor
State of Maryland

Hon. Charlie Baker
Governor
Commonwealth of Massachusetts

Hon. Gretchen Whitmer
Governor
State of Michigan

Hon. Tim Walz
Governor
State of Minnesota

Hon. Tate Reeves
Governor
State of Mississippi

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FL-GOV-20-0899-A-000148

Hon. Mike Parson
Governor
State of Missouri

Hon. Steve Sisolak
Governor
State of Nevada

Hon. Michelle Lujan Grisham
Governor
State of New Mexico

Hon. Doug Burgum
Governor
State of North Dakota

Hon. Kate Brown
Governor
State of Oregon

Hon. Henry McMaster
Governor
State of South Carolina

Hon. Greg Abbott
Governor
State of Texas

Hon. Ralph Northam
Governor
Commonwealth of Virginia

Hon. Tony Evers
Governor
State of Wisconsin

Hon. Lolo Matalasi Moliga
Governor
American Samoa

Hon. Albert Bryan
Governor
U.S. Virgin Islands

Hon. Steve Bullock
Governor
State of Montana

Hon. Chris Sununu
Governor
State of New Hampshire

Hon. Andrew Cuomo
Governor
State of New York

Hon. Mike DeWine
Governor
State of Ohio

Hon. Tom Wolf
Governor
Commonwealth of Pennsylvania

Hon. Kristi Noem
Governor
State of South Dakota

Hon. Gary Herbert
Governor
State of Utah

Hon. Jay Inslee
Governor
State of Washington

Hon. Mark Gordon
Governor
State of Wyoming

Hon. Ralph Deleon Guerrero Torres
Governor
Northern Mariana Islands

Hon. Pete Ricketts
Governor
State of Nebraska

Hon. Phil Murphy
Governor
State of New Jersey

Hon. Roy Cooper
Governor
State of North Carolina

Hon. Kevin Stitt
Governor
State of Oklahoma

Hon. Gina Raimondo
Governor
State of Rhode Island

Hon. Bill Lee
Governor
State of Tennessee

Hon. Phil Scott
Governor
State of Vermont

Hon. Jim Justice
Governor
State of West Virginia

Hon. Lou Leon Guerrero
Governor
Guam

Hon. Wanda Vazquez Garced
Governor
Puerto Rico

Dear Mr. President and Governors,

We commend your leadership to help limit the spread of the Coronavirus during this uncertain and rapidly-changing time. Members of the American Chemistry Council, the primary trade association representing chemical manufacturers in the United States, have embraced guidance from the Centers for Disease Control and multiple governmental authorities to undertake social distancing, enable telework and practice good hygiene.

The deployment of extraordinary measures is prudent given the risk of widespread infection. In some locations this has included encouragement or directives from government leaders to limit non-essential business activity including the operation of restaurants, service providers and some retail establishments to keep both employees and possible customers safe. While many of these limitations are currently in the best interest of public health, **it is essential that key industries and sectors, including the chemical manufacturing sector, are able to maintain operations throughout this challenging time.** Many ACC member companies have instituted telework policies to reduce the number of employees traveling to work and interacting with co-workers. However, the operation of manufacturing plants cannot be done remotely and requires the day-to-day presence of highly trained personnel. This also includes ensuring access to critical supplies and transportation systems so our industry can continue to produce and deliver essential products.

The U.S. business of chemical manufacturing is a $553 billion enterprise that touches nearly all aspects of our nation's economy. The chemical industry supports a vast supply chain. In fact 96 percent of all manufactured goods rely on chemistry. Because the business of chemistry is so fundamental to our nation's economy and to the continued operation of multiple other sectors, **the U.S. Department of Homeland Security has classified the Chemical Sector as a Critical Infrastructure Sector.**

The role of chemistry is particularly important today as chemicals enable countless products that will be needed to support good hygiene and treat those who are infected with the Coronavirus in the weeks and months ahead.

For example, chemical biocides and disinfectants are the active ingredients in cleaning products that eliminate bacterial and viruses on a personal, household and industrial scale. Single use plastic products and packaging help prevent contamination of food, medicine, personal care and medical products and help prevent person-to-person transmission of disease-causing microorganisms. Personal hygiene products including diapers, soaps, detergents, toothpastes and other antiseptics such as isopropyl alcohol and hydrogen peroxide are all reliant on chemicals and chemical production. Chemicals are necessary to fertilize and protect crops that comprise our nation's food supply and chlorine chemistry is essential to protecting our nation's drinking water.

Plastics and chemicals are vital to keeping medical environments and treatments sanitary, safe and effective. For example, polycarbonate is necessary to produce syringes, surgical instruments, and IV components. Biocides and chlorine are needed to disinfect surfaces and keep drinking water clean. Polyvinyl chloride (PVC) is used in medical tubing, blood and IV bags. Polypropylene is a key component

AMERICAN OVERSIGHT

of medical-grade personal protective equipment including masks, gowns and goggles. And a range of chemicals serve as ingredients in over-the-counter and prescription medications.

All segments of society have a role to play to help limit the spread of Coronavirus and protect public health, especially those who are most vulnerable. The chemical industry can make a valuable contribution by applying prudent measures to prevent the spread of infection at our sites, while also maintaining production. We would be happy to provide additional information about our efforts to protect the health of our employees and communities while also continuing to produce essential materials to the American medical community and the American public during this trying time.

Sincerely,



Chris Jahn
President & CEO

AMERICAN OVERSIGHT

From: Joel Greenberg
To: Strum, Shane
Subject: Clearview
Date: Monday, March 16, 2020 6:18:52 PM
Attachments: Clearview.pdf

Shane,

Please see the attached document.

Thank you,

Joel Greenberg
Seminole County Tax Collector
407-907-5669

AMERICAN OVERSIGHT

JOEL M. GREENBERG
SEMINOLE COUNTY TAX COLLECTOR
P.O. Box 630 | Sanford, FL 32772-0630 | 407-665-1000
WWW.SEMINOLECOUNTY.TAX

March 16, 2020

Dear Governor DeSantis,

The following is my official recommendation to leverage available technology to assist in locating the sick and stopping the virus from spreading. It is currently the exact plan Israel implemented today, 3/16/20.

- The plan calls for use of Clearview and its technology to track infected people and anyone with whom they have come in contact.
- Clearview's image-search tech would dramatically shorten the time-consuming contact-tracing work health investigators conduct with coronavirus victims.
- Clearview's proprietary database of billions of publicly available images would enable us to instantly establish identities of people a victim has been in contact with. It's the only technology in the world that can do this. (FBI & DEA use it & hundreds more LE agencies.)
- For contact-tracing, investigators would be able to search & identify the faces of unidentified individuals who've been in contact with the victim. Images can be downloaded from victim's camera roll or security-camera footage from places victim has visited (restaurants, stores, events, etc.).
- **We could have state-wide or regional team up & running in 24-48 hours**.

It **is vital we use our resources in all areas** to combat the spread of this virus. I am confident this approach will save many, many lives. If you have any questions concerning this matter, please do not hesitate to contact my office.

Sincerely,
Joel M. Greenberg,
Seminole County Tax Collector

AMERICAN OVERSIGHT

From: Political Director - Consulate General of Israel in Miami
To: Strum, Shane
Subject: Coronavirus in Florida
Date: Monday, March 9, 2020 4:06:15 PM
Attachments: image002.png
image003.png
image004.png

Good afternoon Shane,

Hope this message finds you well.

As we are all carefully monitoring the corona virus here in Florida, I wanted to ask if the Governor's Office had more details about the couple from Broward County that recently passed away. Do you have details on where they traveled before returning home to Broward County?

There was mention of a cruise down the Nile River in Egypt in 2020 in one news source released this past Saturday.

Any insights would be greatly appreciated.

Thank you!
Lisa

Consulate General of Israel
in Miami

Lisa McClaskey
Director of Political Affairs
305.925.9453
Email: political@miami.mfa.gov.il
www.consulateisrael.com





AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Beatrice, Meredith M.
Cc: Jacquot, Joe
Subject: DRAFT ATTORNEY WORK PRODUCT
Date: Sunday, March 1, 2020 5:55:56 PM
Attachments: DRAFT 3.1.20 V6.docx

Colleen Ernst
Deputy General Counsel
Executive Office of the Governor
Capitol Suite 209

AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-51

(Establishes COVID-19 Response Protocol and Directs Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, in response to the recent COVID-19 outbreak in Japan, the CDC has advised older travelers or those with chronic medical conditions to avoid nonessential travel and all travelers to exercise enhanced precautions; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95%

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AMERICAN OVERSIGHT

alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, two individuals in the state of Florida tested presumptively positive for COVID-19, including a resident of Manatee County who was hospitalized in Sarasota County and a resident of Hillsborough County with recent travel to Italy; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak, including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official and staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, the CDC currently recommends community mitigation measures to be implemented by local authorities in communities where COVID-19 is occurring, including temporary closures or dismissals of childcare facilities and schools and other social distancing measures that increase the physical space between people including modifying, postponing or cancelling mass gatherings; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

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AMERICAN OVERSIGHT

Section 1. Because of the foregoing conditions, I direct the State Health Officer and Surgeon General, Dr. Scott Rivkees, to declare a public health emergency the state of Florida, pursuant to his authority in section 381.00315, Florida Statutes. The State Health Officer is authorized and directed to use his judgment as to the duration of this public health emergency.

Section 2. In accordance with section 381.0011(7), Florida Statutes, I direct the State Health Officer and Surgeon General to take any action necessary to protect the public health.

Section 3. The State Health Officer is directed to follow the guidelines established by the CDC in establishing protocols to control the spread of COVID-19 and educate the public on prevention.

Section 4. In accordance with section 381.0011(7), Florida Statutes, I designate the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. The State Health Officer, or his designee, shall advise the Executive Office of the Governor on the implementation of these emergency response activities.

Section 5. All activities taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified.

Section 6. The Florida Department of Health will actively monitor, at a minimum, all persons meeting the definition of a Person Under Investigation ("PUI") as defined by the CDC for COVID-19 for a period of at least 14 days or until the PUI tests negative for COVID-19. Active monitoring by the Florida Department of Health will include at least the following:

A. Risk assessment within 24 hours of learning an individual meets the criteria for a PUI.

B. Twice-daily temperature checks of the individual.

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AMERICAN OVERSIGHT

Section 7. The Florida Department of Health, pursuant to its authority in section 381.00315, Florida Statutes, will ensure that all individuals meeting the CDC's definition of a PUI are quarantined for a period of 14 days or until the person tests negative for COVID-19.

Section 8. I hereby direct the Florida Department of Health to make its own determinations as to quarantine, isolation and other necessary public health interventions as permitted under Florida law.

Section 9. All agencies under the direction of the Governor are directed to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order. Agencies not under the direction of the Governor are requested to provide such assistance as is required.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 1st day of March, 2020

_____

GOVERNOR

ATTEST:

_____

SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: Lukis, Adrian; Clark, David
Cc: Ernst, Colleen; Jacquot, Joe
Subject: DRAFT DEM Order 20-006
Date: Saturday, March 14, 2020 5:56:27 PM
Attachments: Order FDEM 20-006.docx

Please see attached DRAFT Emergency Order related to individuals at certain state licensed facilities of vulnerable populations.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

AMERICAN OVERSIGHT

STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY	DEM ORDER NO. 20-006

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

WHEREAS, today, March 14, 2020, Governor DeSantis directed me, as the State Coordinating Officer, under the powers afforded by Executive Order No. 20-52, to prohibit visitation to certain facilities for thirty days from the date of this order in the State of Florida; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order. Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby suspend sections 393.13(4), 394.459(5)(c), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d),

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916.107(5)(7), Florida Statutes, for the particular purpose of prohibiting all individuals from visiting facilities within the State of Florida. For purposes of this order, a facility includes: Treatment Facilities under Chapter 319, Florida Statute; nursing homes as provided under Chapter 400, Florida Statute; homes for Special Services as provided under Chapter 400, Florida Statutes; Transitional Living Facilities, as provided under Chapter 400, Florida Statute; Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Florida Statutes; Assisted Living Facilities, as provided under Chapter 429, Florida Statutes; Adult Civil Facilities under Chapter 394 and Chapter 916 Florida Statutes; and Adult Family-Care Homes, as provided under Chapter 429, Florida Statutes. The order applies as follows:

(1) Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

a. Family members, friends, and visiting residents in end-of-life situations; or

b. Hospice or palliative care workers caring for residents in end-of-life situations; or

c. Any third-party providing necessary health care to a resident; or

d. Facility staff; or

e. Facility resident; or

f. Attorney of Record; or

g. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elder Affairs; any law enforcement officer; and any emergency medical personnel.

(2) Individuals seeking entry to the facility under the above section 1 must comply with the screening requirements listed below:

AMERICAN OVERSIGHT

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

c. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

d. Any person who traveled through any airport within the past 14 days;

e. Any person who traveled on a cruise ship within the past 14 days;

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

(3) The facility must require any individual entering the facility to wear personal protective equipment.

(4) Residents must be discouraged from leaving the facility.

(5) The following documentation must be kept for visitation within a facility:

a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

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Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 14th day of March, 2020, in Tallahassee, Leon County, Florida.

_____
Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

_____
Division Clerk

Date: _____

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: Lukis, Adrian; Clark, David; Jacquot, Joe
Cc: Ernst, Colleen; StLaurent, Louise
Subject: DRAFT EO
Date: Sunday, March 8, 2020 8:57:19 PM
Attachments: DRAFT - COVID EO (3.8.20) - NP .docx

Attached is the most recent EO after going through it with the Director. The yellow portions are fluid and will need to be updated based upon the data we have at launch. DOH will have to make sure that the CDC guidance we put in the final WHEREAS clauses is still accurate.

Some additional considerations:

1. DOT and DHSMV traditionally get the power to waive license, weight requirements, etc… for the transportation of supplies. To the extent we have isolation camps and mobile hospitals, which appears likely, the transport of them will require the waiver of certain transportation requirements
2. DOE is going to get info regarding teachers and faculty that are calling in sick, do we want to make that a formal aspect of the EO where that report is updated daily to DEM?
3. The EO right now does not reference the prohibition on price gouging for essentials or commodities as defined in sections 252.395(2) or 501.160(1)(a), do we want to initiate that?
    a. The term "essentials" means goods that are consumed or used as a direct result of a declared emergency, or that are consumed or used to preserve, protect, or sustain life, health, safety, or economic well-being and "commodities" means any goods, services, materials, merchandise, supplies, equipment, resources, or other article of commerce, and includes, without limitation, food, water, ice, chemicals, petroleum products, and lumber necessary for consumption or use as a direct result of the emergency.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management - COVID-19 Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, on February 29, 2020, the first two individuals in the state of Florida tested positive for COVID-19; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 8, 2020, the United States Department of State issued a travel warning suggesting United States citizens should avoid cruises; and

DRAFT

AMERICAN OVERSIGHT

WHEREAS, as of March XX, 2020, -- Floridians have tested positive for COVID-19 and – people have passed away; and

WHEREAS, as of March XX, 2020, -- counties in Florida have positive cases for COVID-19 and because the disease is one of high morbidity and morality with increasing risk of person-to-person transmission, COVID-19 poses a risk to the entire state of Florida; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, the CDC currently recommends community mitigation measures to be implemented by local authorities in communities where COVID-19 is occurring, including temporary closures or dismissals of childcare facilities and schools and other social distancing

DRAFT

AMERICAN OVERSIGHT

measures that increase the physical space between people including modifying, postponing or cancelling mass gatherings; and

WHEREAS, as Governor, I am responsible to meet the dangers presented to this state and its people by this emergency; and,

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I declare that a state of emergency exists in the State of Florida.

Section 2. I designate the Director of the Division of Emergency Management ("Director") as the State Coordinating Officer for the duration of this emergency and direct him to execute the State's Comprehensive Emergency Management Plan and other response, recovery, and mitigation plans necessary to cope with the emergency. Pursuant to section 252.36(1)(a), Florida Statutes, I delegate to the State Coordinating Officer the authority to exercise those powers delineated in section s252.36(5)-(10), Florida Statutes, which he shall exercise as needed to meet this emergency, subject to the limitations of section 252.33, Florida Statutes. In exercising the powers delegated by this Order, the State Coordinating Officer shall confer with the Governor to the fullest extent practicable.

Additionally, I designate the State Health Officer and Surgeon General as a Deputy State Coordinating Officer and State Incident Commander. The State Coordinating Officer shall also have the authority to:

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AMERICAN OVERSIGHT

A. Seek direct assistance and enter into agreements with any and all agencies of the United States Government as may be needed to meet the emergency.

B. Designate additional Deputy State Coordinating Officers, as necessary.

C. Suspend the effect of any statute, rule, or order that would in any way prevent, hinder, or delay any mitigation, response, or recovery action necessary to cope with this emergency.

D. Enter orders as may be needed to implement any of the foregoing powers; however, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such orders issued by the State Coordinating Officer; however, no such order shall remain in effect beyond the expiration of this Executive Order, to include any extension.

Section 3. I order the Adjutant General to activate the Florida National Guard, as needed, to deal with this emergency.

Section 4. I find that the special duties and responsibilities resting upon some State, regional, and local agencies and other governmental bodies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances, and orders they administer. Therefore, I issue the following authorizations:

A. Pursuant to section 252.36(1)(a), Florida Statutes, the Executive Office of the Governor may suspend all statutes and rules affecting budgeting to the extent necessary to provide budget authority for state agencies to cope with this emergency. The requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such suspension issued by the Executive Office of the Governor; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extension.

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AMERICAN OVERSIGHT

B. Each State agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency. This includes, but is not limited to, the authority to suspend any and all statutes, rules, ordinance, or orders which affect leasing, printing, purchasing, travel, and the condition of employment and the compensation of employees. For the purposes of this Executive Order, "necessary action in coping with the emergency" means any emergency mitigation, response, or recovery action: (1) prescribed in the State Comprehensive Emergency Management Plan ("CEMP"); or (2) ordered by the State Coordinating Officer. The requirements of sections 252.46 and 120.54, Florida Statutes, shall not apply to any such suspension issued by a State agency; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extensions of this Order.

C. In accordance with section 456.0275, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under this Executive Order and to emergency personnel who have been activated by their state and local agency but who do not reside in an area or county covered by this Executive Order.

D. In accordance with section 252.38, Florida Statutes, each political subdivision within the State of Florida may waive the procedures and formalities otherwise required of the political subdivision by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;

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AMERICAN OVERSIGHT

2) Entering into contracts; however, political subdivisions are cautioned against entering into time and materials contracts without ceiling as defined by 2 CFR 200.318(j) or cost plus percentage contracts as defined by 2 CFR 200.323(d);

3) Incurring obligations;

4) Employment of permanent and temporary workers;

5) Utilization of volunteer workers;

6) Rental of equipment;

7) Acquisition and distribution, with or without compensation, of supplies, materials, and facilities; and,

8) Appropriation and expenditure of public funds.

E. All State agencies responsible for the use of State buildings and facilities may close such buildings and facilities in those portions of the State affected by this emergency, to the extent to meet this emergency. I direct each State agency to report the closure of any State building or facility to the Secretary of the Department of Management Services. Under the authority contained in section 252.36, Florida Statutes, I direct each County to report the closure of any building or facility operated or maintained by the County or any political subdivision therein to the Secretary of the Department of Management Services. Furthermore, I direct the Secretary of the Department of Management Services to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

F. All elementary and secondary schools, community colleges, and state universities may close to the extent necessary to meet this emergency. Under the authority contained in section 252.36, Florida Statutes, I direct the Superintendent of each public school district and President of

DRAFT

AMERICAN OVERSIGHT

each community college and state university that closes due to this emergency to report the closure of any building or facility to the Commissioner of the Department of Education. Additionally, I direct each Superintendent and President to notify the Commissioner of the Department of Education as to any faculty, staff, and personnel that takes sick leave related to COVID-19 or similar symptoms. Furthermore, I direct the Commissioner of the Department of Education to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

Section 6. I find that the demands placed upon the funds appropriated to the agencies of the State of Florida and to local agencies are unreasonably great and may be inadequate to pay the costs of coping with this disaster. In accordance with section 252.37(2), Florida Statutes, I direct that sufficient funds be made available, as needed, by transferring and expending moneys appropriated for other purposes, moneys from unappropriated surplus funds, or from the Budget Stabilization Fund.

Section 7. All State agencies entering emergency final orders or other final actions in response to this emergency shall advise the State Coordinating Officer contemporaneously or as soon as practicable.

Section 8. Medical professionals and workers, social workers, and counselors with good and valid professional licenses issued by states other than the State of Florida may render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered to such persons free of charge, and with the further condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health.

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AMERICAN OVERSIGHT

Section 9. All activities taken by the Director of the Division of Emergency Management and the State Health Officer and Surgeon General with respect to this emergency before the issuance of this Executive Order are ratified. This Executive Order shall expire sixty days from this date unless extended.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this XX day of March, 20202.

GOVERNOR RON DESANTIS

ATTEST:

SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From:	Ernst, Colleen
To:	Kopelousos, Stephanie; Clark, David; Marquez, Jonas; Beatrice, Meredith M.; Ferre, Helen; McCloud, Cody
Cc:	Jacquot, Joe; Lukis, Adrian
Subject:	DRAFT WORK PRODUCT
Date:	Wednesday, March 18, 2020 2:25:49 PM
Attachments:	Community Spread_3.18.docx

FYI.

Colleen Ernst
Deputy General Counsel
Executive Office of the Governor
Capitol Suite 209

AMERICAN OVERSIGHT

March 18 Update

What is community spread?

- The CDC COVID-19 website states that the term "community spread" means "people have been infected with the virus in an area, including some who are not sure how or where they became infected." Stated another way, an illness qualifies as "community spread" when the source of the infection is unknown.
- Importantly, an infection is not considered "community spread" if epidemiologists can trace the links in the transmission chain. As a result, experts hesitate to qualify a case as "community spread" until the epidemiological investigation is complete.
    - *Example 1:* Joe tests positive for COVID-19. DOH receives notice from the lab that ran his test and verifies the result with Joe's practitioner. The county health department then initiates its epidemiological investigation. Joe tells the investigation team that he did not travel to an impacted area and that he has no reason to think any of his friends or family members tested positive or encountered a known positive. Although this information suggests Joe's case might qualify as "community spread," epidemiologists will not reach that determination until the epidemiological investigation confirms that the case did not come from a clear transmission chain. Epidemiologists hesitate because the investigation could find, for example, that another student at Joe's university had COVID-19, or that Joe's favorite bartender recently returned from Wuhan.
    - *Example 2:* A February 26 CDC press release noted that a California COVID-19 case *could* be the first instance of community spread in the United States. However, the article did not go so far as to make that definitive conclusion because epidemiologists had not yet determined whether "the patient may have been exposed to a returned traveler who was infected."
- As the number of cases in Florida grows, the likelihood of establishing clear transmission chains for each new case diminishes. At a certain point, epidemiologists will no longer be able to determine where a given chain of transmission clearly links to a source outside of the state or country.
    - Cases in nursing homes bolster the case for recognizing "community spread" in the state. Residents have little to no travel, and their points of contact are limited. If an epidemiological investigation does not quickly identify the source of the infection, the odds of ever achieving this goal are minimal.
- Florida's DOH has been recommending mitigation measures for weeks to prepare for the point at which "community spread" is recognized in the state. Recognizing that the infection is now "community spread" does not change DOH's aggressive approach to fighting the illness in Florida.

AMERICAN OVERSIGHT

From: Ferre, Helen
To: Gambineri, Mara
Subject: DRAFT_6MAR20_1
Date: Friday, March 6, 2020 9:11:59 PM
Attachments: DRAFT_6MAR20_1.docx

AMERICAN OVERSIGHT

March 6, 2020

DEPARTMENT OF HEALTH ANNOUNCES ADDITIONAL CASES AND TWO DEATHS RELATED TO COVID-19 IN FLORIDA

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health has announced there are three new presumptive positive cases of 2019 coronavirus disease (COVID-19) in Florida. One individual is deceased, the other two individuals remain in isolation at this time. A previously announced COVID-19 patient in Santa Rosa County is also deceased.

The deceased individual associated with a new case was in their seventies in Lee County.

The first patient under investigation is a 75-year old male in Broward County. This person is isolated and will continue to remain isolated until cleared by public health officials.

The second patient under investigation is a 65-year old male in Broward County. This person is isolated and will continue to remain isolated until cleared by public health officials.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

DRAFT
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There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available 24 hours a day, seven days a week.**

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In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The Department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information about the Florida Department of Health, please visit www.FloridaHealth.gov.

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AMERICAN OVERSIGHT

From:	Mahon, Jason
To:	Gambineri, Mara; Lukis, Adrian; Ferre, Helen; Beatrice, Meredith M.; McCloud, Cody; Marquez, Jonas; Ash, Ryan
Cc:	Coppola, Courtney
Subject:	Dailies
Date:	Thursday, March 12, 2020 12:29:00 AM
Attachments:	Daily Talking Points for 3.12.2020.docx 2020-03-12 Daily Roll-Up.docx

Please see attached for the morning.

Jason Mahon
Communications Director
Florida Division of Emergency Management
850-815-4131 (desk)
850-294-2169 (cell)
Jason.Mahon@em.myflorida.com

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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COVID-19 Daily Talking Points
March 12, 2020

Yesterday, March 11, Governor DeSantis directed the Florida Division of Emergency Management, Agency for Healthcare Administration to take action to restrict access to vulnerable populations for those who may have been exposed to COVID-19.

On March 11, Governor DeSantis also directed the Florida Board of Governors to take action to prevent COVID-19 from spreading in Florida's State University System. Campuses remain open and operations will continue, although some adjustments will be made by each university. Actions Governor DeSantis directed State Universities to take include:

- Instructing all universities to make plans to transition to remote instruction as soon as possible;
- State universities with students who have returned from spring break should implement a process to transition to remote instruction immediately after students return from spring break, and encourage students to return home for at least 2 weeks;
- State universities with students who are currently on spring break or about to be on break should direct their students to NOT return to campus for at least 2 weeks following the conclusion of spring break;
- All universities will continue to provide essential services, such as dining, counseling, health services, library services, etc., potentially on a limited basis or remotely. Each university with clinical and other non-classroom based programs will communicate directly with those students.
- While students are encouraged to remain off campus, each university should develop a plan for providing residential accommodations for students who need assistance or must remain in place.

On Monday, March 9, Governor Ron DeSantis issued Executive Order 20-52, declaring a State of Emergency. By declaring a State of Emergency, Governor DeSantis is ensuring that state and local governments have the resources and flexibility they need to prepare and respond.

The Governor and Florida Department of Health's highest priority at this time is slowing the spread of COVID-19 and ensuring anyone who is potentially infected is appropriately identified, cared for and isolated.

COVID-19 UPDATE

Last night, the Department of Health announced six new cases of COVID-19 in Florida, five of which are Florida residents.

EMS Conference and Daytona Bike Week Advisories

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The Department, through an extensive, ongoing epidemiological investigation, has identified a positive COVID-19 case that may have been associated with Daytona Bike Week 2020, which is currently underway and scheduled from March 6-15, 2020, in Daytona, Florida.

The Department, through an extensive, ongoing epidemiological investigation, has identified a positive COVID-19 case that may have been associated with an EMS Conference held from March 4-6, 2020, in Tampa, Florida.

The Department recommends all individuals experiencing symptoms who attended either of these events immediately contact their County Health Department or health care provider and self-isolate for 14 Days.

COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	**Age**	**Sex**	**Travel Related***
1	Manatee	63	Male	No
2	Hillsborough	29	Female	Yes
3	Santa Rosa	71	Male	Yes
4	Broward	75	Male	No
5	Broward	65	Male	No
6	Lee	77	Female	Yes
7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No
13	Volusia	60	Female	Yes
14	Broward	69	Female	No
15	Nassau	68	Male	Yes
16	Collier	73	Male	Yes
17	Collier	68	Female	Yes

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18	Collier	64	Female	Yes
19	Pinellas	67	Male	Yes
20	Pinellas	64	Male	Yes
21	Pasco	46	Male	Yes
22	Miami-Dade	56	Male	Yes
23	Broward	70	Male	Under Investigation
24	Lee	57	Male	Under Investigation
25	Broward	65	Male	Under Investigation
26	Broward	61	Male	Yes

*A known history of exposure to COVID-19 outside of the state.

Port Everglades Advisory

On March 12, the Department announced a new positive case of COVID-19 in Broward County. The Department, through an extensive epidemiological investigation, identified this new case as the fourth positive case of COVID-19 associated with Port Everglades in Broward County, Florida.

As a part of the statewide response, Governor DeSantis has ordered the following state agencies to take an active role in combatting this outbreak:

- **Florida Department of Transportation** - FDOT Secretary Thibault and staff from DOH will be hosting weekly conference calls with all passenger seaports and public use airports to provide updates related to COVID-19.
- **Agency for Health Care Administration** – AHCA is hosting calls with the Florida Health Care Association and Florida Hospital Association to facilitate conversations regarding facility transfers and the screening of facility visitors.
    - Additionally, AHCA is providing ongoing support through constant communication with hospitals and health care facilities to provide information on CDC infection prevention and control guidelines.
- **Florida Department of Education** – Commissioner Corcoran is working with schools, colleges and universities to provide support for alternate learning opportunities in the case that campuses need to be closed due to COVID-19.

The Department will be sending a press release update every morning, seven days per week, to keep the public informed.

The Florida Department of Health is advising all individuals who have traveled internationally to follow the **CDC guidelines**, summarized below:

AMERICAN OVERSIGHT

- **Level 3:** CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- **Level 2 and Cruises:** Travelers should monitor their health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

On March 9, the Department announced a new case of COVID-19 in Broward County. The Department, through an extensive epidemiological investigation, identified this new case as the third positive case of COVID-19 associated with Port Everglades in Broward County, Florida. Further, all three cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

- The Florida Department of Health recommends all individuals experiencing symptoms who have recently travelled through Port Everglades to immediately contact their County Health Department or health care provider and self-isolate for 14 Days.
- The Department also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isolate at home.
- The Department is working to connect with all employees at Metro Cruise Services who may have come into contact with the three individuals who have tested positive for COVID-19 to provide the employees with the appropriate guidance and monitoring.
- The department is working in close consultation with the Centers for Disease Control and Prevention (CDC) on this investigation.
- CDC recommends that individuals with recent travel history on a cruise to monitor their health for 14 days and, if they develop symptoms, to immediately self-isolate and contact their County Health Department or health care provider.

Nile Cruise Advisory

- The Florida Department of Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or March 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with COVID-19, including 10 positive cases in Florida.

The Department is urging residents to stay informed on how to protect themselves and their communities from COVID-19.

The Department encourages everyone to seek medical attention and diagnosis if they suspect they have contracted COVID-19 or come into contact with someone who has COVID-19.

The Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19 remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

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Governor DeSantis is working closely with state agencies and the Department to monitor, prepare and prevent the spread of this virus.

The Department of Health updates Florida's COVID-19 information page daily. Please visit FloridaHealth.gov/ COVID-19/ for the latest information.

The Florida Department of Health is actively involved in enhanced surveillance for respiratory illness that may be COVID-19. Epidemiologists will follow up on any suspected cases that meet criteria for COVID-19 to arrange for testing when needed and monitor contacts of any confirmed cases, if they occur.

The Department will communicate regularly with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

Everyone plays a part in lowering the impact within our communities and workplaces – taking every day preventative actions helps to impede the spread of respiratory diseases such as COVID-19. Preventative actions include:

- **Washing your hands frequently with soap and water for at least 20 seconds**, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- **Avoiding close contact** with people who are sick.
- **Staying home when you are sick**. **This message cannot be emphasized enough.**
- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- **Before traveling take certain steps**:
    - Check CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel.
    - Employees who become sick while traveling must understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

The Department of Health has set up a dedicated COVID-19 Call Center for questions about this virus. Anyone with questions may call **1-(866) 779-6121** or email **COVID-19@flhealth.gov**. **The Call Center is available 24 hours a day, seven days a week.**

If Asked:

"What is the number of patients tested in my county?"

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-We appreciate the desire to understand how many Floridians in each community have been tested, received a negative test or are under public health monitoring as a result of suspicion they may have COVID-19 or has been in contact with someone who have COVID-19. Balancing the privacy of the individuals being tested and monitored and the confidentiality of the epidemiological investigations with the responsibility to Floridians to disclose information to protect the public is a vital role of the Florida Department of Health (DOH). The DOH strives to protect the identity of individuals tested or affected by COVID-19, while also ensuring information necessary for the public health is available.

As such, in order to protect personally identifiable health information (PHI) of Floridians, the Florida Department of Health is unable to break down the number of individuals who have received a negative test, have pending test results or are under public health monitoring by community.

Floridians can view the aggregate state level information at www.FLHealth.gov/COVID-19. This information is updated daily.

Additionally, the Florida Department of Health is encouraging all Floridians to be aware. Floridians should practice good hand hygiene and wash their hands with soap and water for a minimum of 20 seconds, use a tissue when they sneeze or cough and immediately dispose of it in the trash and stay home if they are sick."

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Joint Information Center on COVID-19 for the State of Florida

The State of Florida Issues Updates on COVID-19

TALLAHASSEE — The State of Florida is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aware regarding the status of the virus, the Florida Department of Health will issue this update every day, seven days per week.

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On March 11, Governor DeSantis also directed the Florida Board of Governors to take action to prevent COVID-19 from spreading in Florida's State University System. Campuses remain open and operations will continue, although some adjustments will be made by each university. Actions Governor DeSantis directed State Universities to take include:

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The Department, through an extensive, ongoing epidemiological investigation, has identified a positive COVID-19 case that may have been associated with an EMS Conference held from March 4-6, 2020, in Tampa, Florida.

The Department recommends all individuals experiencing symptoms who attended either of these events immediately contact their County Health Department or health care provider and self-isolate for 14 Days.

COVID-19 Cases

Florida Residents Diagnosed in Florida				
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3	Santa Rosa	71	Male	Yes
4	Broward	75	Male	No
5	Broward	65	Male	No
6	Lee	77	Female	Yes
7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No
13	Volusia	60	Female	Yes
14	Broward	69	Female	No

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15	Nassau	68	Male	Yes
16	Collier	73	Male	Yes
17	Collier	68	Female	Yes
18	Collier	64	Female	Yes
19	Pinellas	67	Male	Yes
20	Pinellas	64	Male	Yes
21	Pasco	46	Male	Yes
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*A known history of exposure to COVID-19 outside of the state.

Port Everglades Advisory

On March 12, the Department announced a new positive case of COVID-19 in Broward County. The Department, through an extensive epidemiological investigation, identified this new case as the fourth positive case of COVID-19 associated with Port Everglades in Broward County, Florida. Three cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades. The epidemiological for the fourth person connected to Port Everglades is ongoing.

- The Florida Department of Health recommends that all individuals experiencing symptoms who have recently traveled through Port Everglades immediately contact their County Health Department or health care provider and self-isolate for 14 days.
- The Department also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isolate at home.
- The Department is working to connect with all employees at Metro Cruise Services who may have come into contact with the three individuals who have tested positive for COVID-19 to provide the employees with the appropriate guidance and monitoring.
- The Department is working in close consultation with the Centers for Disease Control and Prevention (CDC) on this investigation.
- CDC recommends that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms, immediately self-isolate and contact their County Health Department or health care provider.

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International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to follow **CDC guidelines**, summarized below:

- **Level 3:** CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Department or health care provider.
- **Level 2 and Cruises:** Travelers should monitor their health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider or local County Health Department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from areas or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the County Health Department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or March 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with COVID-19, including 10 positive cases in Florida.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **(866) 779-6121. The Call Center is available 24 hours per day**. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

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Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

Actions the State has Taken to Prepare for and Respond to COVID-19

DEPARTMENT OF HEALTH

- Governor Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
- Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Governor Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a public health emergency.
- The Florida Department of Health (DOH) established an incident management team to coordinate response operations.
- DOH activated a dedicated incident command post for on-site response activities.
- DOH conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 ET.
- DOH participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities and hospitals.
- DOH established a public call-center for questions regarding COVID-19.

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- DOH developed and distributed the communications-approved COVID-19 Presentation to CHDs for use at community meetings.
- DOH developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- DOH established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, Health Care Coalitions (HCCs) and County Health Departments (CHD).
- Implemented testing at all three State Public Health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

AGENCY FOR HEALTH CARE ADMINISTRATION

- The Agency for Health Care Administration (AHCA) opened an event on the Emergency Status System for hospitals to report acute care bed availability and emergency room status.
- AHCA expanded the event on the Emergency Status System to collect hospital isolation beds effective Saturday, March 7.
- AHCA shared key guidance including CDC and the Department information regarding the importance of screening visitors, infection control protocol and hygiene best practices with all licensed healthcare facilities regulated by the Agency. The Agency is continuing to provide updates on recommendations and best practices from the CDC and Centers for Medicare and Medicaid Services regarding COVID-19.
- AHCA, in coordination with the Florida Division of Emergency Management and the Department, is hosting statewide calls for nursing homes, assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities group homes, and adult family care homes in conjunction with the Florida Health Care Association. Secretary Mayhew and Surgeon General Rivkees are continuing to address critical issues impacting these providers such as restricting and screening visitors and providing updates.
- AHCA, in coordination with the Florida Division of Emergency Management and the Department, is hosting statewide calls for hospitals in conjunction with the Florida Hospital Association. Secretary Mayhew and Surgeon General Rivkees to provide the most up-to-date information to hospital partners and residential facilitates caring for aging and vulnerable populations.
- This week, AHCA Secretary Mary Mayhew visited nursing homes and hospital facilities in Tampa, Jacksonville and Orlando to discuss COVID-19 preparations and response and address to any concerns and questions from local partners.

AGENCY FOR PERSONS WITH DISABILITIES

AMERICAN OVERSIGHT

- The Director of the Agency for Persons with Disabilities (APD), and members of the Senior Leadership Team participated in the conference call related to vulnerable populations hosted by the Surgeon General. The call provided the most up-to-date information to APD partners who are caring for vulnerable populations.
- Members of the APD Senior Leadership Team began hosting twice weekly conference calls on COVID-19 with the Superintendents of the agency's three state-run centers in Marianna, Gainesville, and Chattahoochee.
- The infection control nurse at the Sunland Center in Marianna conducted a heightened disinfection training session with all employees during each of the three shifts.
- APD is providing a visitor questionnaire for Adult Day Training facilities and group homes across the state to screen visitors prior to entering a facility.
- APD continues to provide an up-to-date status on COVID-19, best practices, preventative tips, and CDC guidance to APD providers, Waiver Support Coordinators, Stakeholders, and APD employees.

DEPARTMENT OF ELDER AFFAIRS

- The Department of Elder Affairs (DOEA) Secretary Richard Prudom stood with Governor Ron DeSantis and other agency heads during a press conference on Monday, March 9th, to address Florida's recent actions and issue a State of Emergency for COVID-19.
- DOEA Secretary Richard Prudom and executive staff participated in a conference call with the Administration for Community Living (ACL) and ACL administrator Lance Robertson and the Centers for Disease Control and Prevention (CDC). Other state units on aging also participated to discuss issues on the implementation of prevention protocols for prevention of spread of COVID-19.
- DOEA Program directors provided guidance to Area Agencies on Aging and statewide Comprehensive Assessment and Review for Long-term Care Services (CARES) offices on how to protect clients and staff during a conference call and provided follow-up emails.
- DOEA participated in the Aging and Vulnerable Populations Call hosted by the Florida Department of Health (DOH). All of the state's Area Agencies on Aging (AAA) were on this call, and DOEA staff followed up with them on an individual basis for questions and answers for COVID-19.
- Through Departmental Leadership and the Area Agency on Aging contract managers, we provided ongoing technical assistance to the entire Aging Network regarding allowable flexibilities within programs to ensure continuity of services and the safety of elders. For example, staff has provided specific technical assistance to all AAAs regarding completing assessments, safe delivery of home-delivered meals, and procurement of cleaning supplies.
- Arranged a conference call with a representative from the Area Agencies on Aging as well as the Florida Association of Aging Services Providers and GA Foods. Discussed the current messaging from ACL and the CDC as it relates to the Aging Network.
- Conducted a Florida Association of the Area Agencies on Aging (F4A) conference call with all contract managers and AAA Executive Directors March 11 at 2:00 p.m. to provide a daily update regarding COVID-19.
- The Department of Elder Affairs has distributed DOH website information as a resource for PACE providers to use and distribute to seniors. and provided the Executive Orders.

AMERICAN OVERSIGHT

DOEA has circulated additional information and long-term care provider conference call invitations with presentations by DOH and AHCA to the PACE providers.

DEPARTMENT OF CHILDREN AND FAMILIES

- DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- DCF Secretary Chad Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates.
- DCF is working with AHCA, DOEA and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.
- DCF is leading status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday.
- DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They are reporting daily updates to ensure compliance with virus prevention and monitor potential outbreaks.
- DCF has established a visitation protocol for all state-owned and contracted mental health treatment facilities, as well as vendors and patient families, requiring all outside parties to complete a Visitors Viral Symptoms Screening prior to entering a facility.

FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

- Effective March 11, 2020, the Florida Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and Domiciliary until further notice, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care.
- The U.S. Department of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living center facilities to only essential visitors until further notice.
- All VA Medical Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics are also implementing enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional time for the screening process.
- Veterans who are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. The service is available at no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
- All FDVA and VA facilities remain fully operational.

AMERICAN OVERSIGHT

VOLUNTEER FLORIDA

- Volunteer Florida is coordinating with the Florida Department of Elder Affairs to see how the agency can assist with distributing information to seniors.
- Volunteer Florida's Emergency Management Department is having initial conversations with partners to determine what could be needed and what safety precautions need to be considered if volunteers are utilized.

FLORIDA DEPARTMENT OF EDUCATION

- Florida Virtual School (FLVS) is offering virtual teacher training to up to 10,000 teachers to accommodate Florida school districts that wish to train their teachers in the FLVS online platform in the event teachers need to temporarily move to an online environment.
- Education Commissioner Corcoran is in constant communication with Florida Superintendents and districts to provide guidance on COVID-19 preparedness and response and will be holding weekly calls to update districts on preparation efforts.
- FDOE has sent weekly memos providing updates to school districts, superintendents, Florida Colleges, parents, teachers and stakeholders.
- FDOE launched a survey to school districts and public charter schools about their preparations, policies, their capacity to serve their students virtually to help meet and determine any preparedness needs.

STATE UNIVERSITY SYSTEM

- Effective immediately, all universities will make plans to transition to remote instruction as soon as possible.
- State universities with students who have returned from spring break, which includes Florida Gulf Coast University, Florida International University, Florida Polytechnic University, and the University of Florida, should implement a process to transition to remote instruction immediately and encourage students to return home for at least 2 weeks. Each university will provide detailed information to their students, faculty, and staff at the earliest possible time regarding this transition.
- State universities with students who are currently on spring break or about to be on break should direct their students to NOT return to campus for at least 2 weeks following the conclusion of spring break. This includes students at Florida Agricultural and Mechanical University, Florida Atlantic University, Florida State University, New College of Florida, the University of North Florida, the University of Central Florida, the University of South Florida, and the University of West Florida. Each university will provide detailed information to their students, faculty, and staff at the earliest possible time regarding this transition.
- All universities will continue to provide essential services, such as dining, counseling, health services, library services, etc., potentially on a limited basis or remotely. Each university with clinical and other non-classroom based programs will communicate directly with those students.
- All universities will continue to provide essential services, such as dining, counseling, health services, library services, etc., potentially on a limited basis or remotely. Each university with clinical and other non-classroom based programs will communicate directly with those students.

AMERICAN OVERSIGHT

- RESIDENTIAL HOUSING While students are encouraged to remain off-campus, each university should develop a plan for providing residential accommodations for students who need assistance or must remain in place.
- For more information visit: https://www.flbog.edu/2020/03/11/state-university-system-statement-on-covid-19/

FLORIDA DEPARTMENT OF CORRECTIONS

- Florida Department of Corrections (FDC) has no known or suspected cases of COVID-19 within its correctional institutions at this time.
- FDC's Office of Health Services coordinates with the Department for guidance on any type of outbreak and is closely monitoring new information as it is disseminated from the Department and the CDC.
- FDC has a plan in place and dedicated staff members trained in the prevention and containment of infectious diseases.
- FDC has initiated its Incident Command System in response to COVID-19.
- Education has been provided to staff, inmates and visitors to prevent the spread of any infectious disease, including COVID-19.
- Precautions are in place at facilities to protect inmates and staff from exposure to flu, COVID-19 or any other respiratory illness; preventative measures are being followed per CDC recommendations.

FLORIDA DEPARTMENT OF STATE

- The Florida Department of State (DOS) has been in contact with the Supervisors of Elections for Hillsborough, Lake, Leon, Manatee, Palm Beach and Sarasota Counties to determine their needs specifically as it relates to supplies. The supervisors have been encouraged to connect with their county emergency management department for meeting these resource needs.
- DOS is in constant communication with Supervisors of Elections regarding readiness for elections and any anticipated needs related to COVID-19.
- DOS is sharing information with the public regarding voting options for the upcoming election, including vote-by-mail and early voting options.
- DOS is actively wiping down public spaces including all DOS maintained properties, reception areas and restrooms with bleach or disinfectant wipes to mitigate the spread of germs.
- DOS is assessing departmental stakeholder lists, including museums, cultural facilities and libraries to evaluate if any stakeholders provide services to at-risk populations and determining the most suitable ways the department can provide information about COVID-19 to those populations.
- DOS has provided guidance to all 67 county Supervisors of Elections regarding assisted living facilities and poll worker staff matters. The message included guidance to vet poll workers and clerks beforehand to determine their recent travel status or if they are showing active symptoms of COVID-19 and reminding supervisors of the option to designate alternate polling locations for nursing

AMERICAN OVERSIGHT

homes, centers for independent living continuing care retirement living communities and assisted living facilities.
- DOS has identified stakeholders including libraries, museums, cultural facilities and are developing plans to communicate information and resources about COVID-19 to those stakeholders.

FLORIDA DEPARTMENT OF TRANSPORTATION

- At the direction of Governor DeSantis, Florida Department of Transportation (FDOT) Secretary Kevin J. Thibault, along with Surgeon General Dr. Scott Rivkees, hosted a conference call with all Florida ports and their governing bodies as well as all public use airports to discuss Florida's ongoing response to the COVID-19 virus.
- FDOT Secretary Thibault and staff from the department will host weekly conference calls with all passenger seaports and public use airports to provide updates related to COVID-19.
- COVID-19 educational materials are being posted in FDOT facilities, which include welcome centers, service plazas and rest areas across the state.
- COVID-19 materials are being posted at all FDOT work sites across the state to help educate contractors, vendors and stakeholders.
- FDOT toll collectors have been given additional training and are required to wear gloves as well as continue with enhanced cleansing.

- SunRail has posted COVID-19 educational materials inside all trains and on all platforms, focusing on areas near entrances and bathrooms.
- SunRail trains are being cleaned and sanitized daily and SunRail staff have been provided sanitizing towelettes and encouraged to wash their hands frequently throughout the day.
- FDOT is providing hand sanitizer and posting COVID-19 educational materials at its public meetings across the state.

DEPARTMENT OF ECONOMIC OPPORTUNITY

- The Florida Department of Economic Opportunity (DEO) continues to encourage businesses to follow the "Interim Guidance for Businesses and Employers" issued by the Center for Disease Control and Prevention (CDC). This information is being provided to statewide business partners, local Chambers of Commerce and Economic Development Councils throughout the state.
- The Florida Restaurant and Lodging Association (FRLA) and Florida Retail Federation and the Florida Chamber of Commerce, in coordination with DEO, are working to provide health safety information and coordination with partners, including how to address potential local supply issues.
- DEO is coordinating with CareerSource Florida, local workforce boards, and other public-private partners. DEO is also working closely with our local, state and federal partners to explore potential resources for employers, businesses and impacted workforce.

VISIT FLORIDA

AMERICAN OVERSIGHT

- On January 24, VISIT FLORIDA ceased all Florida tourism marketing in China. VISIT FLORIDA redirected the savings from China and invested this funding into a domestic campaign that launched on March 2.
- VISIT FLORIDA has provided the state's three highway welcome centers with the latest information and resources on COVID-19 to help keep the traveling public informed.
- VISIT FLORIDA is tracking traveler sentiment across online platforms and social media to monitor how COVID-19 may impact travel and travel booking to Florida.

DEPARTMENT OF REVENUE

- The Department of Revenue's Child Support Program is working to reduce when customers are required to visit a local child support office and is providing new connect/customer service options.
- Efforts include rescheduling genetic testing sample collection appointments and postponing other types of appointments. The Program will soon be implementing the ability for parents to enter into written agreements over the phone, and the Program will be providing new fax, email and form drop-off processes.

OFFICE OF INSURANCE REGULATION

- The Office of Insurance Regulation (OIR) Insurance Commissioner David Altmaier is actively engaged with insurers and key partners at the state and national level regarding COVID-19. Commissioner Altmaier is collaborating with other state insurance commissioners and the National Association of Insurance Commissioners to share information and resources.
- OIR has issued Informational Memorandum OIR-20-01M to all health insurers and health maintenance organizations, directing them to:
    - Use every channel available to them to communicate with their policyholders and share official CDC and Department of Health information;
    - Devote resources to inform consumers of available benefits, quickly respond to inquiries, and avoid and dispel misinformation;
    - Work with public health officials to do everything possible to prepare and respond; and
    - Consider all practicable options to reduce the barriers of cost-sharing for testing and treatment of COVID-19.
- OIR is reaching out to insurers regarding their response to COVID-19 and working with insurers to make sure they are properly communicating to consumers.
- OIR has activated its incident management team and has met to review disaster response procedures.
- OIR has issued Informational Memorandum OIR-20-02M as a reminder to all health insurers, health maintenance organizations and other health entities to allow for early prescription refills following the Governor's Executive Order 20-52 declaring a state of emergency in Florida.

AMERICAN OVERSIGHT

- OIR has spoken with multiple insurers who are voluntarily waiving cost-sharing for consumers in an effort to remove barriers to testing for COVID-19.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

- The Florida Department of Law Enforcement (FDLE) is coordinating ESF-16 providing updates and securing staffing while FDLE Regional Operations Centers are working with Regional Domestic Security Task Forces to prepare for any responses needed.
- FDLE's Office of Mutual Aid prepared and distributed a law enforcement guide on COVID-19 for law enforcement partners and state agencies and FDLE's General Counsel prepared a law enforcement guide for protocols in a quarantine.
- FDLE Commissioner Rick Swearingen sent an email to all members outlining simple ways to prevent the spread of COVID-19 as well as links to the Florida Department of Health and CDC websites. Signs have been posted in all FDLE Regions and at Headquarters with prevention information.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

For updates on COVID-19, please visit http://floridahealth.gov/COVID-19 or call 866-779-8121.

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AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Cc: Colucci, Monica
Subject: Data Reporting Process
Date: Tuesday, March 17, 2020 2:27:05 PM
Attachments: 3.16 Update_v2.docx

LG: Colleen in legal put together the attached document, which goes over how data gets entered into our COVID reporting system. -M

AMERICAN OVERSIGHT

3.16 Update

Data Reporting Process

- A specimen delivered to a laboratory for COVID-19 testing must be accompanied by certain identifying information connecting the sample to its source.
- If a private laboratory runs the sample and identifies a positive case, a laboratory employee or automated system enters specific reportable data into the laboratory's electronic data management system.
    - These systems are privately purchased software platforms. The platform varies based on the private laboratory.
        - These software systems are susceptible to user error and data entry errors.
    - Reportable data points include basic demographic elements, such as name, date of birth, social security number, etc.
        - Section 381.0031, Fla. Stat, contains the reporting requirement. The requirement applies to "any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483."
        - The diseases that require reports are listed in DOH Rule 64D-3.029. Coronavirus associated with severe acute respiratory disease is among the listed diseases.
- After the laboratory employee adds the information into the platform, the information is electronically relayed to Merlin, the state's repository of reportable disease case reports. The relay occurs via a system, such as Health Level Seven (HL7), an electronic system used to transfer clinical data between software applications.
    - Alternatively, private laboratories may report a positive result to DOH via fax. DOH would then enter the relevant information into Merlin.
- The county health department contacts the healthcare provider that submitted the sample to obtain clinical information about the patient and contact information for the patient. Then, the county health department contacts the positive patient and conducts an interview.
    - The county health department enters the investigation information into Merlin as it collects the data.
    - Based on the information from the healthcare provider and patient, the county health department will determine whether the case qualifies as a COVID-19 case.
    - If the county health department determines that the positive result meets the standardized national case definition, DOH personnel at the central office verify the result.
    - At that point, the positive case is marked in Merlin as confirmed and therefore eligible for posting on the dashboard available at FloridaHealth.gov.

Data Reporting Challenges

- DOH reports cases as soon as DOH determines that the case meets the clinical and laboratory criteria.
    - DOH often can establish that the case qualifies after DOH contacts the medical provider.
    - But DOH may not know what the risk factors were, whether the individual had contact with a COVID-19 patient, or whether the person is a Florida resident.
    - So, DOH must fill in gaps to determine if the case is a travel-related case, a community-spread case, or a close-contact case. DOH likewise must verify whether the person is a resident or non-resident.
    - As DOH obtains this information, the details in Merlin and on the DOH dashboard may change.

AMERICAN OVERSIGHT

From:	St Laurent, Louise R
To:	Jacquot, Joe; Primrose, Nicholas
Cc:	Ernst, Colleen; Grow, Stefan
Subject:	Draft Attorney Work Product for Review
Date:	Wednesday, March 18, 2020 3:20:01 PM
Attachments:	draft work product 3.18.20 v2.docx

Please see the attached. The whereas clauses need some help. If someone can send me the draft of the 20-52 in word, I can modify some of those, or however you suggest we proceed.

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.
R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please note:
Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.
Please consider the environment before printing this e-mail.

AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-51

(Emergency Management – COVID-19 – Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS,

WHEREAS, due to the outbreak of COVID-19, it is necessary to preserve essential resources for use by health care professionals and others responding to this emergency including personal protective equipment (PPE) that may be in use in physicians, dentists, and other health care providers practices; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, and based on recommendations from the Department of Health and the Agency for Health Care Administration by reason of conditions arising from this emergency, I hereby employ the following measures and direct as follows:

Pursuant to section 252.36(7), Florida Statutes,

DRAFT

AMERICAN OVERSIGHT

A. All licensed health care facilities in the state shall immediately cease performing elective procedures.

B. All health care practitioners licensed in Florida shall immediately cease performing elective procedures.

C. Elective procedures shall include any medically unnecessary, non-urgent, or non-emergency procedure or surgery which, if delayed, does not place a patient's immediate health, safety, or well-being at risk, or will, if delayed, not immediately contribute to the worsening of a serious or life-threatening medical condition.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 18th day of March, 2020

_____
RON DESANTIS, GOVERNOR

ATTEST:

_____
SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From: Berkowitz, Brian
To: Jacquot, Joe; Primrose, Nicholas; O"Connor, Kasey
Subject: Draft E.O.
Date: Wednesday, March 18, 2020 11:27:21 AM
Attachments: image001.png
DRAFT Emergency Order_COVID-19_3-17-2020.docx

Attached is a draft Emergency Order from the Secretary regarding visitation at juvenile facilities. After your review, and the approval of the EOG, does the agency seek the approval of the SCO directly?

Brian Berkowitz
General Counsel
(850) 717-2458



Please note that under Florida law correspondence sent to the Florida Department of Juvenile Justice which is not confidential or exempt pursuant to Chapter 119 of the Florida Statutes is a public record made available upon request.

AMERICAN OVERSIGHT

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Emergency Order _____: COVID-19 Public Health Emergency

Pursuant to sections 120.54(4), 120.569(2)(n), 252.36, and 252.46, Florida Statutes, and upon consideration of Executive Order 20-52 issued by Governor DeSantis on March 9, 2020, declaring a State of Emergency for COVID-19, and the following findings, the Florida Department of Juvenile Justice enters this Emergency Order in response to the imminent danger to the public health, safety, and welfare of the youth in the agency's care and custody and all citizens of the State of Florida resulting from COVID-19.

I HEREBY FIND as follows:

1. On March 12, 2020, in response to the COVID-19 public health emergency the Florida Department of Juvenile Justice began implementing screening protocols for all visitors to juvenile detention centers and residential commitment facilities in the State operated and overseen by the Florida Department of Juvenile Justice and began implementing additional health screening protocols for juveniles presenting to Juvenile Assessment Centers and other detention screening centers in the State.

2. On March 15, 2020, the Florida Department of Juvenile Justice restricted visitors to juvenile detention centers and residential commitment facilities in the State operated and overseen by the Florida Department of Juvenile Justice to exclude volunteers and staff personal visitors.

3. As of March 17, 2020, the Florida Department of Health is reporting 216 confirmed cases of COVID-19 in Florida, which includes residents and non-residents of the State.

4. As of March 17, 2020, the Florida Department of Health is reporting six deaths from COVID-19 in the State.

5. On March 17, 2020, the Florida Commissioner of Education ordered all public and private K-12 schools and technical center campuses in the State to be closed through April 15, 2020, in response to the COVID-19 public health emergency and as a precaution against the spreading of the virus.

6. Executive Order 20-52, Section 4, paragraph B authorizes State agencies to "suspend the provisions of any regulatory statute prescribing the conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency.

7. The continuing COVID-19 public health emergency, the increase in confirmed COVID-19 cases, as well as expected detention officer, direct care, and health care staff shortages resulting from the public and private K-12 school closures through April 15, 2020, place the health, safety, and welfare of the youth and staff in juvenile detention centers and residential commitment facilities operated and overseen by the Florida Department of Juvenile Justice at significant risk, and

DRAFT

AMERICAN OVERSIGHT

hinders the agency's ability to take timely and necessary action in coping with the emergency.

8. It is necessary to further restrict the movement of individuals into juvenile detention centers and residential commitment facilities operated and overseen by the Florida Department of Juvenile Justice.

Based on these findings and under the authority of the statutes and Executive Order cited herein, the Florida Department of Juvenile Justice hereby suspends operation of Rule 63E-7.102 and Rule 63G-2.023 and restricts visitors to its juvenile detention centers and residential commitment facilities through April 15, 2020, to be reevaluated for reinstatement on April 16, 2020. This restriction does not apply to attorneys conducting legal visits with youth, clinical personnel visiting youth for treatment purposes, and law enforcement officers conducting official business. These individuals will continue to be subject to the COVID-19 screening protocols implemented by the Florida Department of Juvenile Justice. Court hearings for youth will be conducted according to directives issued by the Chief Justice of the Florida Supreme Court and/or by the chief judges of the various circuit courts.

Executed this 18th day of March 2020, in Tallahassee, Leon County, Florida.

DRAFT

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: Smith, Susan
Cc: Jacquot, Joe; Ernst, Colleen
Subject: Draft EO
Date: Monday, March 9, 2020 3:49:44 PM
Attachments: DRAFT - COVID EO (3.9.20) - NP .docx

Susan – Can you get this formatted and ready for print on grey paper? We're still waiting for final edits from the Governor, but it will need to be executed before the 5 pm press conference today. **I'll let you know once we have the green light.**

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management - COVID-19 Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy, Japan and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, on February 29, 2020, the first two individuals in the state of Florida tested positive for COVID-19; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 7, 2020, I directed the Director of the Division of Emergency Management to activate the State Emergency Operations Center to Level 2 to provide coordination and response to the COVID-19 emergency; and

DRAFT

AMERICAN OVERSIGHT

WHEREAS, as of March 9, 2020, thirteen individuals in Florida have tested positive for COVID-19 and two people have passed away; and

WHEREAS, as of March 9, 2020, eight counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, using of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, as Governor, I am responsible for meeting the dangers presented to this state and its people by this emergency; and,

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252,

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AMERICAN OVERSIGHT

Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I declare a state of emergency exists in the State of Florida.

Section 2. I designate the Director of the Division of Emergency Management ("Director") as the State Coordinating Officer for the duration of this emergency and direct him to execute the State's Comprehensive Emergency Management Plan and other response, recovery, and mitigation plans necessary to cope with the emergency. Additionally, I designate the State Health Officer and Surgeon General as a Deputy State Coordinating Officer and State Incident Commander.

Pursuant to section 252.36(1)(a), Florida Statutes, I delegate to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes, which he shall exercise as needed to meet this emergency, subject to the limitations of section 252.33, Florida Statutes. In exercising the powers delegated by this Order, the State Coordinating Officer shall confer with the Governor to the fullest extent practicable. The State Coordinating Officer shall also have the authority to:

A. Seek direct assistance and enter into agreements with any and all agencies of the United States Government as may be needed to meet the emergency.

B. Designate additional Deputy State Coordinating Officers, as necessary.

C. Suspend the effect of any statute, rule, or order that would in any way prevent, hinder, or delay any mitigation, response, or recovery action necessary to cope with this emergency.

D. Enter orders as may be needed to implement any of the foregoing powers; however, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such

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AMERICAN OVERSIGHT

orders issued by the State Coordinating Officer; however, no such order shall remain in effect beyond the expiration of this Executive Order, to include any extension.

Section 3. I order the Adjutant General to activate the Florida National Guard, as needed, to deal with this emergency.

Section 4. I find that the special duties and responsibilities resting upon some State, regional, and local agencies and other governmental bodies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances, and orders they administer. Therefore, I issue the following authorizations:

A. Pursuant to section 252.36(1)(a), Florida Statutes, the Executive Office of the Governor may suspend all statutes and rules affecting budgeting to the extent necessary to provide budget authority for state agencies to cope with this emergency. The requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such suspension issued by the Executive Office of the Governor; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extension.

B. Each State agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency. This includes, but is not limited to, the authority to suspend any and all statutes, rules, ordinances, or orders which affect leasing, printing, purchasing, travel, and the condition of employment and the compensation of employees. For the purposes of this Executive Order, "necessary action in coping with the emergency" means any emergency mitigation, response, or recovery action: (1) prescribed in the State Comprehensive Emergency Management Plan ("CEMP"); or (2) ordered by the State Coordinating Officer. The

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requirements of sections 252.46 and 120.54, Florida Statutes, shall not apply to any such suspension issued by a State agency; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extensions.

C. In accordance with section 465.0275, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under this Executive Order and to emergency personnel who have been activated by their state and local agency but who do not reside in an area or county covered by this Executive Order.

D. In accordance with section 252.38, Florida Statutes, each political subdivision within the State of Florida may waive the procedures and formalities otherwise required of the political subdivision by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;

2) Entering into contracts; however, political subdivisions are cautioned against entering into time and materials contracts without ceiling as defined by 2 CFR 200.318(j) or cost plus percentage contracts as defined by 2 CFR 200.323(d);

3) Incurring obligations;

4) Employment of permanent and temporary workers;

5) Utilization of volunteer workers;

6) Rental of equipment;

7) Acquisition and distribution, with or without compensation, of supplies, materials, and facilities; and,

8) Appropriation and expenditure of public funds.

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E. All State agencies responsible for the use of State buildings and facilities may close such buildings and facilities in those portions of the State affected by this emergency, to the extent necessary to meet this emergency. I direct each State agency to report the closure of any State building or facility to the Secretary of the Department of Management Services. Under the authority contained in section 252.36, Florida Statutes, I direct each County to report the closure of any building or facility operated or maintained by the County or any political subdivision therein to the Secretary of the Department of Management Services. Furthermore, I direct the Secretary of the Department of Management Services to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

Section 5. I find that the demands placed upon the funds appropriated to the agencies of the State of Florida and to local agencies are unreasonably great and the funds currently available may be inadequate to pay the costs of coping with this emergency. In accordance with section 252.37(2), Florida Statutes, I direct that sufficient funds be made available, as needed, by transferring and expending moneys appropriated for other purposes, moneys from unappropriated surplus funds, or from the Budget Stabilization Fund.

Section 6. All State agencies entering emergency final orders or other final actions in response to this emergency shall advise the State Coordinating Officer contemporaneously or as soon as practicable.

Section 7. Medical professionals and workers, social workers, and counselors with good and valid professional licenses issued by states other than the State of Florida may render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered to such persons free of charge, and with the further

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condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health.

Section 8. All activities taken by the Director of the Division of Emergency Management and the State Health Officer and Surgeon General with respect to this emergency before the issuance of this Executive Order are ratified. This Executive Order shall expire sixty days from this date unless extended.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this XX day of March, 20202.

GOVERNOR RON DESANTIS

ATTEST:

SECRETARY OF STATE

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From: Pottebaum, Nic D. EOP/WHO
Cc: Butler, Jay C. (CDC/DDID/OD); Darcie Johnston (darcie.johnston@hhs.gov)
Subject: Draft PDF -- Community Mitigation Approach
Date: Monday, March 9, 2020 9:11:29 PM
Attachments: Community_Mitigation_Strategy_3_9_for_states.pdf

---

Governors' Senior Staff and State Health Officers,

Please send feedback or edits to Dr. Jay Butler (Deputy Director for Infectious Diseases at the CDC) by tomorrow (Tuesday, March 10) by late morning Eastern Time.

Email feedback to: jcb3@cdc.gov.

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a proposed framework for actions which local and state health departments can implement as local spread of COVID-19 continues in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

The goals for using mitigation strategies for communities with local COVID-19 transmission are to protect:

- Individuals at risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A).
- The healthcare workforce and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality caused by COVID-19 and minimize social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy.

Implementation emphasizes:

- Emphasizing individual responsibility for implementation of recommended personal-level actions,
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at risk of severe illness
- Focusing on settings that provide critical services to implement recommended actions to protect critical infrastructure and individuals at risk of severe disease
- Minimizing disruptions to daily life to the extent possible

Guiding principles

- Each community is unique, and mitigation appropriate strategies will vary based on characteristics of the community and populations at risk of severe disease as well as the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including vulnerable populations that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at risk for severe illness

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- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- The level of activities implemented may vary across settings (ie. may be at moderate for one setting and at substantial for another setting at the same time in order to meet community response needs).
- Local and state public health departments may need to implement mitigation strategies for public health functions in the identification and contact tracing of cases depending on level of community spread (Table 3). When applied, community mitigation efforts may help implementation of public health activities like contact tracing.

Table 1. Local Factors to Consider for Determining Mitigation Strategies

Factor	Characteristics
Epidemiology	Level of community transmission Number of outbreaks COVID-19 cases impacting delivery of healthcare or impacting other critical infrastructure or services Epidemiology in surrounding jurisdictions
Community Characteristics	Size of community and population density Level of community engagement/support Size and characteristics of vulnerable populations Access to healthcare Transportation (public, walking) Planned large events
Healthcare capacity	Healthcare workforce Number of healthcare facilities Testing capacity Intensive care capacity PPE availability
Public health capacity	Public health workforce and availability of resources to implement strategies Available support from other state/local government agencies and partner organizations

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Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Setting	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None/minimal	Moderate	Substantial

Individuals and Families at Home
 	
"What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19"
	• Know where to find local information on COVID-19 and local trends of COVID-19 cases.
	• Know the signs and symptoms of COVID-19 and what to do if symptomatic:
	  ○ Stay home when you are sick
	  ○ Call HCP office in advance of a visit
	  ○ Limit movement in the community
	  ○ Limit visitors
	• Know what additional measures those at high-risk and who are vulnerable should take
	• Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).
	• Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.
	  ○ Consider 2 week supply of prescription and OTC medications, food and other essentials. Know how to get food delivered if possible.
		• Continue to monitor local information about COVID-19 in your community.
		• Continue to practice personal protective measures.
		• Continue to put household plan into action.
		• Individuals at risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel
			• Continue to monitor local information
			• Continue to practice personal protective measures.
			• Continue to put household plan into place
			• All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials

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	○ Establish ways to communicate with important others (e.g., family, friends, co-workers) ○ Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. • Know about emergency operations plans for schools/workplaces of household members.		
Schools/childcare *"What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site. • Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available. • Evaluate whether there are students or staff who are at risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact ○ Parents of children at risk for severe illness should discuss with their HCP whether those students should stay	• Implement social distancing measures, e.g.: ○ Reduce large gatherings (e.g., assemblies) ○ Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times) ○ Limit inter-school interactions ○ Consider distance or e-learning in some settings • Regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors. • Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing • Students at risk of severe illness should consider implementing individual plans for distance learning, e-learning.	• Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism • Cancellation of school-associated congregations, particularly those with participation of high-risk individuals. • Implement distance learning if feasible

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	home in case of school or community spread o High risk staff should have a plan to stay home if there are school-based cases or community spread. • Encourage staff and students to stay home when sick and notify school administrators of illness. • Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings.		
Assisted living facilities, Senior living facilities and adult day programs *"What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19. • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop plan if one is not available. • Encourage residents to stay in private quarters and staff and clients who live elsewhere to stay home when sick and notify program administrators of illness.	• Implement social distancing measures, e.g.: o Reduce large gatherings (e.g., group social events) o Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) o Limit programs with external staff o Consider having residents stay in facility o Limit visitors, implement screening	• Longer-term closure or quarantine of facility. • Restrict visitor access

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	• Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings.	• Temperature and respiratory symptom screening of attendees, staff, and visitors. • Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing	
Workplace *"What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. • Review, update, or develop workplace plans to include: o Liberal leave and telework policies o 7-day leave policies for people with symptoms o Consider alternate team approaches for work schedules. • Encourage employees to stay home and notify workplace administrators of illness when sick. • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette).	• Encourage staff to telework (when feasible), particularly individuals at risk of severe disease • Implement social distancing measures, e.g.: o Spacing workers at the worksite o Staggering work schedules o Decreasing social contacts in the workplace (limit in-person meetings) • Limit large work-related gatherings (e.g., staff meetings, after-work functions) • Limit non-essential work travel • Regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings.	• Implement extended telework arrangements (when feasible) • Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals • Cancel non-essential work travel • Cancel work-sponsored conferences, tradeshows, etc.

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	• Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in building.		
Community and faith-based organizations *"What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.) • Review, update, or develop emergency plans for the organization, especially consideration for individuals at risk of severe illness • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building.	• Implement social distancing. Reduce activities (e.g., religious services, group congregation), especially for organizations with individuals at risk of severe illness. Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at risk of severe disease (services, meals, checking in) while limiting group settings and exposures • Cancel large gatherings (e.g., >500 people) or move to smaller groupings. • For organizations that serve high-risk communities, cancel gatherings of more than 10 people.	• Cancel faith-based and community gatherings of any size

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Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) *"What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Provide healthcare personnel (HCP, includes staff at nursing homes and long-term care), facilities, and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facility) • Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use. • Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed. • Assess visitor policies • Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill). • Encourage HCP to stay home and notify healthcare facility administrators of illness when sick. • In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions • Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, upon arrival)	• Implement changes to visitor policies to further reduce limit exposures to HCP, residents, and patients. Changes could include temperature/symptom checks for visitors, limiting visitor movement in the facility, etc. • Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; options to limit unnecessary healthcare visits • Actively monitor HCP absenteeism and respiratory illness among HCP and patients • Actively monitor PPE supplies • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g. designated clinic, surge tent) • Consider allowing asymptomatic exposed HCP to work while wearing a facemask • Begin to cross train HCP for working in other units in anticipation of staffing shortages	• Restrict all visitors from facility entry to reduce facility-based transmission. • Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask) • Cancel elective and non-urgent procedures • Establish cohort units or facilities for large numbers of patients • Consider requiring all HCP to wear a facemask when in the facility depending on supply

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Table 3.

Public health control activities by level of COVID-19 community transmission		
None/Low (Evidence of limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., health care facility, school, mass gathering)	**Medium** (Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases)	**High** (Large scale community transmission, health care staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.)
• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases • Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance • For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing • Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources • Test symptomatic individuals for COVID-19 • Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges, other first responder; technology etc.)	• May reduce contact tracing if needed, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure) infrastructure when necessary • Reduce at risk of spreading infection or exposures in (those with vulnerable populations or critical infrastructure) • Encourage HCP to more strictly implement phone triage and telemedicine practices • Continue routine COVID-19 testing; however, if testing capacity limited, prioritize testing of high-risk individuals	• May reduce or discontinue contact tracing, even in high-risk settings (e.g., healthcare professionals or high-risk settings further based on vulnerable populations or critical infrastructure) resource capacity. • Discontinue routine testing, continue testing of persons at high-risk of serious disease • Reinforce systems for phone triage and telemedicine to reduce unnecessary healthcare visits

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FL-GOV-20-0899-A-000225

Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease as defined by your doctor**. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease as defined by your doctor**. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

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FL-GOV-20-0899-A-000226

From: Treadwell, Ray
To: Beshears, Halsey; Johnston, Michael; Philpot, Thomas; Marshman, Ross; Martin, Joseph; Whisenhunt, Sterling; McGinn, Daniel; von Bodungen, Steven; Doherty, Brenden; Ayrish, George
Cc: Uthmeier, James; Jacquot, Joe
Subject: EOG recommendations
Date: Wednesday, March 18, 2020 3:36:25 PM
Attachments: image004.png
image006.png
image008.png
image010.png
Draft DBPR Guidance.docx

These are recommendations from EOG legal. Please incorporate into whatever our final guidance is.

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

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GUIDANCE FOR RESTAURANTS, BARS, AND NIGHTCLUBS IMPACTED BY EXECUTIVE ORDER 20-68

The Department of Business and Professional Regulation issues the following guidance for restaurants, bars, pubs, and nightclubs affected by Executive Order 20-68 issued on March 17, 2020.

Do all bars, pubs, and nightclubs need to stop all sales of alcoholic beverages?

Executive Order 20-68 suspends for thirty (30) days the sale of all alcoholic beverages by licensees at any place of business authorized to sell alcoholic beverages for consumption on premises, if that place of business derives more than 50% of its gross revenue from the sale of alcoholic beverages. Many places of business offer food service sales in addition to alcoholic beverage sales.

If a bar, pub, or nightclub is licensed as a public food service establishment under Chapter 509, Florida Statutes, the place of business may continue to operate under Executive Order 20-68 as a restaurant and sell alcoholic beverages, as long as the sale of alcoholic beverages does not exceed 50% of the total gross food and beverage revenue for the place of business. Food service may continue at any public food service establishment, in accordance with Executive Order 20-68, regardless of alcohol sales.

A restaurant licensed to sell alcoholic beverages under a Special Food Service (SFS) license, pursuant to section 561.20(2)(a)4., Florida Statutes, which must

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already maintain sales of alcoholic beverages below 50% of its gross food and beverage revenue, may continue to sell alcoholic beverages in conformance with the law.

In short, a bar, pub, or nightclub may continue to sell alcoholic beverages as part of its restaurant operations, in compliance with Executive Order 20-68.

What conduct will indicate to the Division of Alcoholic Beverages and Tobacco that a location may be selling more than 50% of its gross food and beverage revenue as sales of alcoholic beverages?

1. ***Patrons standing and drinking***. The Division will have reasonable suspicion that a location may be operating as a bar, not a restaurant, if patrons are standing near the bar.
2. ***Serving drinks to patrons at the bar***. The Division advises locations to stop selling drinks directly from the bar but to sell drinks exclusively to patrons seated at tables. Drinks may continue to be prepared at the bar for table service.

~~2.~~

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What conduct will indicate to the Division of Hotels and Restaurants that a location may not be maintaining a minimum 6-foot separation between any groups of patrons or not limiting parties to 10 or fewer individuals?

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1. ***Patrons seated at a bar or counter***. The Division advises that the seating of patrons at bars or counters regularly brings groups of patrons within six feet of each other and within six feet of restaurant employees. For this reason, the Division instructs all restaurants to limit seating of patrons to tables. Drinks may continue to be prepared at the bar for table service.
2. ***Patrons seated at adjacent or adjoining tables***. The Division interprets Executive Order 20-68 to prohibit seating at consecutive tables or booths that abut one another or that have less than six feet of space between the edge of one table or booth and the next. Each establishment is responsible for configuring its dining area, by either removing tables or blocking the seating of patrons at consecutive or close tables, in order to comply with Executive Order 20-68.
3. ***Patrons waiting in or near the entrance to the restaurant***. The Division strongly discourages any waiting areas at restaurants, either for seating availability or for picking up take-out orders. Restaurants should request a patron's cell phone number to inform him or her when either a table is ready or the take-out order is ready, and ask the patron to wait in his or her vehicle or another safe location until called.

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From: Judy L. Farcus Serra
To: Strum, Shane
Subject: Essential-Retail
Date: Monday, March 16, 2020 4:53:55 PM
Attachments: image001.png
image004.png

Good afternoon Chief of Staff Strum,

First, I would like to thank you, Governor DeSantis and the rest of the legislators for all that you are doing and going through to help our great State through these uncharted times. Headquarter Automotive has four automotive dealerships in Florida. We employ over 500 people, sell about 1,000 cars a month and service about 10,000 customer vehicles per month. Our service to the community is essential and we would like to opportunity to assist in planning if an order of non-essential retail shutdown becomes enforced in Florida. We are responsible for keeping our customers' vehicles safe and operational which is an essential service to the public. If you have any questions, or need any help, please feel free to reach out.

Thank you and be well,
Judy

headquarterauto.com
Judy L. Farcus Serra
CFO
305.423.4616 P
305.423.4510 F

Celebrating my 22nd year with Headquarter!
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From: FEMA-IGA
To: FEMA-IGA
Subject: FEMA Stakeholder Advisory: FEMA Support to Coronav rus Response
Date: Wednesday, March 4, 2020 12:48:06 PM
Attachments: FEMA_FactSheet_COVID Response_03.04.20.pdf

March 4, 2020
Contact: Congressional and Intergovernmental Affairs Division
Phone: 202-646-3444

Advisory

FEMA Support to Coronavirus Response

The federal government is taking aggressive and proactive steps to address the Coronavirus (COVID-19) threat working closely with state and local partners to protect the public's health and keep the public informed as the situation evolves domestically and globally To that end, President Trump formed the White House Coronavirus Task Force, led by Vice President Pence, which leads coordinated federal efforts to contain the spread and mitigate the effects of the virus

Consistent with *Presidential Policy Directive-44: Enhancing Domestic Incident Response*, the U S Department of Health and Human Services (HHS) is the *lead federal agency* for public health responses The Federal Emergency Management Agency (FEMA) – through a Crisis Action Task Force located at the HHS Secretary's Operations Center– provides support to HHS through delivery of crisis action planning, situational awareness reporting, interagency coordination, course of action development, and logistics supply chain analysis

Please reference the attached Fact Sheet for more information

If you have any questions, please contact the Office of External Affairs, Congressional and Intergovernmental Affairs Division at (202) 646-3444 or at FEMA-IGA@fema dhs gov

###

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FACT SHEET

FEMA Support to Coronavirus Response

The federal government is taking aggressive and proactive steps to address the Coronavirus (COVID-19) threat working closely with state and local partners to protect the public's health and keep the public informed as the situation evolves domestically and globally.

White House Task Force

- On January 29, 2020 President Trump announced the formation of the White House Coronavirus Task Force.

- On February 26, 2020, President Trump announced Vice President Pence would lead the Task Force. Additionally, Ambassador Deborah Birx will serve as the White House Coronavirus Response Coordinator. The Task Force will lead the Administration's efforts to contain the spread and mitigate the effects of the virus, while ensuring that the American people have the most accurate and up-to-date health and travel information.

- The Task Force is composed of subject matter experts from the White House and several United States Government agencies, including the U.S. Department of Health and Human Services whom is serving as the lead federal agency for coronavirus response. Task Force membership can be found on the White House website.

Federal Interagency Coordination

Lead Federal Agency

- *Presidential Policy Directive-44: Enhancing Domestic Incident Response* designates HHS as the *lead federal agency* for public health responses utilizing authority established through:
    - Pandemic and All Hazards Preparedness Act (PAHPA)
    - Public Health Service Act
    - National Response Framework (NRF) and associated operational plans.

- The Congress-designated appropriation for this mission is the Public Health Emergency Fund for coordinating and delivering assistance.

- Currently, Congress is considering a supplemental appropriation to support public health preparedness and response efforts.

FEMA

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FEMA Role

FEMA is a supporting agency to HHS currently delivering crisis action planning, situational awareness reporting, interagency coordination, course of action development and logistics supply chain analysis through a Crisis Action Task Force located at the HHS Secretary's Operations Center.

- FEMA began planning and coordination with HHS in late January, including the assessment of the government's Pandemic Crisis Action Plan.
- Additionally, FEMA is readying over fifty teams to respond and support states and territories that may need assistance.

At this time, FEMA is not preparing an emergency declaration in addition to the Public Health Emergency declared by HHS on January 31, 2020.

Emergency Support Functions (ESF)

- The NRF and Response Federal Interagency Operational Plan (FIOP) are always in effect.
- In accordance with the NRF, HHS – under its ESF#8 Primary Authority for Public Health and Medical issues – has sixteen Supporting Agencies to initiate federal interagency coordination in the presence or absence of a Stafford Act declaration.
- Under a Non-Stafford Event, HHS – under the Economy Act – may request specific core capabilities from each (and appropriate) Federal Departments/Agencies through both a Memorandum of Agreement (MOA) and reimbursable Inter Agency Agreement (IAA);
- The Emergency Support Function Leadership Group (ESFLG) is convened at the request of HHS (or any other Lead Federal Agency for a given large-scale incident) at any time. FEMA can facilitate use of ESFLG using the Interagency Video Teleconference (VTC) format used during Stafford incidents
- Currently, HHS develops and provides a daily Senior Leadership Brief (SLB) reflecting interagency actions and lifeline impacts.

Pandemic Crisis Action Plan (PanCAP)

- Represents response to a 2013 avian influenza in China (H7N9) and a coronavirus in the Middle East (MERS-CoV)
- Provides a process that outlines Public Health and emergency management response activities with defined triggers for movement between threat phases.
- Provides a sample coordination structure for each phase, which has been modified for COVID-19 (FEMA, ASPR, CDC).

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State/Territorial/ Tribal/ Local Assistance

The primary form of assistance to States, Territories, Tribes and Localities may come in the form of federal guidance, funding to support enhanced mitigation measures, logistics supply chain analysis, and regulatory relief facilitated through HHS.

Some federal medical team capabilities may be deployed to support specific federal mission requirements (e.g., Incident Management Teams, Disaster Medical Assistance Teams) however these are expected to be limited as the virus becomes more widespread.

Public Health and Medical Assistance

- In a declared Public Health Emergency, the Secretary of HHS can initiate several actions to facilitate SLTT response including waiving certain regulatory requirements and authorizing federal Public Health Grantees to use grant funds towards a response to COVID-19.

- Guidance or assistance, in the form of technical assistance, during a biological incident may occur through the Centers for Disease Control and Prevention (CDC) under its legislative authorities and is anticipated to be the primary form of requested assistance.

- HHS manages the provision and development of vaccines and medications against this disease.

- The extent of additional HHS assistance to be available for States to manage the COVID-19 response is pending supplemental funding determinations from Congress.

Grant Assistance

FEMA Administrator, through the Grants Program Directorate, may direct emergency management grantees the use of awarded funds towards non-public health and non-medical capabilities to prepare and/or to respond to a biological incident whether directly impacted or not.

On March 3, 2020, the FEMA Grants Program Directorate provided notification to grant recipients and subrecipients to remind them of the cost allowability requirements of the Emergency Management, Homeland Security, and Tribal Homeland Security grant programs. Currently, FEMA is not proposing to expand allowability under any grant program.

- Emergency Management Performance Grant (EMPG): The purpose of the EMPG Program is to provide federal funds to states to assist state, local, territorial, and tribal governments in preparing for all hazards. EMPG funding can be used to support emergency preparedness and response capabilities for COVID-19.

  Allowable activities include, but are not limited to, strengthening public health incident management and emergency operations coordination to enable jurisdictions to provide emergency management response support that exceeds normal capacity; Strengthening information management and sharing; Strengthening

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community recovery and resilience; Vector control and surveillance; Health surveillance and epidemiological investigation; Laboratory testing and support services; and Blood safety.

- Homeland Security Grant Program (HSGP): The HSGP includes a suite of risk-based grants, including the State Homeland Security Program (SHSP) and Urban Area Security Initiative (UASI), designed to assist SLTT efforts in preventing, preparing for, protecting against, and responding to acts of terrorism.

  For both SHSP and UASI many activities that support the achievement of core capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for hazards unrelated to acts of terrorism. However, all SHSP- and UASI-funded projects must assist recipients and subrecipients in achieving core capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism. States and high-risk urban areas must justify proposed expenditures of SHSP or UASI funds in their Investment Justification submissions.

- Tribal Homeland Security Grant Program (THSGP): Like HSGP, the THSGP assists directly eligible tribal governments with efforts related to preventing, preparing for, protecting against, and responding to acts of terrorism.

  Activities funded under THSGP that support the achievement of core capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for hazards unrelated to acts of terrorism. However, all THSGP-funded projects must assist recipients in achieving core capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism. Tribal governments must justify proposed expenditures of THSGP funds in their Investment Justification submissions.

###

AMERICAN OVERSIGHT

From: Eifert, James O Maj Gen USAF NG FLARNG (USA)
To: Moulton, Diane
Subject: FLYCA
Date: Friday, March 13, 2020 7:13:24 PM

Diane,

I recommend that the Governor approve an exception to the Governor's school closure policy for the Florida Youth Challenge Academy. This school for at-risk 16 to 18-year-olds is located in the middle of Camp Blanding Joint Training Center, Starke, FL and run by the FL National Guard. FLYCA has 157 in-residence students from high risk households around the state sequestered in our on-base facility 24/7/365. It makes sense to allow them to remain there to continue their curriculum rather than shutting down for two weeks since they are no risk of spreading the COVID-19 virus in their current location. In fact, requiring them to have their parents come from all over the state to pick them up by Monday and take them home only to have them return to the school in two weeks and drop them back off is not in the best interest of our students or the goal of containing the spread of the COVID virus.

Please call if you have any questions.

Thanks!

TAG

James O. Eifert, MAJ Gen
The Adjutant General of Florida
(904) 823-0107
Cell: (904) 481-6387

AMERICAN OVERSIGHT

From:	Mahon, Jason
To:	Coppola, Courtney; Moscoso, Alberto; Vause, Tiffany; Gambineri, Mara
Subject:	FOR REVIEW - TOMORROW ITEMS
Date:	Sunday, March 8, 2020 8:23:19 PM
Attachments:	Daily Talking Points - 3.8.20.docx COVID_PR 3.8.2020.docx

For tomorrow, please review the two attached documents as well as the tweets below. The Talking Points and Web will change at 8, with the first tweet. The press release will be issued shortly thereafter, followed by the second tweet, once the release has been added to the website:

.@HealthyFla has updated Florida's #COVID19 information page. Please see FloridaHealth.gov/COVID-19/ for the latest information.

The Florida Department of Health is responding to COVID-19. To keep Florida residents and visitors safe and aware about the status of COVID-19, the department is issuing issue updates. View today's update here– [LINK]

Jason Mahon
Communications Director
Florida Division of Emergency Management
850-815-4131 (desk)
850-294-2169 (cell)
Jason.Mahon@em.myflorida.com

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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COVID-19 Daily Talking Points
March 8, 2020

At this time, the Florida Department of Health's highest priority is containing the spread of COVID-19 and appropriately identifying, treating and isolating anyone who is likely to spread the virus.

While the risk for infection remains relatively low, with confirmed cases of Coronavirus Disease 2019 (COVID-19) in Florida, the Department is urging residents to stay informed on how to protect themselves and their communities from COVID-19.

The Department encourages everyone to contact their local health department to facilitate medical attention and diagnosis if they suspect they have contracted COVID-19 or come into contact with someone who has COVID-19.

The Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19 is the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida. The Department of Health updates Florida's COVID-19 information page daily.

Governor DeSantis is working closely with state agencies and the Department to monitor, contain and prevent the spread of this virus.

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two presumptive positive cases in Florida.

Yesterday, the Department announced one new positive Florida COVID-19 case in Broward County. That individual is isolated and being appropriately cared for.

Current Florida residents tested positive for COVID-19:

Florida Residents				
	County	Age	Sex	Known History of International Travel
1	Manatee	63	Male	No
2	Hillsborough	29	Female	Yes
3	Santa Rosa	71	Male	Yes
4	Broward	75	Male	No
5	Broward	65	Male	No
6	Lee	77	Female	Yes
7	Lee	77	Male	Yes

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8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No

There are additional cases linked to Florida:
- 5 diagnosed and isolated in another state
- 1 confirmed positive non-Florida resident

Here is the full status of COVID-19 here in Florida:

- 108 tests in state results pending
- 118 negatives
- 17 Florida cases (16 Florida residents)
  - 11 diagnosed in Florida
- 1,038 people monitored to date
- 280 of 1,038 are currently being monitored

The Department is actively involved in enhanced surveillance for respiratory illness that may be COVID-19. Epidemiologists are following up on any suspected cases that meet criteria for COVID-19 to arrange for testing when necessary and monitor contacts of any confirmed cases.

The Department will continue regular communication with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

Everyone plays a part in lowering the impact within our communities and workplaces – taking every day preventative actions helps to prevent the spread of respiratory diseases such as COVID-19. Preventative actions include:

- **Washing your hands frequently with soap and water for at least 20 seconds**, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- **Staying home when you are sick. This message cannot be emphasized enough.**
- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- **Avoiding close contact** with people who are sick.
- **Before traveling, take certain steps**:
  - Check CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel.

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- Employees who become sick while traveling should notify their supervisor and should promptly call a healthcare provider for guidance.

The Department has established a dedicated COVID-19 Call Center for questions about this virus. Anyone with questions may call **1-(866) 779-6121** or email COVID-19@flhealth.gov**.** The Call Center is available **24 hours a day, seven days a week**.

If Asked:

"What is the number of patients tested in my county?"

-We appreciate the desire to understand how many Floridians in each community have been tested, received a negative test or are under public health monitoring as a result of suspicion they may have COVID-19 or has been in contact with someone who have COVID-19. Balancing the privacy of the individuals being tested and monitored and the confidentiality of the epidemiological investigations with the responsibility to Floridians to disclose information to protect the public is a vital role of the Florida Department of Health. Due to the nature of a unique virus, such as COVID-19, to share how many people in each community that have been tested or are under public health monitoring could potentially release identifying information, especially in Florida's smaller communities.

As such, in order to protect personally identifiable health information (PHI) of Floridians, the Florida Department of Health is unable to disclose the number of individuals who have received a negative test, have pending test results or are under public health monitoring by community.

Floridians can view the aggregate, state level information at www.FLHealth.gov/COVID-19. This information is updated daily.

Additionally, the Florida Department of Health is encouraging all Floridians to be aware. Floridians should practice good hand hygiene and wash their hands with soap and water for a minimum of 20 seconds, use a tissue when they sneeze or cough and immediately dispose of it in the trash and stay home if they are sick."

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March 9, 2020

Department of Health COVID-19 Update

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aware about the status of the virus, the department is issuing regular updates as information becomes available.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two presumptive positive cases in Florida.

COVID-19 Cases

Florida Residents				
	County	**Age**	**Sex**	**Known History of International Travel**
1	**Manatee**	**63**	**Male**	**No**
2	**Hillsborough**	**29**	**Female**	**Yes**
3	**Santa Rosa**	**71**	**Male**	**Yes**
4	**Broward**	**75**	**Male**	**No**
5	**Broward**	**65**	**Male**	**No**
6	**Lee**	**77**	**Female**	**Yes**
7	**Lee**	**77**	**Male**	**Yes**
8	**Charlotte**	**54**	**Female**	**Yes**
9	**Okaloosa**	**61**	**Female**	**Yes**
10	**Volusia**	**66**	**Female**	**Yes**

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11	**Manatee**	**81**	**Female**	**Yes**
12	**Broward**	**67**	**Male**	**No**

Additional Positive Cases Linked to Florida:

- 1 non-Florida resident
- 5 diagnosed and isolated in another state

COVID-19 Testing Results

- 12 cases in Florida residents
- 5 diagnosed and isolated in another state
- 1 non-Florida resident
- 108 tests in state results pending
- 118 negatives
- 17 Florida cases (16 Florida residents)
    - 11 diagnosed in Florida
- 1,038 people monitored to date
- 280 of 1,038 are currently being monitored

[HOLD FOR NEW CASE DETAILS]

People who have tested positive for COVID-19 will remain in isolation until they test negative.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121.** The Call Center is available 24 hours a day. Inquiries may also be emailed to COVID-19@flhealth.gov.

Department Activities

- Governor Ron DeSantis issued an Executive Order directing the State Surgeon General to declare a public health emergency.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Established an incident management team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.

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- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Established a public call-center for questions regarding COVID-19.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;

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- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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From: Coppola, Courtney
To: Gambineri, Mara
Subject: FW:
Date: Wednesday, March 11, 2020 9:47:05 AM
Attachments: Confidential COVID Case Rollup 031020.docx
COVID-19 Data - Daily Report 2020-03-11 0700 AM (003).pdf
EMT COVID Rollup 031020 PM.docx

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399





Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

From: Coppola, Courtney
Sent: Wednesday, March 11, 2020 9:33 AM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; David.Clark@eog.myflorida.com; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Helen.Ferre@eog.myflorida.com; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Subject:

Some or all of the information contained within this message may be confidential pursuant to sections 381.003 and 381.0031(6), Florida Statutes, Rule 64D-3.036, Florida Administrative Code, or other applicable state or federal privacy laws.

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 11, 2020 at 7:49 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,230
CDC notifications	810
Other notifications*	420
Type of exposure	
Travel exposure	905
Airline/vessel contact	100
Close contact with case	207
Unknown	18

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	32
Medium	748	84
Unknown (not contacted yet)	22	12
Low/no identified risk**	253	79
Total persons of high, medium, or unknown risk	770	128
Still being monitored	246	107
Contacted in person	45	8
Persons still monitored by top 10 counties		
Sarasota	7	42
Broward	40	9
Dade	34	1
Orange	28	0
Hillsborough	14	7
Pinellas	19	0
Palm Beach	14	2
Lee	2	14
Manatee	5	8
Volusia	6	6

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	476
Tested positive	28
Tested negative	301
Currently awaiting testing	147

Confirmed and probable cases

Cases in Florida residents	26
Confirmed	21
Deaths	2
Repatriated confirmed cases	5
Cases in non-Florida residents	2
Confirmed	2

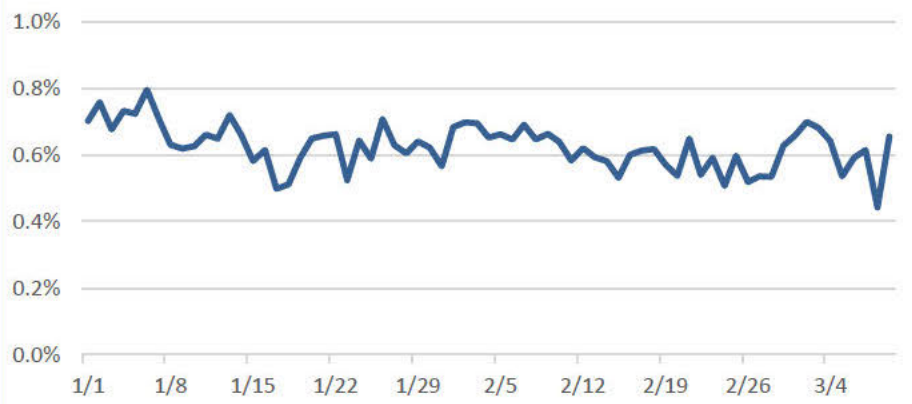
AMERICAN OVERSIGHT

Coronavirus: additional surveillance information (confidential)

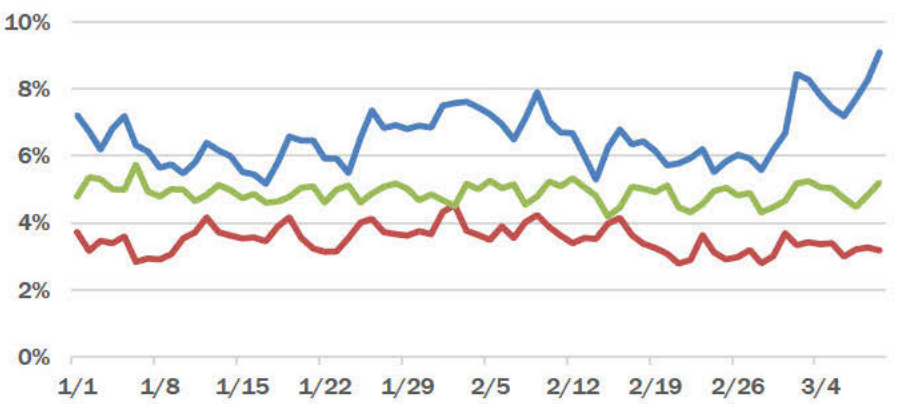
Mar 11, 2020 at 7:49 AM

Statewide emergency department (ED) chief complaint and admission data

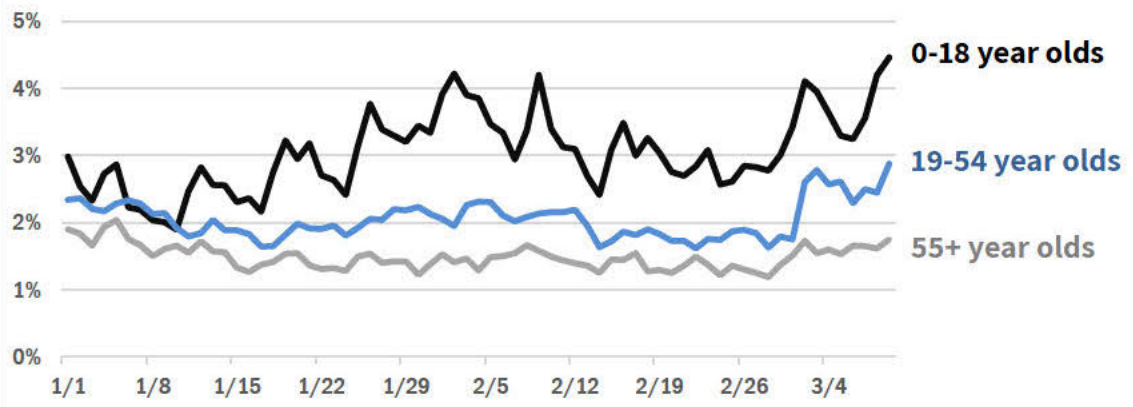
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past week. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

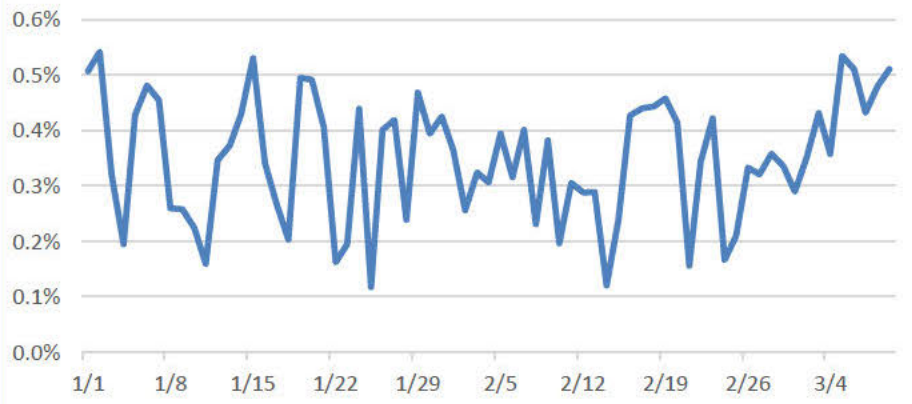


The daily percent of ED visits statewide that mention cough has been elevated for the past week for **0-18 year olds** and **19-54 year olds**, and remains above expected levels for this time of year.

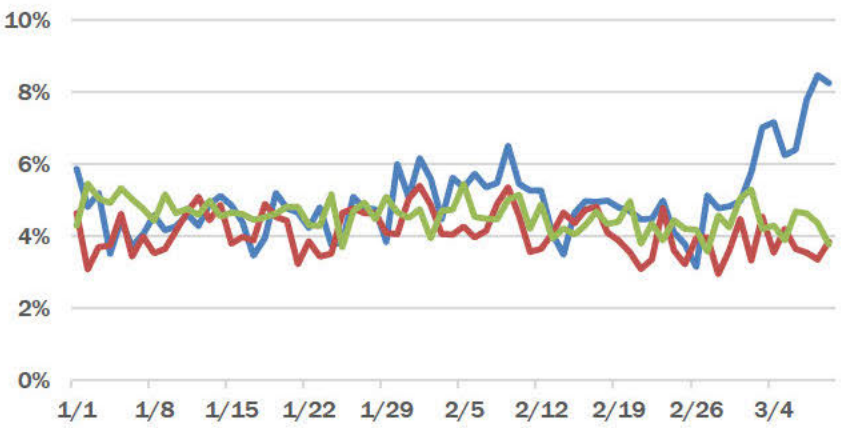


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past week. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Tuesday, March 10, 2020 at 11 p.m.

CASES TO DATE

- 476 persons under investigation
- 301 negatives
- 28 total cases reported
    - 26 in Florida residents
        - 21 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 2 confirmed positive (non-Florida resident)
- 2 deaths
- 147 tests in state results pending
- 1230 people monitored to date
- 353 of that 1230 are currently being monitored

Of the eight new cases identified today (3) were in Collier, (2) were in Pinellas, (1) Nassau, (1) Pasco and (1) Georgia resident who is hospitalized in Alachua county.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

DRAFT

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

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- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.

Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.

Department of Citrus

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- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.
- Centurion will stage a minimum of 25 PPE's at each facility. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering a 14-day quarantine dorm at reception centers for new commitments.
- Considering initiating volunteer and visitor screening process.
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.

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- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.

Department of Highway Safety & Motor Vehicles

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- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings

Department of Lottery

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- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common

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areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.

- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 200 ventilators and is working to secure 300 more from the State Term Contract

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-

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- #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
- The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
- The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
- Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
- I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
- I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"

- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Office of Attorney General

- Activated the Price Gougin Hotline is response

Volunteer Florida

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- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"
- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

AMERICAN OVERSIGHT

March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.

DRAFT

AMERICAN OVERSIGHT

From: Moulton, Diane
To: Bane, Kimberly
Subject: FW:
Date: Tuesday, March 17, 2020 10:35:00 AM
Attachments: COVID-19 Data - Daily Report 2020-03-17 0959.pdf

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Please print in color

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Tuesday, March 17, 2020 10:32 AM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Beaubien, Beau <Beau.Beaubien@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject:

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,792
Total persons of high, medium, or unknown risk	1,322
High/medium/unknown risk still being monitored	558

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,004
Tested positive	192
Tested negative	940
Currently awaiting testing	872

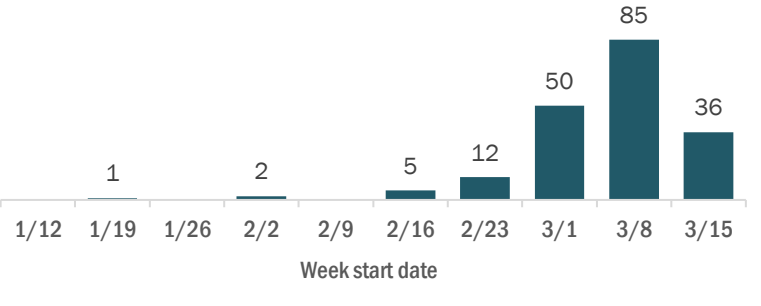
Confirmed cases

Confirmed cases in Florida residents	173
Confirmed by BPHL/CDC	119
Positive by commercial/hospital lab	54
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Deaths	5
Cases in non-Florida residents	19
Confirmed by BPHL/CDC	18
Positive by commercial/hospital lab	1
Total cases	192
Traveled	51
Contact with confirmed case	39
Traveled and contact with confirmed case	53
Neither	49
Travel is unknown*	34
Contact is unknown*	10
Contact is pending*	27

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



AMERICAN OVERSIGHT

Coronavirus: characteristics of 192 cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

29 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	43	22%	0	8	51
Dade	32	17%	1	2	35
Palm Beach	9	5%	1	0	10
Volusia	9	5%	0	0	9
Hillsborough	7	4%	0	1	8
Collier	6	3%	0	1	7
Lee	5	3%	0	2	7
Osceola	6	3%	0	1	7
Alachua	4	2%	0	2	6
Duval	6	3%	0	0	6
Manatee	6	3%	0	0	6
Orange	5	3%	1	0	6
Clay	4	2%	0	0	4
Pinellas	4	2%	0	0	4
Sarasota	3	2%	0	1	4
Seminole	4	2%	0	0	4
Okaloosa	2	1%	1	0	3
St. Johns	2	1%	0	1	3
Citrus	2	1%	0	0	2
Pasco	2	1%	0	0	2
Brevard	1	1%	0	0	1
Charlotte	1	1%	0	0	1
Escambia	1	1%	0	0	1
Gadsden	0		1	0	1
Lake	1	1%	0	0	1
Leon	0		1	0	1
Nassau	1	1%	0	0	1
Santa Rosa	1	1%	0	0	1
Total	167		6	19	192

Gender	Count	Percent
Male	106	55%
Female	85	44%
	1	1%

Age group	Count	Percent
10-19 years	9	5%
20-29 years	25	13%
30-39 years	12	6%
40-49 years	27	14%
50-59 years	27	14%
60-69 years	52	27%
70-79 years	29	15%
80+ years	11	6%

AMERICAN OVERSIGHT

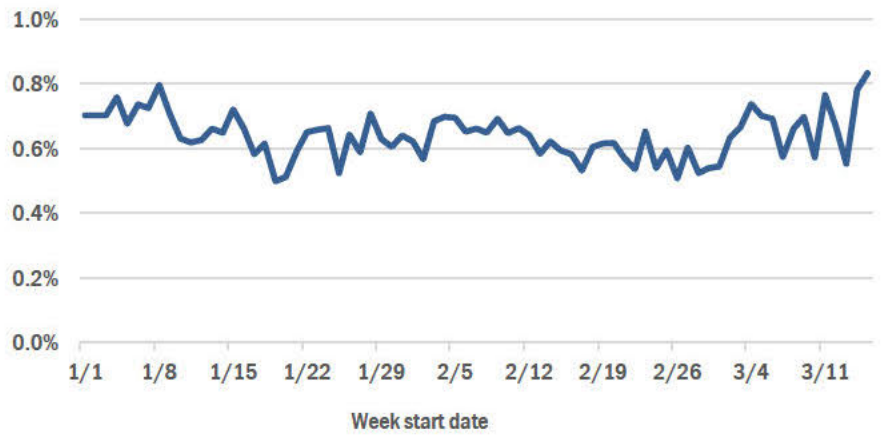
Coronavirus: additional surveillance information

Mar 17, 2020 at 9:59 AM

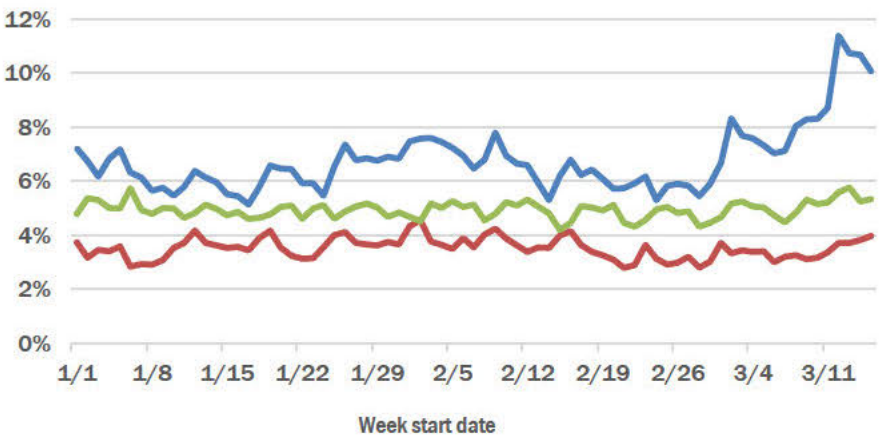
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

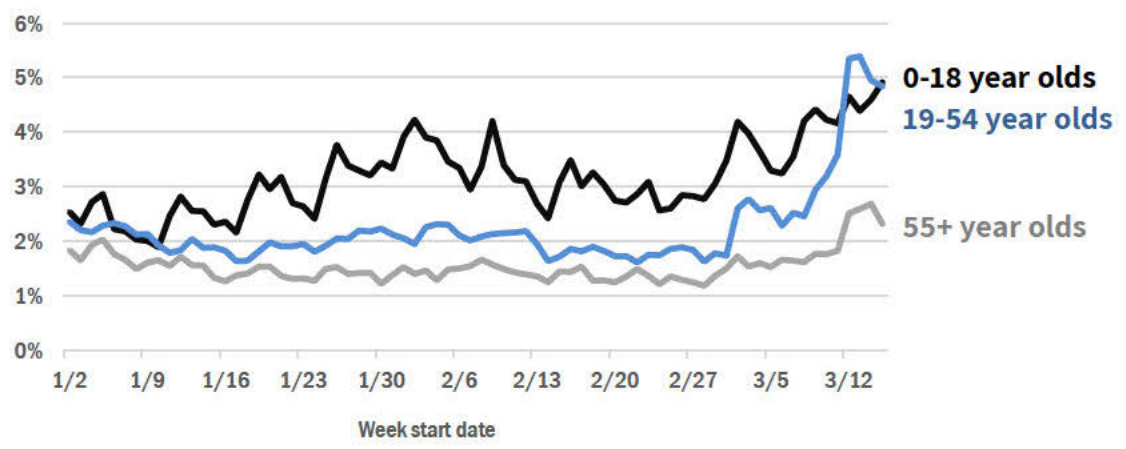
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

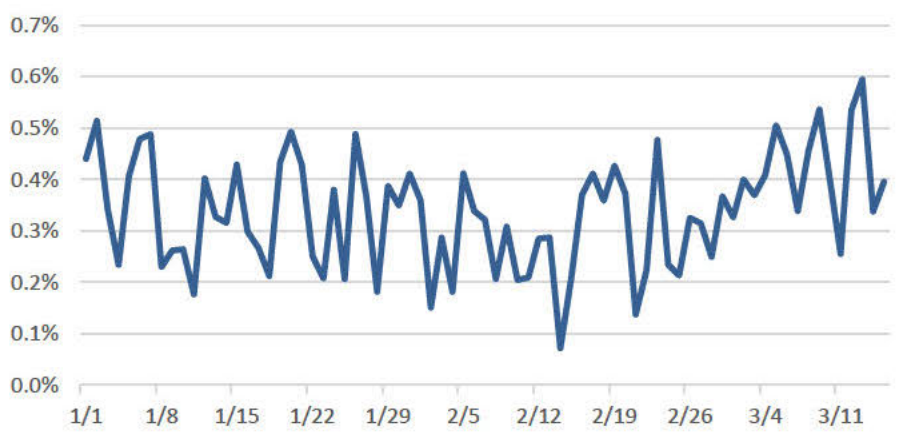


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

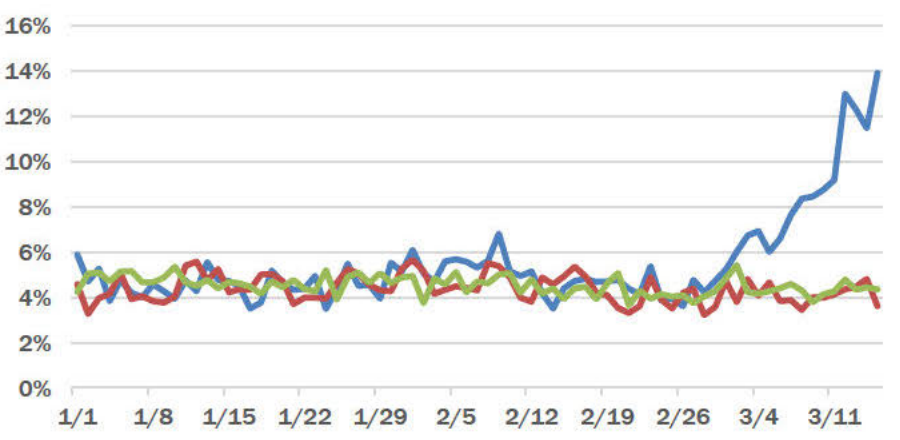


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	231	183	51	11%	465
Dade	168	114	35	11%	317
Palm Beach	15	25	10	20%	50
Volusia	6	21	9	25%	36
Hillsborough	20	32	8	13%	60
Collier	43	32	7	9%	82
Lee	16	28	7	14%	51
Osceola	27	14	7	15%	48
Alachua	36	38	6	8%	80
Duval	28	23	6	11%	57
Manatee	6	18	6	20%	30
Orange	6	17	6	21%	29
Clay	3	7	4	29%	14
Pinellas	77	34	4	3%	115
Sarasota	28	120	4	3%	152
Seminole	20	8	4	13%	32
Okaloosa	6	20	3	10%	29
St. Johns	21	40	3	5%	64
Citrus	2	1	2	40%	5
Pasco	10	18	2	7%	30
Brevard	1	6	1	13%	8
Charlotte	5	4	1	10%	10
Escambia	4	11	1	6%	16
Gadsden	0	0	1	100%	1
Lake	1	7	1	11%	9
Leon	2	4	1	14%	7
Nassau	1	6	1	13%	8
Santa Rosa	3	10	1	7%	14
Baker	0	3	0	0%	3
Bay	1	3	0	0%	4
Bradford	1	3	0	0%	4
Columbia	2	5	0	0%	7
Desoto	0	4	0	0%	4
Dixie	0	2	0	0%	2
Flagler	3	6	0	0%	9
Franklin	1	0	0	0%	1
Gulf	0	1	0	0%	1
Hardee	0	1	0	0%	1
Hendry	1	1	0	0%	2
Hernando	4	0	0	0%	4
Indian River	5	7	0	0%	12
Jackson	3	1	0	0%	4
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	11	13	0	0%	24
Martin	2	0	0	0%	2
Monroe	16	5	0	0%	21
Okeechobee	3	3	0	0%	6
Polk	9	15	0	0%	24
Putnam	2	8	0	0%	10
St. Lucie	3	2	0	0%	5
Sumter	12	9	0	0%	21
Suwannee	1	2	0	0%	3

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 17, 2020 at 9:59 AM

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County	No result	Negative	Positive	Percent positive	Total
Union	1	1	0	0%	2
Unknown	2	0	0	0%	2
Walton	2	1	0	0%	3
Washington	1	0	0	0%	1
Total	872	940	192	**10%**	2,004

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 17, 2020 at 9:59 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	483	75	13%	558
DOH-JACKSONVILLE	312	33	10%	345
DOH-TAMPA (SPECTRUM BLVD)	305	24	7%	329
ADVENT HEALTH LAB	283	19	6%	302
MEMORIAL REGIONAL HOSPITAL SOUTH	238	15	6%	253
LABORATORY CORPORATION OF AMERICA	214	8	4%	222
QUEST DIAGNOSTICS - TAMPA	203	8	4%	211
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	53	0	0%	53
CDC	17	7	29%	24
FLORIDA HOSPITAL WATERMAN LABORATORY	15	0	0%	15
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	12	1	8%	13
VIRACOR-EUROFINS LABORATORIES	9	0	0%	9
WESTSIDE REGIONAL MED CTR	3	5	63%	8
CLEVELAND CLINIC HOSPITAL LAB	7	1	13%	8
UNIVERSITY OF MIAMI HOSPITAL	0	5	100%	5
TAMPA GENERAL HOSPITAL	0	5	100%	5
FLORIDA HOSPITAL FISH MEMORIAL	4	0	0%	4
JFK MEDICAL CENTER LAB	1	2	67%	3
TENNESSEE DOH - NASHVILLE	2	1	33%	3
QUEST DIAGNOSTICS	2	0	0%	2
ADVENTHEALTH DAYTONA BEACH	2	0	0%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
LABCORP BURLINGTON (ELR)	2	0	0%	2
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
PLANTATION GENERAL HOSPITAL	1	0	0%	1
LABCORP BURLINGTON (LPP)	0	1	100%	1
UNIVERSITY HOSPITAL AND MEDICAL CENTER	0	1	100%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
LAB CORP	0	1	100%	1
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
FLORIDA HOSPITAL FLAGLER	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
LAKEWOOD RANCH MEDICAL CENTER	1	0	0%	1
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
NORTHWEST MEDICAL CENTER	1	0	0%	1
MANATEE MEMORIAL HOSPITAL	1	0	0%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 17, 2020 at 9:59 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
MHS LAB	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
1	Volusia	60	Female	No	FL resident		Yes	03/17/20
2	Dade	45	Male	Unknown	FL resident			03/17/20
3	Duval	84	Male	Unknown	FL resident			03/17/20
4	Alachua	22	Male	Unknown	FL resident			03/17/20
5	Dade	80	Female	Unknown	FL resident			03/17/20
6	Manatee	75	Male	Unknown	FL resident			03/17/20
7	Hillsborough	28	Male	Unknown	FL resident			03/17/20
8	Osceola	20	Female	Yes	FL resident	SPAIN	No	03/17/20
9	Citrus	64	Male	No	FL resident		Yes	03/17/20
10	Dade	44	Male	Yes	FL resident	France	No	03/17/20
11	Broward	53	Male	Unknown	FL resident			03/17/20
12	Clay	66	Female	Unknown	FL resident		Yes	03/17/20
13	Osceola	29	Male	Unknown	FL resident			03/17/20
14	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
15	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	Unknown	03/17/20
16	Alachua	21	Female	Unknown	FL resident			03/17/20
17	Hillsborough	24		Unknown	FL resident			03/17/20
18	Broward	46	Female	Unknown	FL resident			03/17/20
19	Dade	57	Female	Unknown	FL resident			03/17/20
20	Broward	19	Female	Unknown	FL resident			03/17/20
21	Dade	57	Male	Unknown	FL resident			03/17/20
22	Dade	52	Male	Unknown	FL resident			03/17/20
23	Volusia	37	Female	No	FL resident		Yes	03/16/20
24	Sarasota	87	Male	No	FL resident		No	03/16/20
25	Dade	43	Female	Unknown	FL resident		Yes	03/16/20
26	Palm Beach	66	Male	Unknown	FL resident		Unknown	03/16/20
27	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
28	Broward	65	Male	No	FL resident		Yes	03/16/20
29	Manatee	70	Male	Unknown	FL resident		No	03/16/20
30	Alachua	64	Female	Yes	FL resident	FL; NY		03/16/20
31	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
32	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
33	Dade	66	Male	Unknown	FL resident			03/16/20
34	Pinellas	58	Male	Unknown	FL resident		No	03/16/20
35	Dade	67	Female	Unknown	FL resident			03/16/20
36	Collier	49	Female	No	FL resident		No	03/16/20
37	Sarasota	80	Male	No	FL resident		No	03/16/20
38	St. Johns	49	Male	Yes	FL resident	EUROPE	No	03/16/20
39	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20
40	Dade	30	Female	Unknown	FL resident			03/16/20
41	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
42	Broward	51	Female	Yes	FL resident	COLOMBIA	Yes	03/16/20
43	Orange	51	Male	Unknown	FL resident			03/16/20
44	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
45	Dade	56	Male	Unknown	FL resident			03/16/20
46	Duval	91	Female	No	FL resident		Yes	03/16/20
47	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
48	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
49	Broward	54	Female	No	FL resident		No	03/16/20
50	Orange	40	Female	No	FL resident		Unknown	03/16/20
51	Osceola	47	Female	No	FL resident		No	03/16/20
52	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
53	Palm Beach	25	Male	Unknown	FL resident			03/16/20
54	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
55	Duval	88	Male	No	FL resident		Yes	03/15/20
56	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
57	Dade	62	Male	No	FL resident		Unknown	03/15/20
58	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
59	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20
60	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
61	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
62	Broward	66	Male	No	FL resident		Yes	03/15/20
63	Dade	66	Female	Unknown	FL resident			03/15/20
64	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
65	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
66	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
67	Duval	66	Male	No	FL resident		Yes	03/15/20
68	Dade	28	Male	No	FL resident		Yes	03/15/20
69	Dade	39	Male	Unknown	FL resident			03/15/20
70	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
71	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
72	Orange	79	Female	Unknown	FL resident		No	03/15/20
73	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
74	Broward	60	Male	No	FL resident		Yes	03/15/20
75	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
76	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
77	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
78	Dade	58	Female	Yes	FL resident	ITALY; SPAIN		03/15/20
79	Broward	74	Male	No	FL resident		Yes	03/15/20
80	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
81	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
82	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
83	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
84	Broward	63	Male	No	FL resident		Yes	03/14/20
85	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
86	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
87	Clay	70	Male	No	FL resident		Yes	03/14/20
88	Manatee	62	Female	No	FL resident		Yes	03/14/20
89	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
90	Osceola	48	Male	Yes	FL resident	SWITZERLAND	No	03/14/20
91	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
92	Broward	83	Female	No	FL resident		Yes	03/14/20
93	Dade	77	Female	Yes	FL resident	EGYPT; IRAN (ISLAMIC REP. OF); UNITED A	No	03/14/20
94	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
95	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20
96	Seminole	47	Male	Unknown	FL resident			03/14/20
97	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
98	Broward	58	Male	No	FL resident		Yes	03/14/20
99	Dade	20	Male	Yes	FL resident	SPAIN	Yes	03/14/20
100	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
101	Hillsborough	17	Male	No	FL resident		No	03/14/20
102	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
103	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
104	Dade	18	Male	Unknown	FL resident		Yes	03/14/20
105	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
106	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
107	Clay	55	Female	No	FL resident		Yes	03/14/20
108	St. Johns	64	Female	No	FL resident		No	03/14/20
109	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
110	Dade	42	Female	Unknown	FL resident			03/14/20
111	Dade	73	Male	No	FL resident		Unknown	03/14/20
112	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
113	Broward	59	Male	No	FL resident		Yes	03/14/20
114	Seminole	43	Female	Unknown	FL resident			03/14/20
115	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
116	Dade	42	Male	Yes	FL resident	FRANCE	Yes	03/14/20
117	Manatee	67	Female	No	FL resident		Unknown	03/14/20
118	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
119	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
120	Volusia	89	Female	No	FL resident		Yes	03/14/20
121	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
122	Clay	57	Male	No	FL resident		Yes	03/13/20
123	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
124	Orange	48	Female	No	FL resident		Yes	03/13/20
125	Broward	27	Female	No	FL resident		Yes	03/13/20
126	Dade	45	Female	No	FL resident		Yes	03/13/20
127	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
128	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
129	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
130	Lee	77	Male	No	FL resident		Unknown	03/13/20
131	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
132	Orange	41	Male	No	FL resident		Yes	03/13/20
133	Palm Beach	73	Male	Yes	FL resident	Egypt; Germany	No	03/13/20
134	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
135	Broward	68	Female	No	FL resident		Yes	03/13/20
136	Dade	51	Male	No	FL resident		Unknown	03/13/20
137	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
138	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
139	Duval	83	Male	No	FL resident		Yes	03/13/20
140	Osceola	54	Male	No	FL resident		No	03/13/20
141	Broward	36	Male	No	FL resident		Yes	03/13/20

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Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
142	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
143	Broward	65	Male	No	FL resident		Yes	03/12/20
144	Dade	56	Male	Yes	FL resident	IRAN (ISLAMIC REP. OF)	Yes	03/12/20
145	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
146	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
147	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
148	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
149	Pinellas	64	Male	Yes	FL resident	EGYPT	Yes	03/11/20
150	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
151	Pasco	46	Male	No	FL resident		Yes	03/11/20
152	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
153	Broward	68	Female	No	FL resident		Yes	03/10/20
154	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
155	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
156	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
157	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
158	Broward	67	Male	No	FL resident		Yes	03/09/20
159	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
160	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20
161	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
162	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
163	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
164	Broward	75	Male	No	FL resident		Yes	03/07/20
165	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
166	Manatee	63	Male	No	FL resident		Yes	03/02/20
167	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20
168	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
169	Lee	65	Female	Unknown	Non-FL resident			03/15/20
170	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
171	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
172	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
173	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
174	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
175	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
176	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
177	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
178	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
179	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
180	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
181	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
182	Broward	20	Female	Yes	Non-FL resident	Ireland	Yes	03/13/20
183	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
184	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
185	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
186	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
187	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
188	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20

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Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

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189	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
190	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
191	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
192	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20

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From:	Lukis, Adrian
To:	Gambineri, Mara
Subject:	FW:
Date:	Monday, March 9, 2020 2:36:34 PM
Attachments:	3.8 Plan Ahead 1-pager (002) lws 8pm track clean.docx 3.8 Plan Ahead 1-pager (002) lws 8pm track changes.docx Confidential COVID Case Rollup 030820.docx COVID-19 Data - Daily Report 2020-03-08 700PM (1).pdf EMT COVID Rollup 030820 PM.DOCX

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Monday, March 9, 2020 2:27 PM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>
Subject:

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399





Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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Ongoing and Future Initiatives

Clinical Surveillance: Syndromic Surveillance

- **Current:** The Department of Health actively receives real-time data from specified practitioners and medical facilities around the state. Collected data include hospital discharge information, emergency room information, and deaths.
- **COVID-19 Update:** The Department employs a smart algorithm that adjusts and refines the data parameters over time to identify potential respiratory and flu-like illnesses. The Department of Health is modifying the current algorithm to identify additional indicators relevant to COVID-19, including travel history, symptoms, and clinical features. The Department is actively working to develop, refine, and implement this updated algorithm.
- **Future Expansion:** At present, most Florida healthcare facilities that have these type of data participate in the program. The Department of Health aims to achieve 100% participation.

Clinical Surveillance: Expansion of Pediatric Flu-Surveillance Program

- **Current:** The Department of Health administers a statewide, flu-surveillance program. Through this program, pediatric physicians collect swabs from the first two patients each day who exhibit flu-like symptoms. Participating pediatric physicians submit the samples from the nasal pharyngeal or oral swabs to Department of Health Public Health Laboratories in Tampa, Miami, and Jacksonville. The Department of Health tests the samples using a molecular test for influenza to detect disease prevalence and the flu strain. All information submitted to the Department is de-identified, so the patient identity is not known to the Department.
- **COVID-19 Update:** The Department of Health is adapting the program to gather information relevant to COVID-19. The Department will test the collected samples for COVID-19. The Department understands that pediatric patients may exhibit milder symptoms or serve as carriers. Data collected through these tests will enable the Department to determine presence of COVID-19 in the tested group.
- **Future Expansion:** The Department aims to expand the program beyond the pediatric physician community. A letter to general practitioners will encourage voluntary participation in the program. The letter will be sent during the week of March 9, 2020.

University Sample Testing

- **COVID-19 Update:** Partner universities may have the ability to test for COVID-19. These universities will need to have CDC and FDA approval to test for COVID-19.
- **Future:** The Department of Health will assist the universities in working with the Food and Drug Administration (FDA) Commissioner Hahn to obtain Certified Laboratory Improvement Amendment (CLIA) certification to perform CDC-approved tests and expand participation in testing clinical samples for diagnostic and surveillance purposes.

Community Surveillance

- **Future:** The Department of Health will work with providers and universities to develop a community surveillance program to enable data collection beyond the clinical setting. This will require Institutional Review Board (IRB) submission to determine research status.

AMERICAN OVERSIGHT

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~~*University of Florida Emerging Pathogens Institute*~~*University Partners*

- **Current:** The University of Florida Emerging Pathogens Institute focuses on understanding infectious disease transmission. The Institute has research, education, and outreach capabilities, designed to prevent and contain new and re-emerging diseases.
- **Future:** The Department of Health will engage with the Emerging Pathogens Institute to enlist their assistance in studying COVID-19, including surveillance, modeling, and prediction of disease transmission, and spread.

Commented [SLLR1]: Recommend removal entirely

University Sample Testing

- **COVID-19 Update:** ~~The University of Florida developed a molecular based test to detect~~Partner universities may have the ability to test for COVID-19. ~~The test is not yet CDC approved~~These universities will need to have CDC and FDA approval to test for COVID-19.
- **Future:** The Department of Health will ~~engage the Florida Emerging Pathogens Institute and Food and Drug Administration (FDA) Commissioner Hahn to enable the University to test for COVID-19 in clinical samples for research purposes. The Department will also~~ assist the ~~University~~ universities in working with the Food and Drug Administration (FDA) Commissioner Hahn to obtain Certified Laboratory Improvement Amendment (CLIA) certification to perform CDC-approved tests and expand participation in testing clinical samples for diagnostic and surveillance purposes. ~~The Department of Health will engage with other state universities to expand participation in the testing of clinical samples for diagnostic and surveillance purposes.~~

Community Surveillance

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- **Future:** The Department of Health will work with providers and universities to develop a community surveillance program to enable data collection beyond the clinical setting. This will require Institutional Review Board (IRB) ~~approval~~submission to determine research status.

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 8, 2020 at 8:26 PM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,104
CDC notifications	765
Other notifications*	339
Type of exposure	
Travel exposure	855
Airline/vessel contact	90
Close contact with case	153
Unknown	6

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	25
Medium	693	65
Unknown (not contacted yet)	13	4
Low/no identified risk**	245	59
Total persons of high, medium, or unknown risk	706	94
Still being monitored	212	90
Contacted in person	60	8
Persons still monitored by top 10 counties		
Sarasota	4	49
Broward	43	4
Dade	32	3
Orange	20	0
Hillsborough	12	7
Manatee	6	12
Pinellas	15	0
Duval	12	0
Volusia	7	5
Lee	2	9

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	273
Tested positive	18
Tested negative	140
Currently awaiting testing	115

Confirmed cases

Cases in Florida residents	17
Confirmed	12
Deaths	2
Repatriated confirmed cases	5
Cases in non-Florida residents	1
Confirmed	1

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 8, 2020 at 8 p.m.

CASES TO DATE

- 273 persons under investigation
- 140 negatives
- 18 total cases reported
    - 17 in Florida residents
        - 12 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 2 deaths
- 115 tests in state results pending
- 1104 people monitored to date
- 302 of that 1104 are currently being monitored

New case in Broward county identified today.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Children & Families

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- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- • On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- • DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.

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Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.

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- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.

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- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"

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- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • AHCA roll-up information o **Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.** o **Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.** o **Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.** o **Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.**

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From: Jacquot, Joe
To: Primrose, Nicholas
Subject: FW: BREAKING NEWS: Trump recommends avoiding gatherings of more than 10 people
Date: Monday, March 16, 2020 3:30:00 PM

From: POLITICO <email@politicoemail.com>
Sent: Monday, March 16, 2020 3:28 PM
To: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Subject: BREAKING NEWS: Trump recommends avoiding gatherings of more than 10 people

President Donald Trump released guidelines Monday instructing Americans to avoid social gatherings of more than 10 people for the next 15 days to slow the spread of the novel coronavirus.

The White House's new guidelines also advises Americans to avoid eating and drinking at bars, restaurants and food courts; going on shopping trips and making social visits; and visiting nursing homes and retirement or long-term care facilities.

"Each and every one of us has a critical role to play in stopping the spread and transmission of the virus," Trump said at a White House briefing.

Read more: https://www.politico.com/news/2020/03/16/trump-recommends-avoiding-gatherings-of-more-than-10-people-132323

To change your alert settings, please go to https://secure.politico.com/newsletter-settings

This email was sent to joe.jacquot@eog.myflorida.com by: POLITICO, LLC 1000 Wilson Blvd. Arlington, VA, 22209, USA

Please click here and follow the steps to unsubscribe.

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From: Strum, Shane
To: Lukis, Adrian
Subject: FW: CA/FL/NY/WA CDC & WH Taskforce on COVID-19 Guidance Discussion
Date: Monday, March 9, 2020 8:51:08 PM
Attachments: Comm_Mitigation_cover_draft_3_9.docx
Community_Mitigation_Strategy_draft_3_9.docx

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Monday, March 9, 2020 8:50 PM
To: Strum, Shane <Shane.Strum@eog.myflorida.com>; Imhoff, Olivia <Olivia.P.Imhoff2@who.eop.gov>; Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Subject: RE: CA/FL/NY/WA CDC & WH Taskforce on COVID-19 Guidance Discussion

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From: Strum, Shane <Shane.Strum@eog.myflorida.com>
Sent: Monday, March 9, 2020 8:49 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>; Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>; Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Subject: [EXTERNAL] RE: CA/FL/NY/WA CDC & WH Taskforce on COVID-19 Guidance Discussion

Hi Nic & Olivia,

We have been on the call but did not receive the documents they mentioned.

Thanks.

Shane

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Monday, March 9, 2020 8:36 PM
To: Imhoff, Olivia <Olivia.P.Imhoff2@who.eop.gov>; Strum, Shane <Shane.Strum@eog.myflorida.com>; Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Subject: RE: CA/FL/NY/WA CDC & WH Taskforce on COVID-19 Guidance Discussion

Let us know if you are able to join or have someone on your team join. Darcie at HHS sent along the documents for the call.

From: Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>
Sent: Monday, March 9, 2020 6:30 PM
To: shane.strum@eog.myflorida.com; Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Cc: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Subject: CA/FL/NY/WA CDC & WH Taskforce on COVID-19 Guidance Discussion

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Shane & Katherine Anne,
I know Nic reached out to you regarding this call. Please include your relevant healthcare policy advisor and state health officer on this call. If you have any question, see Nic. Dial-in information can be found below.

Call Information
Dial-in: 202-395-6392
Code: [redacted]

Thanks,

Olivia Imhoff
Deputy Associate Director
White House Office of Intergovernmental Affairs
C: 202-881-7466

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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Recommendations for Communities in the United States with Transmission of COVID-19- March 8, 2020

Bottom Line Up Front:

Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. These approaches are used to minimize morbidity and mortality caused by COVID-19 and minimize social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. The following four communities should begin implementing community mitigation strategies: Seattle, Santa Clara, Westchester, and Florida.

Goals:

The goals for using mitigation strategies for communities with local COVID-19 transmission are to protect:

- Individuals at risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A).
- The healthcare workforce and critical infrastructure workforces

Strategy:

- Emphasize individual responsibility for implementation of recommended personal-level actions,
- Empower businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at risk of severe illness
- Focus on settings that provide critical services to implement recommended actions to protect critical infrastructure and individuals at risk of severe disease
- Minimize disruptions to daily life to the extent possible

The attached document outlines a proposed framework for actions which local and state health departments can implement as local spread of COVID-19 continues in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity. All communities should be preparing for community mitigation. Additionally, based off these recommendations, the following communities should be taking community mitigation action:

Community	Considerations	Community Mitigation Actions
Seattle, WA	Widespread transmission, impacting public health response and healthcare capacity, focal point in a high-risk setting (long-term care facility) with high mortality rate	Moderate to severe actions
Santa Clara, CA	Widespread transmission, impact on public health response and healthcare capacity, large older adult population	Moderate to severe actions
Westchester, NYS	Sustained transmission with most cases associated with communal exposure	Low to moderate actions
Florida	Limited community transmission, older adult population, reported deaths	Prepare/Low actions

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Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a proposed framework for actions which local and state health departments can implement as local spread of COVID-19 continues in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

The goals for using mitigation strategies for communities with local COVID-19 transmission are to protect:

- Individuals at risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A).
- The healthcare workforce and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality caused by COVID-19 and minimize social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy.

Implementation emphasizes:

- Emphasizing individual responsibility for implementation of recommended personal-level actions,
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at risk of severe illness
- Focusing on settings that provide critical services to implement recommended actions to protect critical infrastructure and individuals at risk of severe disease
- Minimizing disruptions to daily life to the extent possible

Guiding principles

- Each community is unique, and mitigation appropriate strategies will vary based on characteristics of the community and populations at risk of severe disease as well as the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including vulnerable populations that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at risk for severe illness

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- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- The level of activities implemented may vary across settings (i.e.. may be at moderate for one setting and at substantial for another setting at the same time in order to meet community response needs).
- Local and state public health departments may need to implement mitigation strategies for public health functions in the identification and contact tracing of cases depending on level of community spread (Table 3). When applied, community mitigation efforts may help implementation of public health activities like contact tracing.

Table 1. Local Factors to Consider for Determining Mitigation Strategies

Factor	Characteristics
Epidemiology	Level of community transmission Number of outbreaks COVID-19 cases impacting delivery of healthcare or impacting other critical infrastructure or services Epidemiology in surrounding jurisdictions
Community Characteristics	Size of community and population density Level of community engagement/support Size and characteristics of vulnerable populations Access to healthcare Transportation (public, walking) Planned large events
Healthcare capacity	Healthcare workforce Number of healthcare facilities Testing capacity Intensive care capacity PPE availability
Public health capacity	Public health workforce and availability of resources to implement strategies Available support from other state/local government agencies and partner organizations

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Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Setting	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None/minimal	Moderate	Substantial

	• Know where to find local information on COVID-19 and local trends of COVID-19 cases.
	• Know the signs and symptoms of COVID-19 and what to do if symptomatic:
	  ○ Stay home when you are sick
	  ○ Call HCP office in advance of a visit
	  ○ Limit movement in the community
	  ○ Limit visitors
	• Know what additional measures those at high-risk and who are vulnerable should take
	• Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).
	• Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.
	  ○ Consider 2 week supply of prescription and OTC medications, food and other essentials. Know how to get food delivered if possible.
		• Continue to monitor local information about COVID-19 in your community.
		• Continue to practice personal protective measures.
		• Continue to put household plan into action.
		Individuals at risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel
			• Continue to monitor local information
			• Continue to practice personal protective measures.
			• Continue to put household plan into place
			• All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials

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	○ Establish ways to communicate with important others (e.g., family, friends, co-workers) ○ Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. Know about emergency operations plans for schools/workplaces of household members.		
Individuals and Families at Home *"What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site. • Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available. • Evaluate whether there are students or staff who are at risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact ○ Parents of children at risk for severe illness should discuss with their HCP whether those students should stay	• Implement social distancing measures, e.g.: ○ Reduce large gatherings (e.g., assemblies) ○ Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times) ○ Limit inter-school interactions ○ Consider distance or e-learning in some settings • Regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors. • Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing • Students at risk of severe illness should consider implementing individual plans for distance learning, e-learning.	• Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism • Cancellation of school-associated congregations, particularly those with participation of high-risk individuals. • Implement distance learning if feasible

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	home in case of school or community spread ○ High risk staff should have a plan to stay home if there are school-based cases or community spread. • Encourage staff and students to stay home when sick and notify school administrators of illness. • Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings. •		
Schools/childcare *"What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19. • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop plan if one is not available. • Encourage residents to stay in private quarters and staff and clients who live elsewhere to stay home when sick and notify program administrators of illness.	• Implement social distancing measures, e.g.: ○ Reduce large gatherings (e.g., group social events) ○ Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) ○ Limit programs with external staff ○ Consider having residents stay in facility ○ Limit visitors, implement screening	• Longer-term closure or quarantine of facility. • Restrict visitor access

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	• Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings.	• Temperature and respiratory symptom screening of attendees, staff, and visitors. • Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing •	
Assisted living facilities, Senior living facilities and adult day programs *"What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. • Review, update, or develop workplace plans to include: o Liberal leave and telework policies o 7-day leave policies for people with symptoms o Consider alternate team approaches for work schedules. • Encourage employees to stay home and notify workplace administrators of illness when sick. • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette).	• Encourage staff to telework (when feasible), particularly individuals at risk of severe disease • Implement social distancing measures, e.g.: o Spacing workers at the worksite o Staggering work schedules o Decreasing social contacts in the workplace (limit in-person meetings) • Limit large work-related gatherings (e.g., staff meetings, after-work functions) • Limit non-essential work travel • Regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings.	• Implement extended telework arrangements (when feasible) • Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals • Cancel non-essential work travel Cancel work-sponsored conferences, tradeshows, etc.

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	• Clean frequently touched surfaces daily. Ensure hand hygiene supplies are readily available in building.		
Workplace *"What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.) • Review, update, or develop emergency plans for the organization, especially consideration for individuals at risk of severe illness • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building.	• Implement social distancing. Reduce activities (e.g., religious services, group congregation), especially for organizations with individuals at risk of severe illness. Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at risk of severe disease (services, meals, checking in) while limiting group settings and exposures • Cancel large gatherings (e.g., >500 people) or move to smaller groupings. For organizations that serve high-risk communities, cancel gatherings of more than 10 people.	• Cancel faith-based and community gatherings of any size •
Community and faith-based organizations	• Provide healthcare personnel (HCP, includes staff at nursing homes and long-term care), facilities, and systems with tools and guidance	• Implement changes to visitor policies to further reduce limit exposures to HCP, residents, and patients. Changes could include temperature/symptom	• Restrict all visitors from facility entry to reduce facility-based transmission.

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FL-GOV-20-0899-A-000322

"What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	needed to support their decisions to care for patients at home (or in nursing homes/long-term care facility) • Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use. • Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed. • Assess visitor policies • Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill). • Encourage HCP to stay home and notify healthcare facility administrators of illness when sick. • In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions • Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, upon arrival) •	checks for visitors, limiting visitor movement in the facility, etc. • Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; options to limit unnecessary healthcare visits • Actively monitor HCP absenteeism and respiratory illness among HCP and patients • Actively monitor PPE supplies • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g. designated clinic, surge tent) • Consider allowing asymptomatic exposed HCP to work while wearing a facemask • Begin to cross train HCP for working in other units in anticipation of staffing shortages •	• Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask) • Cancel elective and non-urgent procedures • Establish cohort units or facilities for large numbers of patients • Consider requiring all HCP to wear a facemask when in the facility depending on supply

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Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) *"What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*			

Table 3.

Public health control activities by level of COVID-19 community transmission		
None/Low (Evidence of limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., health care facility, school, mass gathering)	**Medium** (Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases)	**High** (Large scale community transmission, health care staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.)

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• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases • Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance • For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing • Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources • Test symptomatic individuals for COVID-19 • Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges, other first responder; technology etc.)	• May reduce contact tracing if needed, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure) infrastructure when necessary • Reduce at risk of spreading infection or exposures in (those with vulnerable populations or critical infrastructure) • Encourage HCP to more strictly implement phone triage and telemedicine practices • Continue routine COVID-19 testing; however, if testing capacity limited, prioritize testing of high-risk individuals	• May reduce or discontinue contact tracing, even in high-risk settings (e.g., healthcare professionals or high-risk settings further based on vulnerable populations or critical infrastructure) resource capacity. • Discontinue routine testing, continue testing of persons at high-risk of serious disease • Reinforce systems for phone triage and telemedicine to reduce unnecessary healthcare visits

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Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease as defined by your doctor**. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease as defined by your doctor**. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

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From: Eifert, James O Maj Gen USAF NG FLARNG (USA)
To: Moskowitz, Jared
Cc: Moulton, Diane; Strum, Shane
Subject: FW: COVID-19 CDRS UPDATE 11 MAR 2020
Date: Thursday, March 12, 2020 7:24:40 AM
Attachments: DRAFT COVID LOEs.pptx
TAG Armories Smart Card 11 MAR 2020.pptx
COVID-19 Smart Card 11 MAR 2020.pptx
FLNG COVID MISSION SITREP 11 MAR 2020.pptx

Jared,

The attached info is neither important nor urgent, but for your situational awareness. The first attachment is the mission sets that we are currently planning for, if tasked. The second shows all of our armories in case they are needed for any coronavirus response. The third is our current capabilities -- available on request. The fourth is our situation report.

We stand ready to assist as required...

Best,

Eif

JAMES O. EIFERT
Major General
Florida National Guard
The Adjutant General

DSN: 822-0101, Comm: (904) 823-0101
Work Cell: (904) 481-6387
SIPR: james.o.eifert mil@mail.smil mil

-----Original Message-----
From: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10 mil@mail.mil>
Sent: Wednesday, March 11, 2020 3:25 PM
To: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert mil@mail mil>; Carruthers, Robert G COL USARMY NG FLARNG (USA) <robert.g.carruthers mil@mail mil>
Cc: Haas, John D BG USARMY NG FLARNG (USA) <john.d.haas.mil@mail mil>; Valle, Michael Anthony Brig Gen USAF NG FLANG (USA) <michael.a.valle4.mil@mail.mil>; Brown, Mary C Maj USAF NG FLARNG (USA) <mary.c.brown26 mil@mail mil>; Johnson, Gray A Jr COL USARMY NG FLARNG (USA) <gray.a.johnson mil@mail mil>; Steele, John L III Col USAF NG FLANG (USA) <john.l.steele.mil@mail mil>; Evans, Elizabeth A LTC USARMY NG FLARNG (USA) <elizabeth.a.evans16 mil@mail.mil>; Reinwald, Allison NFG NG FLARNG (USA) <allison reinwald2.nfg@mail mil>; Bassett, Roy G COL USARMY NG FLANG (USA) <roy.g.bassett mil@mail mil>; Lanham, David CSM USARMY NG FLARNG (USA) <david.lanham.mil@mail.mil>
Subject: COVID-19 CDRS UPDATE 11 MAR 2020

Gentlemen,
Please find the CDR's SITREP for 11 MAR 2020 attached. The J5 Planning Products are also attached for review. These will continue to be adjusted, edited and improved as mission dictates.

Update for today follows:
21 FL Residents Currently diagnosed in Florida (17 travel related)

Still no requirements to the NG beyond LOG Branch augmentation (2ea).

- Currently 3ea Soldiers on SAD in support of COVID-19. (LTC Evans, J5 / LTC Knox and one additional in

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support of DEM LOG Branch)

- NGB internal directive that "first GO is approval authority for TDY" has caused churn across the States regarding conference attendance and GOV travel

- DEM's COVID-19 Situational Update now M/W/F (ESF 13 calls in) at 1115. DOMS will call in for SA and will adjust Battle Rhythm.

- Our contingency planning continues as State discusses ideas of drive thru COVID testing or commodities distribution. Traffic control points were also discussed but law enforcement assets may get initial look for that effort. We remain agile and proactive with regard to any potential mission support.

- DOMS continues to collect National best practices and TTPs (CA, NY, NE, etc) for potential application / planning material for potential missions.

- All Hazards Conference / Workshop (AHCW) is still scheduled to run - J3, J35 and J5 were scheduled to attend. FRI is decision point on final attendees.

Very Respectfully,

Mike

MICHAEL A. LADD
Colonel, Florida Army National Guard
J3, Director of Military Support (DOMS)

National J3 FAC Chair

Office: (904) 823-0430
Cell: (904) 687-7785

-----Original Message-----
From: Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon mil@mail mil>
Sent: Wednesday, March 11, 2020 9:53 AM
To: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil>
Cc: Heidelberg, Blake M LTC USARMY NG FLARNG (USA) <blake.m.heidelberg.mil@mail mil>; NG FL FLARNG Mailbox JOC Officer <ng fl flarng mbx.joc-officer@mail.mil>; Berg, John P NFG (USA) <john.p.berg2 nfg@mail mil>; Phillips, Justin W Capt USAF NG FLANG (USA) <justin.w.phillips6.mil@mail mil>; Bailey, Brian L MAJ USARMY NG FLARNG (USA) <brian.l.bailey46 mil@mail.mil>; Cooper, Brian D MAJ USARMY NG FLARNG (USA) <brian.d.cooper1 mil@mail.mil>
Subject: Day 5 COVID-19

Sir,
Day 5 SEOC Level II (0700-1900)

Testing continues to expand
US Cases CONUS 647
OCONUS 50
25 US Deaths (both CONUS/OCONUS)
Contingency Planning:
1) Points of Collection and possible Dispensing *(only a planning concept)
-California drive thru plan attached. FL planning to have a much smaller footprint. Will provide update after initial planning meeting.
2) GIS Department of Education, location of Polling Sites (some are located in nursing homes).

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- potential relocation of polling sites

3) Board of Governors, Education: Unified messaging on Spring Break travel

NEW COUNTY CALL SCHEDULE

On behalf of FDOH, FDEM is hosting a COVID-19 situational update conference calls for County Emergency Management. This call will occur every Monday, Wednesday and Friday, beginning Wednesday, March 11, 2020, and will continue until further notice. There will be no webinar associated with this conference call.

Dates: Mondays, Wednesdays & Fridays
Times: 11:15 am ET/ 10:15am CT
Call-in: 1-888-585-9008
Conference Room Number: 275-998-149
For those joining via cell phone: 18885859008; 275998149# Please send any preliminary questions to StateESF8.Planning@flhealth.gov with the Florida Department of Health.
Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

This one my change but currently:
Dates: Thursdays
Times: 2:00pm ET / 1:00pm CT
Call-in: 1-888-585-9008
Conference Room Number: 275-998-149
For those joining via cell phone: 18885859008; 275998149#
Agenda: FDOH Operational Update

FDEM Comments - FDEM Leadership

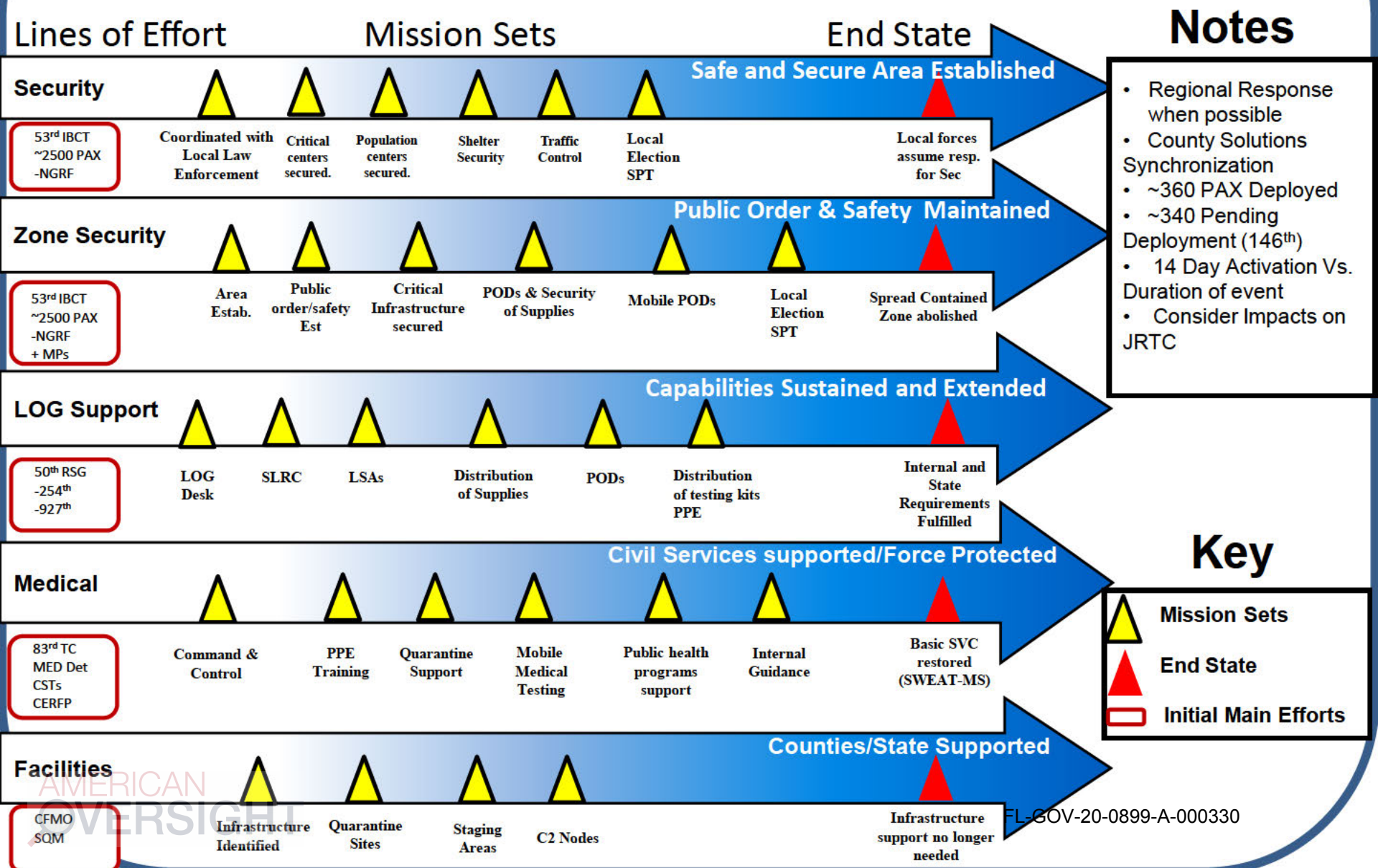
Attendee Questions - Coordinated by the FDEM Operations Section

Thanks,
Melissa DeLeon
Major, FLNG
National Guard Liaison Officer
Florida Division of Emergency Management
Cell: 850-251-0962
Office: 850-617-0194 (x8394)
melissa.e.deleon.mil@mail.mil

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Legal is Overarching

FL COVID19



Notes

- Regional Response when possible
- County Solutions Synchronization
- ~360 PAX Deployed
- ~340 Pending Deployment (146th)
- 14 Day Activation Vs. Duration of event
- Consider Impacts on JRTC

Key

- Mission Sets
- End State
- Initial Main Efforts

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FLNG Facilities

As of 11 MAR 20

Reg 1

Armories: 6
Total sq ft:
96,778

Reg 2

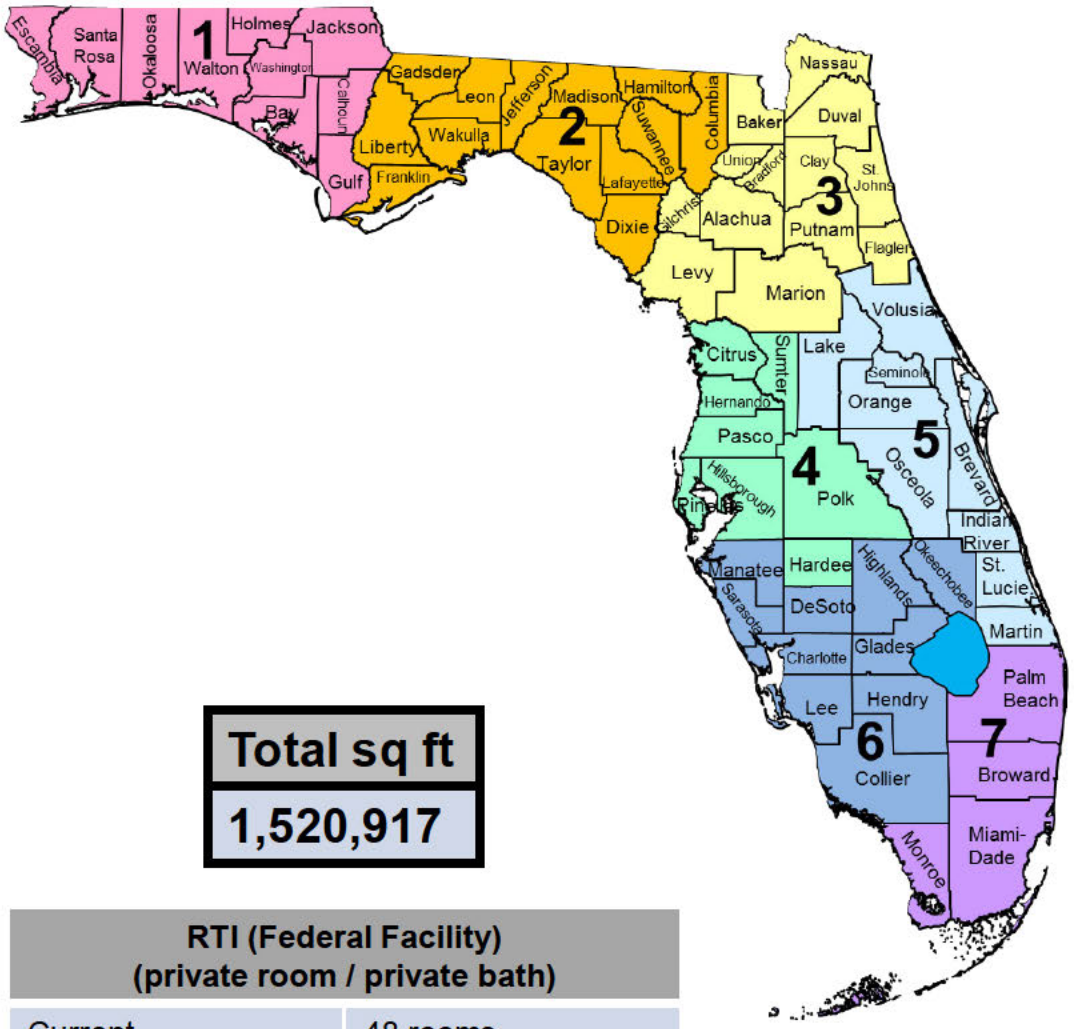
Armories: 4
Total sq ft:
102,384

Reg 3

Armories: 10
Total sq ft:
319,793

Reg 4

Armories: 11
Total sq ft:
223,748



Total sq ft
1,520,917

RTI (Federal Facility) (private room / private bath)	
Current	48 rooms
Projected Available	166 rooms

Reg 5

Armories: 7
Total sq ft:
99,654

Reg 6

Armories: 6
Total sq ft:
85,118

Reg 7

Armories: 6
Total sq ft:
296,721

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TAG Smart Card

As of 10 MAR 20

Reg 1 (HWVs/PAX Cap)

495

77/1034

Reg 2 (HWVs/PAX Cap)

476

36/486

7/28

Reg 3 (HWVs/PAX Cap)

2515

180/2780

17

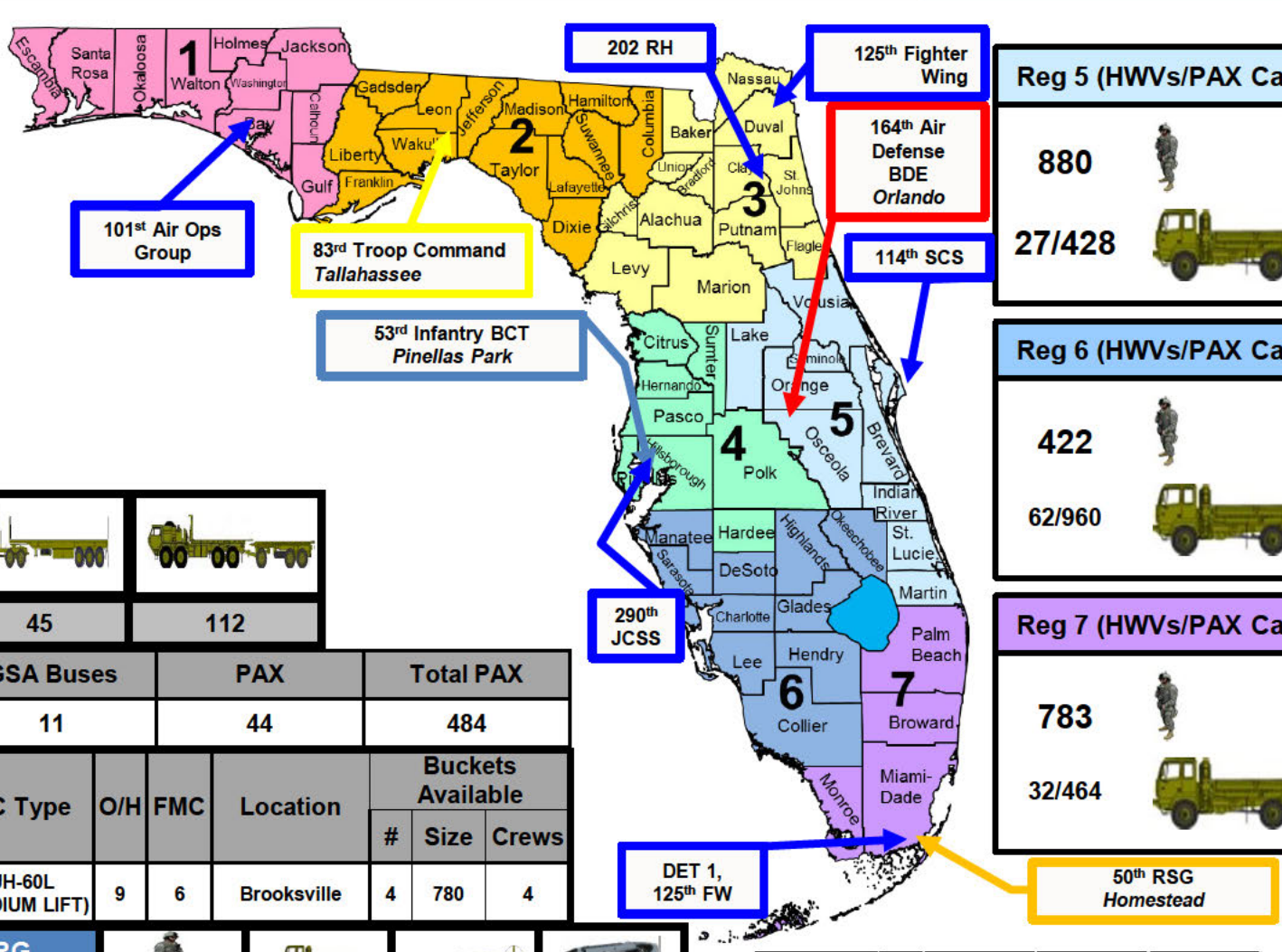
6/60

Reg 4 (HWVs/PAX Cap)

1558

246/3964

10



Reg 5 (HWVs/PAX Cap)

880

27/428

Reg 6 (HWVs/PAX Cap)

422

62/960

Reg 7 (HWVs/PAX Cap)

783

32/464

45	112

GSA Buses	PAX	Total PAX
11	44	484

AC Type	O/H	FMC	Location	Buckets Available		
				#	Size	Crews
UH-60L (MEDIUM LIFT)	9	6	Brooksville	4	780	4

ORG				
FLARNG	7129	640	26	20
FLANG	1900	20	1	0
Total	9029	660	27	20

*Equipment density adjusted for 70% OR

LEGEND	
	Soldiers/Airmen
	High Wheeled Vehicles (HMMWV, LMTV, FMTV)
	Rotary/fixed wing aircraft (UH-60, CH-47, UH-72, C-12)
	Watercraft (Rescue Boat & Zodiac)

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FLGOV-20-0699-A-000333

TAG SMART CARD QUICK LINK

Quick References

SEOC Activation Levels

Level 3 (Monitoring / Steady State): Normal conditions.

Level 2 (Partial Activation): The SERT is activated, but may not require activation of every section, branch or ESF.

Level 1 (Full Activation): The SERT has activated all sections, branches and ESFs to conduct response and recovery operations.

ESF Functions

ESF 1 - Transportation	ESF 10 - Hazmat
ESF 2 - Communications	ESF 11 - Food & Water
ESF 3 - Public Works	ESF 12 - Energy
ESF 4 - Firefighting	ESF 13 - Military Support
ESF 5 - Info and Planning	ESF 14 - Public Information
ESF 6 - Mass Care	ESF 15 - Volunteers & Donations
ESF 7 - Unified Logistics	ESF 16 - Law Enforcement
ESF 8 - Health & Medical	ESF 17 - Animal Services
ESF 9 - Search & Rescue	ESF 18 - Business, Industry and Economic Stab.

State Level Actions

Level 1	Level 2	Level 3	Level 4	Level 5
Case in the U.S., Not in Florida	Single Case in Florida	Cluster of Linked Cases in Florida	Multiple Un-linked Cases in Florida	Widespread Cases in Florida

PUBLIC AFFAIRS TALKING POINTS

***Response to Domestic Crisis*:**

- We continue to work closely with our interagency partners to strengthen detection and response to COVID-19.
- Force health protection is our top priority, and we will continue to ensure that our Florida Army and Air National Guard personnel have the most up-to-date information on appropriate measures to prevent potential spread of the virus.
- The Florida National Guard stands ready to assist our citizens as directed by the Governor.

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FLNG Available

5000*

JUN	5500	4500	2500	500	-1500	-6500
JUL	5000	4000	2000	0	-2000	-7,000
AUG	2800	1800	-200	-2200	-4200	-9,200
SEP	5000	4000	2000	0	-2000	-7,000
OCT	5000	4000	2000	0	-2000	-7,000
NOV	5000	4000	2000	0	-2000	-7,000

Mission Type	FLNG Capacity
National Guard Reaction Force (NGRF)	53rd IBCT is primary NGRF Through 30 SEP 2019. 164th ADA is alternate. The NGRF is designated to be a rapidly deploying, battalion sized (400-500 pax), "all hazards" temporary task force.
Logistics Support	FLNG is prepared to support commodity/personnel transport with 660 Troop Transport Vehicles/157 Commodity Transport Systems (Vehicle and Trailer) & 11 Buses (44PAX/Bus)
Security	FLNG forces are prepared to conduct security missions as tasked by FDEM
POD	FLNG forces are prepared to manage Points of Distribution as tasked by FDEM
CBRN Support	2ea Civil Support Teams (Pinellas Park / Camp Blanding) 22 PAX Detect / ID CERFP: Mass DECON, Search and Extraction, Fatality Search and Recovery, Medical Triage, JISCC Communications (203 PAX Joint Task Force)

Arming Levels

Arming Level	Rifle	Magazine	Chamber
1	At Sling	In pouch on belt	Empty
2	At port/sling	In pouch on belt	Empty
3	At port/sling	In weapon	Empty
4	At port/sling	In weapon	Round Chambered

FL-GOV-20-0899-A-000333

Florida's Force - Right, Ready, Relevant!

*FLNG COVID-19 Potential Mission Sets**

FLNG HSIN COVID-19 Site: https://share.dhs.gov/flngops?launcher=false

AS OF: 11 MAR 2020

Phase III – Cluster of Linked Cases in FLORIDA

CURRENT

- FL DOH Declares Public Health Emergency
- FOCUS: Containment / Isolation Measures
- SEOC Level II Manning / FLNG (Virtual)
- Expand community mitigation strategies
- Prioritized allocation of resources
- State of Emergency

Phase IV – Multiple Un-linked Cases in FLORIDA

- Implement NPIs

Phase V – Widespread Cases in FLORIDA

- Potential SEOC Level I (FULL) (Virtual)

NOTES

- 21 FL Residents Currently diagnosed in Florida (17 travel related)
- No requirements to the NG beyond the LOG Branch augmentation (2ea).
- Currently 3ea Soldiers on SAD in support of COVID-19. (LTC Evans, J5 / LTC Knox and one additional in support of DEM LOG Branch)
- NGB internal directive that "first GO is approval authority for TDY" has caused churn across the States regarding conference attendance and GOV travel
- DEM's COVID-19 Situational Update now M/W/F (ESF 13 calls in) at 1115. DOMS will call in for SA and will adjust Battle Rhythm.

CBRN Equities

CST (44 PAX / HAZMAT Tech Level PAX)

- Identify – Only State Labs have ability to identify COVID-19
- Assess – DOH / State Health continues as State OPR
- Advise – DOH / State Health continues as State OPR
- Assist – DOMS has OPR role for FLNG COVID NG mission requirements – CST personnel may augment in later Phases

Potential alternate uses: Fulltime staffing to Alternate Medical Treatment Site (AMTS) Support, O5 Level C2 Node, PPE Training for FLNG PAX, SMEs to under-resourced counties, isolated sampling.

CERFP (25 Fulltime / ~203 PAX Full mobilization of Mday force)

Search and Extraction / Medical Triage / Decon / Fatality Search and Recovery / C2 Coordination Element

Potential uses: technician / hasty decontamination, O4 level coordination node, fulltime manning resource, PPE trainers.

Use of FLNG Facilities

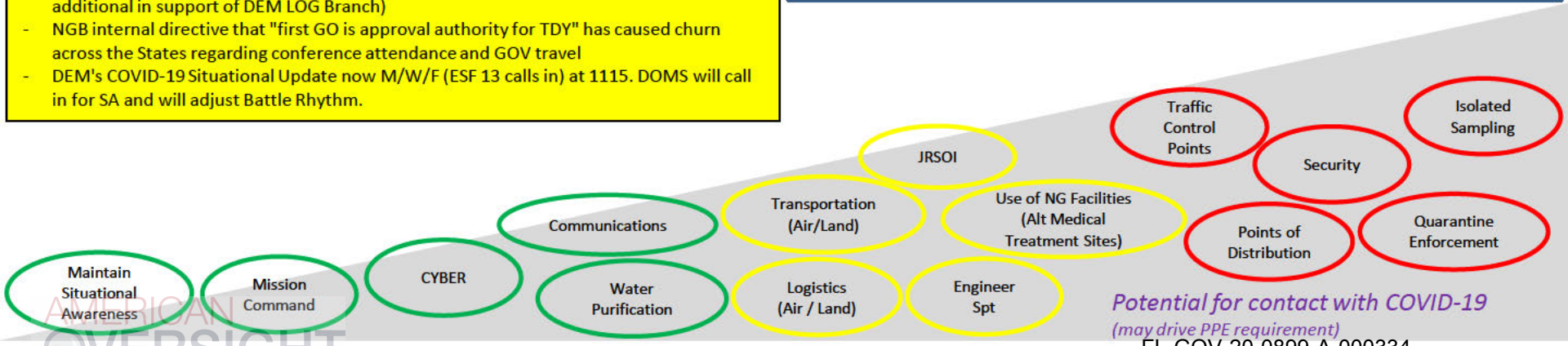
CBJTC (Regional Training Institute)

Current: 48 Rooms (private room / private bath)

Projected (with advanced notice and preparation): 118 (shared latrine)

Maximum utilization (166 rooms) may drive cancellation of training mission.

Any request for use of FLNG facilities MUST be vetted with NGB.



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FL-GOV-20-0899-A-000334

** Potential mission sets are a working list affected by COVID-19 spread, capability gaps, national TTPs, and continual communications with county, state and national authorities. Ultimately, TAG has authority to employ his assets as he sees fit to best address the needs of the State.*

From:	Beatrice, Meredith M.
To:	Strum, Shane; Moulton, Diane; Ferre, Helen; Kopelousos, Stephanie; Lukis, Adrian; Clark, David; Beaubien, Beau; Gambineri, Mara; Spencer, Chris; Ernst, Colleen; Jacquot, Joe; Russell, Tyler; Burdette,Brenda; Anna DeCerchio; Vickers, Mary Beth; Apthorp, Ashley; Schrader, Taylor
Subject:	FW: COVID-19 follow-up & Communications Contacts List
Date:	Monday, March 2, 2020 10:07:23 AM
Attachments:	EOG Communications List 03022020.xlsx DOH Press Release COVID19 March 1 2020.pdf MEMORANDUM_ Coronavirus Disease 2019 (COVID-19).pdf Executive Order 20 51.pdf

FYI – the following information was provided to agency communications directors this morning.

From: Beatrice, Meredith M.
Sent: Monday, March 2, 2020 9:59 AM
Cc: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Moscone, William <William.Moscone@eog.myflorida.com>
Subject: COVID-19 follow-up & Communications Contacts List

Good morning:

Following up to this morning's agency communications call, please review the following:

- **Department of Health's (DOH) dedicated COVID-19 webpage: www.FloridaHealth.gov/COVID-19**.
  - This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.
  - For any other questions related to COVID-19 in Florida, individuals are asked to contact DOH's COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**.**
- **Governor's Office March 1st Memorandum to Press:** See attached PDF
- **Copy of Governor's March 1st Executive Order:** See attached PDF
- **Department of Health March 1st Press Release:** See attached PDF; also pasted below for your convenience
- **EOG Communications Contacts List:** See attached excel spreadsheet for all agency contacts

Finally, please ensure you save the contact information for **Alberto Moscoso, Director of Communications, DOH: (813) 760-0149 / Alberto.Moscoso@flhealth.gov**.

Please do not hesitate to contact our team with any questions.

Sincerely,
Meredith Beatrice

AMERICAN OVERSIGHT

Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Florida Department of Health, Office of Communications <DOHcommunicatonsoffice@flhealth.gov>
Sent: Monday, March 2, 2020 12:01 AM
To: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Subject: DEPARTMENT OF HEALTH ANNOUNCES TWO PRESUMPTIVE POSITIVE COVID-19 CASES IN FLORIDA

Florida Health logo

FOR IMMEDIATE RELEASE
March 1, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ANNOUNCES TWO PRESUMPTIVE POSITIVE COVID-19 CASES IN FLORIDA

Risk to Florida Public Remains Low

TALLAHASSEE— The Florida Department of Health (Department) has announced there are two presumptive positive cases of 2019 coronavirus disease (COVID-19) in Florida. Both individuals remain in isolation at this time. Despite these cases in Florida, the overall immediate threat to the public remains low.

Governor Ron DeSantis said, "I have been working with federal partners and our Department of Health to ensure that communities are ready to handle the challenges presented by COVID-19. The dedicated professionals at our county health departments, as well as those working at local medical providers, are

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well equipped to address these and future cases. State Surgeon General Dr. Scott Rivkees has taken appropriate, decisive action to help affect the best possible outcomes, and I will continue directing our state agencies to do whatever is necessary to prioritize the health and well-being of Florida residents."

Lieutenant Governor Jeanette Nu*ñ*ez said, "Florida is a national leader in public health, and that quickly became evident as soon as we received information regarding presumptive positive cases of COVID-19 in our state. Public health teams from our Department of Health have already begun engaging with the impacted individuals and are quickly working towards identifying and contacting everyone who may be potentially affected by this virus. Thanks to the extensive preparations and tireless work the Department's staff has been undertaking since information regarding COVID-19 became available in early January, our county health departments, medical providers and all other partners in public health are well prepared to prevent the spread of COVID-19."

State Surgeon General Dr. Scott Rivkees said, "This is the scenario that we prepare for every day in public health. The Department is moving forward with the appropriate plans, and we are working directly with the Centers for Disease Control and Prevention (CDC) and local medical providers to ensure these individuals receive the proper treatment and that anyone who has come into contact with them is following the necessary protocols, limiting or stopping any further spread. Thanks to Florida's integrated public health system, we have been able to proactively engage and plan with our public health partners at every level, enabling us to take these important steps in a very expeditious manner. Our epidemiological teams are among the best in the nation, and they are right now aggressively pursuing every potential lead during these critical early moments of this outbreak in Florida."

The first patient is an adult Manatee county resident without travel history to countries identified for restricted travel by the CDC. This person did seek health care, is isolated and will continue to remain isolated until cleared by public health officials. The Florida Department of Health is working closely with the patient, their close contacts and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough, or shortness of breath.

The second patient is an adult resident of Hillsborough county with a history of travel to Italy. This person is isolated and will continue to remain isolated until cleared by public health officials.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to

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help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available Monday through Friday, 8:00am to 5:00pm.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

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The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov

Click here to unsubscribe from future mailings.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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AMERICAN OVERSIGHT

March 1, 2020

DEPARTMENT OF HEALTH ANNOUNCES TWO PRESUMPTIVE POSITIVE COVID-19 CASES IN FLORIDA

Risk to Florida Public Remains Low

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health (Department) has announced there are two presumptive positive cases of 2019 coronavirus disease (COVID-19) in Florida. Both individuals remain in isolation at this time. Despite these cases in Florida, the overall immediate threat to the public remains low.

Governor Ron DeSantis said, "I have been working with federal partners and our Department of Health to ensure that communities are ready to handle the challenges presented by COVID-19. The dedicated professionals at our county health departments, as well as those working at local medical providers, are well equipped to address these and future cases. State Surgeon General Dr. Scott Rivkees has taken appropriate, decisive action to help affect the best possible outcomes, and I will continue directing our state agencies to do whatever is necessary to prioritize the health and well-being of Florida residents."

Lieutenant Governor Jeanette Nuñez said, "Florida is a national leader in public health, and that quickly became evident as soon as we received information regarding presumptive positive cases of COVID-19 in our state. Public health teams from our Department of Health have already begun engaging with the impacted individuals and are quickly working towards identifying and contacting everyone who may be potentially affected by this virus. Thanks to the extensive preparations and tireless work the Department's staff has been undertaking since information regarding COVID-19 became available in early January, our county health departments, medical providers and all other partners in public health are well prepared to prevent the spread of COVID-19."

State Surgeon General Dr. Scott Rivkees said, "This is the scenario that we prepare for every day in public health. The Department is moving forward with the appropriate plans, and we are working directly with the Centers for Disease Control and Prevention (CDC) and local medical providers to ensure these individuals receive the proper treatment and that anyone who has come into contact with them is following the necessary protocols, limiting or stopping any further spread. Thanks to Florida's integrated public health system, we have been able to proactively engage and plan with

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our public health partners at every level, enabling us to take these important steps in a very expeditious manner. Our epidemiological teams are among the best in the nation, and they are right now aggressively pursuing every potential lead during these critical early moments of this outbreak in Florida."

The first patient is an adult Manatee county resident without travel history to countries identified for restricted travel by the CDC. This person did seek health care, is isolated and will continue to remain isolated until cleared by public health officials. The Florida Department of Health is working closely with the patient, their close contacts and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough, or shortness of breath.

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COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

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There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
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The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

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Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available Monday through Friday, 8:00am to 5:00pm.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The Department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information about the Florida Department of Health please visit www.FloridaHealth.gov.

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From: Governor"s Press Office
Bcc: ReleasesPress
Subject: MEMORANDUM: Coronavirus Disease 2019 (COVID-19)
Date: Sunday, March 1, 2020 9:38:00 PM
Attachments: Executive Order 20 51.pdf

MEMORANDUM

TO: Members of the Press

FROM: Helen Aguirre Ferré, Director of Communications, Governor Ron DeSantis

DATE: March 1, 2020

RE: Coronavirus Disease 2019 (COVID-19)

Good evening:

Tonight, Governor Ron DeSantis issued Executive Order 20-51 directing a Public Health Emergency and statewide response protocol for Coronavirus Disease 2019 (COVID-19).

A PDF copy of the Executive Order is attached.

Sincerely,

Helen Aguirre Ferré
Director of Communications
Governor Ron DeSantis

STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-51

(Establishes COVID-19 Response Protocol and Directs Public Health Emergency)

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and

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South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, in response to the recent COVID-19 outbreak in Japan, the CDC has advised older travelers and those with chronic medical conditions to avoid nonessential travel and all travelers to exercise enhanced precautions; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, two individuals in the State of Florida tested presumptively positive for COVID-19, including a resident of Manatee County and a resident of Hillsborough County; and

WHEREAS, the CDC currently recommends mitigation measures in communities with COVID-19 cases, including staying at home when sick, keeping away from others who are sick and staying at home when a household member is sick with respiratory disease symptoms or if instructed to do so by public health officials or a health care provider; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I direct the State Health Officer and Surgeon General, Dr. Scott Rivkees, to declare a public health emergency in the State of Florida, pursuant to his authority in section 381.00315, Florida Statutes. The State Health Officer is authorized and directed to use his judgment as to the duration of this public health emergency.

Section 2. In accordance with section 381.0011(7), Florida Statutes, I direct the State Health Officer to take any action necessary to protect the public health.

Section 3. I direct the State Health Officer to follow the guidelines established by the CDC in establishing protocols to control the spread of COVID-19 and educate the public on prevention.

Section 4. In accordance with section 381.0011(7), Florida Statutes, I designate the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. The State Health Officer, or his designee, shall advise the Executive Office of the Governor on the implementation of these emergency response activities.

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Section 5. All actions taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified.

Section 6. The Florida Department of Health will actively monitor, at a minimum, all persons meeting the definition of a Person Under Investigation ("PUI") as defined by the CDC for COVID-19 for a period of at least 14 days or until the PUI tests negative for COVID-19. Active monitoring by the Florida Department of Health will include at least the following:

A. Risk assessment within 24 hours of learning an individual meets the criteria for a PUI.
B. Twice-daily temperature checks.

Section 7. The Florida Department of Health, pursuant to its authority in section 381.00315, Florida Statutes, will ensure that all individuals meeting the CDC's definition of a PUI are isolated or quarantined for a period of 14 days or until the person tests negative for COVID-19.

Section 8. I hereby direct the Florida Department of Health to make its own determinations as to quarantine, isolation and other necessary public health interventions as permitted under Florida law.

Section 9. I direct all agencies under the direction of the Governor to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order. Agencies not under the direction of the Governor are requested to provide such assistance as is required.

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STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-51

(Establishes COVID-19 Response Protocol and Directs Public Health Emergency)

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, in response to the recent COVID-19 outbreak in Japan, the CDC has advised older travelers and those with chronic medical conditions to avoid nonessential travel and all travelers to exercise enhanced precautions; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95%

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alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

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Section 6. The Florida Department of Health will actively monitor, at a minimum, all persons meeting the definition of a Person Under Investigation ("PUI") as defined by the CDC for COVID-19 for a period of at least 14 days or until the PUI tests negative for COVID-19. Active monitoring by the Florida Department of Health will include at least the following:

A. Risk assessment within 24 hours of learning an individual meets the criteria for a PUI.

B. Twice-daily temperature checks.

Section 7. The Florida Department of Health, pursuant to its authority in section 381.00315, Florida Statutes, will ensure that all individuals meeting the CDC's definition of a PUI are isolated or quarantined for a period of 14 days or until the person tests negative for COVID-19.

Section 8. I hereby direct the Florida Department of Health to make its own determinations as to quarantine, isolation and other necessary public health interventions as permitted under Florida law.

Section 9. I direct all agencies under the direction of the Governor to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order.

AMERICAN OVERSIGHT

Agencies not under the direction of the Governor are requested to provide such assistance as is required.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 1st day of March, 2020.

RON DESANTIS, GOVERNOR

ATTEST:

SECRETARY OF STATE

FILED
2020 MAR -1 PM 9:31
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-51

(Establishes COVID-19 Response Protocol and Directs Public Health Emergency)

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, in response to the recent COVID-19 outbreak in Japan, the CDC has advised older travelers and those with chronic medical conditions to avoid nonessential travel and all travelers to exercise enhanced precautions; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95%

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alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, two individuals in the State of Florida tested presumptively positive for COVID-19, including a resident of Manatee County and a resident of Hillsborough County; and

WHEREAS, the CDC currently recommends mitigation measures in communities with COVID-19 cases, including staying at home when sick, keeping away from others who are sick and staying at home when a household member is sick with respiratory disease symptoms or if instructed to do so by public health officials or a health care provider; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I direct the State Health Officer and Surgeon General, Dr. Scott Rivkees, to declare a public health emergency in the State of Florida, pursuant to his authority in section 381.00315, Florida Statutes. The State Health Officer is authorized and directed to use his judgment as to the duration of this public health emergency.

Section 2. In accordance with section 381.0011(7), Florida Statutes, I direct the State Health Officer to take any action necessary to protect the public health.

Section 3. I direct the State Health Officer to follow the guidelines established by the CDC in establishing protocols to control the spread of COVID-19 and educate the public on prevention.

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Section 4. In accordance with section 381.0011(7), Florida Statutes, I designate the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. The State Health Officer, or his designee, shall advise the Executive Office of the Governor on the implementation of these emergency response activities.

Section 5. All actions taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified.

Section 6. The Florida Department of Health will actively monitor, at a minimum, all persons meeting the definition of a Person Under Investigation ("PUI") as defined by the CDC for COVID-19 for a period of at least 14 days or until the PUI tests negative for COVID-19. Active monitoring by the Florida Department of Health will include at least the following:

A. Risk assessment within 24 hours of learning an individual meets the criteria for a PUI.

B. Twice-daily temperature checks.

Section 7. The Florida Department of Health, pursuant to its authority in section 381.00315, Florida Statutes, will ensure that all individuals meeting the CDC's definition of a PUI are isolated or quarantined for a period of 14 days or until the person tests negative for COVID-19.

Section 8. I hereby direct the Florida Department of Health to make its own determinations as to quarantine, isolation and other necessary public health interventions as permitted under Florida law.

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AMERICAN OVERSIGHT

Agencies not under the direction of the Governor are requested to provide such assistance as is required.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 1st day of March, 2020.

RON DESANTIS, GOVERNOR

ATTEST:

SECRETARY OF STATE

FILED
2020 MAR -1 PM 9:31
TALLAHASSEE, FLORIDA

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FL-GOV-20-0899-A-000354

From:	Moulton, Diane
To:	Stephanie Kopelousos (Stephanie.kopelousos@eog.myflorida.com)
Subject:	FW: CSX letter regarding essential services designation
Date:	Wednesday, March 18, 2020 1:59:00 PM
Attachments:	image001.png NDG Letter to Gov DeSantis 3 17 20.pdf

FYI

From: Camuso, Craig <Craig_Camuso@CSX.com>
Sent: Wednesday, March 18, 2020 1:38 PM
To: Strum, Shane <Shane.Strum@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Cc: Bussey, Jon <jon.bussey@em.myflorida.com>; Thibault, Kevin <kevin.thibault@dot.state.fl.us>; Schuessler, S <sschuessler@thefiorentinogroup.com>; O'Rourke, Gerard <gerard.orourke@dot.state.fl.us>
Subject: CSX letter regarding essential services designation

Governor DeSantis,

Please find attached letters from the Executive Vice President and Chief Legal Officer of my company CSX Transportation, and the American Association of Railroads (AAR), requesting that CSX be recognized as essential in providing goods and services during the COVID-19 crisis.

In the event an executive order is considered or issued regarding operating, we'd like to be assured our employees and contractors can continue to work to help ensure the movement of commerce throughout the state and nation.

Thank you very much for your leadership during this time and please don't hesitate to call on us if we can be of any assistance.

Sincerely,

Craig Camuso

Craig Camuso
Regional Vice President - State Government Affairs
CSX Transportation
1590 Marietta Blvd.
Atlanta, GA 30318
404-350-5227 wk
678-699-2335 cell
Craig_Camuso@csx.com



AMERICAN OVERSIGHT

CSX CORPORATION

500 Water Street (C160)
Jacksonville, FL 32202
Phone: (904) 366-4245
E-Mail: Nathan_Goldman@csx.com

NATHAN D. GOLDMAN
Executive Vice President &
Chief Legal Officer

March 17, 2020

Honorable Ron DeSantis, Governor
The Capitol
400 South Monroe Street
Tallahassee, FL 32399

Dear Governor DeSantis:

CSX Transportation operates in your state as a critical component of the food, consumer, clean water, and industrial supply chain. We appreciate your continued partnership in safe freight railroad operations in your state during the Covid-19 conditions. As such, we appreciate your specific exemptions from curfews, operational mandates, and other directives to less-critical industries. We wish to continue to be included in such exemptions as further directives may be issued. CSX has, however, imposed strict travel, social distancing, and healthy operational policies consistent with public safety in your state.

Attached is our national industry letter used in times of severe weather or serious disruptions.

Please do not hesitate to call me at 904-366-4245.

In addition, you or your emergency management personnel can call our 24/7 hotline at 1800-232-0144.

Thank you for your continued partnership in a healthy supply chain.

Sincerely,

Nathan D. Goldman

AMERICAN OVERSIGHT

ASSOCIATION OF
AMERICAN RAILROADS

Thomas L. Farmer
Assistant Vice President – Security

March 16, 2020

Christopher Bennett
Director, Public Safety Communications Center
CSX Transportation
6425 Southpoint Parkway
Jacksonville, FL 32216
Office: 904-366-5648 / Cell: 904-540-6001
Email: Christopher_Bennett@csx.com
Emergency Response Center (24/7) – 1-800-232-0144

LETTER OF ACCESS: COVID-19 RESTRICTED AREAS
CONTRACTORS OF CSX TRANSPORTATION

This Letter of Access is prepared, disseminated, and used by the railroad industry in accordance with best practices and recommended preparedness measures for access and re-entry in the Crisis Event Response and Recovery Access (CERRA) Framework, produced in a joint government-industry effort led by the Department of Homeland Security (DHS) and the Emergency Services Sector Coordinating Council (SCC) and issued and approved for usage in March 2018.

On matters relating to critical infrastructure protection and resilience, the Association of American Railroads (AAR), as manager of the Rail SCC established pursuant to the National Infrastructure Protection Plan (NIPP), works in concert with DHS and its components, including the Federal Emergency Management Agency (FEMA), as well as the Department of Transportation (DOT) and Federal Railroad Administration (FRA), on preparedness for timely and effective protective and response measures.

The rapid spread of coronavirus disease 2019 (COVID-19) in the United States since late January 2020 has necessitated a range of actions by federal, state, and local authorities to contain the virus and mitigate its effects.

- Assessments by medical experts with the Centers for Diseases Control and Prevention (CDC) and the Department of Health and Human Services (HHS), briefed to representatives of industries across sectors in recurring teleconferences held by DHS's Cybersecurity and Infrastructure Security Agency (CISA), project sustained expansion of community spread during the next several months – in scope of geographic areas affected and volumes of confirmed infections.
- On March 13, 2020, President Donald J. Trump declared a national emergency to support containment and mitigation of COVID-19 and address the significant public health and national and economic security implications. This declaration engages the full authorities and resources of FEMA for emergency preparedness and response.

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- The virus has spread to all states and the District of Columbia – with governors, mayors, and county executives issuing declarations of emergency as well.
- Among the measures that state and local authorities may implement to contain COVID-19 spread is establishment of "containment areas," "quarantine zones," or other forms of geographically defined restrictions on access and specified activities.

In the event of such restrictions imposed in local areas as part of a containment and mitigation strategy, the potential preclusion of worker access to infrastructure and facilities in the covered zones could impede operations of railroads, freight and passenger. The order for quarantine or containment would likely not be directed at railroad operations or infrastructure – but those activities and sites will be within defined areas of quarantine, containment, or restriction zones.

In the interests of the welfare of residents and businesses in areas affected by such conditions and of maintaining essential supply chains, it is critical to assure continued rail operations – as safe conditions allow. For this purpose, law enforcement officers and emergency management officials, charged with responsibility for oversight and access control at areas affected by restrictions imposed as part of an overall strategy to contain the spread of COVID-19, are respectfully asked to:

- Grant the contractors of **CSX Transportation**, with proper photographic identification and as safe conditions allow, approval to cross police lines, road blocks, and control points in direct support of activities to maintain safe and efficient train operations, in furtherance of community relief, interstate commerce, and sustained supply chains.

Railroad contractors permitted access will abide by the directives of local authorities on protective measures to maintain while in zones under restrictions.

To support sustained operations, contractors granted access may need to bring railroad equipment into, or use trains, trucks, automobiles, and other vehicles in, the affected area.

This correspondence is valid for the period of **March 16 to September 30, 2020**.

Questions concerning this correspondence may be directed to me via the contact means indicated in the signature block below.

Sincerely,



Thomas L. Farmer
Assistant Vice President – Security
Association of American Railroads (AAR)
425 Third Street SW – Suite 900
Washington, DC 20024
Cell: 202-815-0500
Email: tfarmer@aar.org
Railway Alert Network: 866-494-4353 / 202-639-2910

AMERICAN OVERSIGHT

From: Strum, Shane
To: Marquez, Jonas
Subject: FW: Call at 8:15 p.m.
Date: Tuesday, March 10, 2020 8:49:30 PM

See names below.

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Tuesday, March 10, 2020 8:23 PM
To: Strum, Shane <Shane.Strum@eog.myflorida.com>
Subject: RE: Call at 8:15 p.m.

People on the call.

Dr. Robert Redfield, *Director, Centers for Disease Control and Prevention (CDC)*
Dr. Anthony Fauci, *Director, National Institute of Allergy and Infectious Diseases (NIAID)*
Olivia Troye, *Special Advisor to the Vice President of the United States for Homeland Security, Counterterrorism, and Western Hemisphere, National Security Council*

From: Pottebaum, Nic D. EOP/WHO
Sent: Tuesday, March 10, 2020 8:11 PM
To: 'shane.strum@eog.myflorida.com' <shane.strum@eog.myflorida.com>
Subject: Call at 8:15 p.m.

Call-In Information
Dial-In: (202) 395-6392
Code: [redacted]

AMERICAN OVERSIGHT

From: Jacquot, Joe
To: Kraeft, Erin
Subject: FW: CaseMail: An Opinion(Reversed) has been issued in case: 18-1968 (Category: Other)
Date: Monday, March 2, 2020 11:30:00 AM
Attachments: image018.png
image019.png
image020.png
image021.png
image003.png
AB.PDF
IB.PDF
RB.PDF
FO1.pdf

Erin – would you print these for me at your convenience?

From: Treadwell, Ray <Ray.Treadwell@myfloridalicense.com>
Sent: Monday, March 2, 2020 10:39 AM
To: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; Uthmeier, James <James.Uthmeier@eog.myflorida.com>
Cc: Pratt, Joshua <Joshua.Pratt@eog.myflorida.com>; Whealdon, Joseph <Joseph.Whealdon@myfloridalicense.com>; Marshman, Ross <Ross.Marshman@myfloridalicense.com>
Subject: RE: CaseMail: An Opinion(Reversed) has been issued in case: 18-1968 (Category: Other)

See attached Final Order from DOAH and the appellate briefs on this question.

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Jacquot, Joe [mailto:Joe.Jacquot@eog.myflorida.com]
Sent: Monday, March 2, 2020 10:27 AM
To: Treadwell, Ray; Uthmeier, James
Cc: Pratt, Joshua; Whealdon, Joseph; Marshman, Ross
Subject: RE: CaseMail: An Opinion(Reversed) has been issued in case: 18-1968 (Category: Other)

Ray – will you send me the briefs – Initial, Answer, Reply – at the 2nd DCA? Thanks.

From: Treadwell, Ray <Ray.Treadwell@myfloridalicense.com>
Sent: Friday, February 28, 2020 9:28 AM
To: Uthmeier, James <James.Uthmeier@eog.myflorida.com>

AMERICAN OVERSIGHT

Cc: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; Pratt, Joshua <Joshua.Pratt@eog.myflorida.com>; Whealdon, Joseph <Joseph.Whealdon@myfloridalicense.com>; Marshman, Ross <Ross.Marshman@myfloridalicense.com>
Subject: FW: CaseMail: An Opinion(Reversed) has been issued in case: 18-1968 (Category: Other)

Hi James,

We received an unfortunate decision from the Second DCA today. They ruled that the $50k cap on attorney's fees following a rule challenge only applies per petition, not per case. They reversed the ALJ's decision holding that the cap applies in the aggregate. Thus, a consolidated case leaves an agency susceptible to much more than 50k in fees, depending on how many cases or petitions have been consolidated. Obviously, a skilled attorney will now file multiple, related petitions to multiply the 50k cap as much as he pleases.

We should probably discuss whether this is worth appealing to the Florida Supreme Court. It has implications across all agencies.

I'm available to discuss at your convenience.

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Syfrett, Kathleen
Sent: Friday, February 28, 2020 8:48 AM
To: Treadwell, Ray
Subject: FW: CaseMail: An Opinion(Reversed) has been issued in case: 18-1968 (Category: Other)

Here's the Opinion in Tampa Bay Downs

From: eFile2DCA@flcourts.org [mailto:eFile2DCA@flcourts.org]
Sent: Friday, February 28, 2020 8:42 AM
To: Marshman, Ross; ross.marshman@gmail.com; Syfrett, Kathleen
Subject: CaseMail: An Opinion(Reversed) has been issued in case: 18-1968 (Category: Other)

An opinion has been issued in the above referenced case. You may use the link below to view the opinion or you can log on eDCA to access the opinion.
https://edca.2dca.org/eOrder.aspx?id=108271-117676-4471285-239999
Please DO NOT respond to this email. It was sent from an unattended mailbox.

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2DCA CaseMail

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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RECEIVED, 12/5/2018 4:25 PM, Clerk, Second District Court of Appeal

In the Second District Court of Appeal
State of Florida

Case No.: 2D18-1968
L.T. Case Nos.: 16-5682F, 16-5683F, 16-5684F, 16-5685F, 16-5686F, 16-5687F, 16-5688F, and 16-5689F

Tampa Bay Downs, Inc. and TBDG Acquisition, LLC, d/b/a TGT Poker & Racebook,

Appellants,

v.

Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering,

Appellee.

An Appeal of a Final Order from the Division of Administrative Hearings

Appellee Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering's Answer Brief

Ross Marshman
Fla. Bar. No.: 98009
Chief Appellate Counsel
Department of Business & Professional Regulation
2601 Blair Stone Rd.
Tallahassee, FL 32399
P: (850) 717-1197; F: (850) 414-6749
ross.marshman@myfloridalicense.com
Counsel for Appellee

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Introduction

This is an appeal of an administrative law judge's final order that awarded a single, collective award of $50,000.00 of attorney's fees and some costs, pursuant to section 120.595(2), Florida Statutes, to a group of petitioners. The award did not include costs associated with the preparation of a pre-litigation lower cost regulatory alternative proposal. This final order is an appealable final agency action. *See* § 120.68(1)(a), Fla. Stat. (2018). The issue addressed in this brief is whether section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00, or permits multiple per-party awards of fees, each capped at $50,000.00.

In this answer brief, citations to the record on appeal are designated "R" followed by the appropriate page number(s), e.g., (R. 100). Citations to the Appellants' initial brief are designated as "IB" followed by the appropriate page number(s), e.g., (IB. 10).

Statement of the Case and Facts

This appeal arises from a final order of an administrative law judge ("ALJ") ordering the Appellee, Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering ("Department"), to pay $50,000.00 in attorney's fees and some costs to petitioners Tampa Bay Downs, Inc., and TBDG Acquisition, LLC, d/b/a TGT Poker & Racebook (the "Appellants"). (*See* R. 372-

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384.) This award of attorney's fees and some costs also included petitioners Dania Entertainment Center, LLC, Daytona Beach Kennel Club, Inc., Jacksonville Kennel Club, Inc., Melbourne Greyhound Park, LLC, Bonita-Fort Myers Corporation, Investment Corporation of Palm Beach, and West Flagler Associations, Ltd. (the "other Petitioners"). (*See* Id.) The other Petitioners have filed a separate appeal of this award. *See* Notice of Appeal, *Dania Entertainment Center, et al. v. Dep't of Bus. and Prof'l Regulation, Div. of Pari-Mutuel Wagering*, Case No. 2D18-1967 (Fla. 2nd DCA May 18, 2018).

The Appellants' statement of the case and facts is incomplete so the Department offers the following to more fully aid this Court in its review.

The Original Rule Challenge and Order

The Appellants and other Petitioners successfully challenged the Department's proposed repeal of rules 61D-11.001(17) and 61D-11.002(5), Florida Administrative Code, at the Division of Administrative Hearings ("DOAH"). (*See* R. 257-258.) Afterwards, counsel for the Appellants and counsel for the other Petitioners filed separate motions for attorney's fees on behalf of their clients. (*See* Id.) The First District Court of Appeal affirmed the ALJ's final order and granted the Appellants' and other Petitioners' motions for attorney's fees. (*See* R. 258.) The matter was then remanded to DOAH for an ALJ to assess the appropriate amount of fees and costs. (*See* Id.)

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An ALJ combined the Appellants' and other Petitioners' motions for attorney's fees and costs into one, bifurcated administrative proceeding. (*See* R. 34-38; 59-64.) The ALJ issued a partial final order which addressed whether section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00, or a per-party award of fees, each capped at $50,000.00. (*See* R. 253-279.) The ALJ issued a later, separate final order which addressed whether costs associated with the creation of a pre-litigation lower cost regulatory alternative proposal are taxable litigation costs within the meaning of section 120.595(2), Florida Statutes. (*See* R. 372-384.) This issue was not raised by the Appellants in their initial brief, however, so it will not be addressed in this answer brief. In any event, the final order incorporated the findings of fact and conclusions of law from the earlier partial final order. (*See* R. 378.)

ALJ's Ultimate Findings of Fact

Each of the Appellants had filed nearly identical petitions challenging the Department's proposed repeal of rules 61D-11.001(17) and 61D-11.002(5), Florida Administrative Code, at DOAH. (*See* R. 260-261.) The Appellants were all represented by the same counsel. (*See* R. 261.) The other Petitioners filed their own petitions challenging the same rules' proposed repeal which were substantively the same as the Appellants' petitions. (*See* Id.) The other Petitioners were all represented by the same counsel. (*See* Id.) The similarities between the

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two groups' petitions suggested a high degree of coordination between counsel for the Appellants and counsel for the other Petitioners. (*See* Id.) That being said, there was no indication that either of the two groups attempted to inflate their attorney's fees in any way. (*See* R. 273.) The Appellants and the other Petitioners relied on the exact same exhibits during the final hearing. (*See* Id.) The only testimony offered into evidence from a petitioner was from a representative of the other Petitioner Jacksonville Kennel Club, Inc. (*See* Id.) In other words, no testimony was introduced from representatives of any Appellant or from a representative of any of the other Petitioners besides Jacksonville Kennel Club, Inc.

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FL-GOV-20-0899-A-000371

Summary of the Argument

This Court should affirm the ALJ's final order because section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00. The facts of this case are not in dispute. Instead, this appeal turns on the proper interpretation of section 120.595(2), Florida Statutes.

By its express terms, section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00. The language of section 120.595(2), Florida Statutes, is clear and unambiguous. As such, its plain and ordinary meaning must control. Section 120.595(2), Florida Statutes, unequivocally states that "[n]o award of attorney's fees as provided by this subsection shall exceed $50,000.00." By its express terms, then, section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00. To interpret the section in any other way would stray from the mandated strict interpretation and impermissibly extend or modify the section's express terms or its reasonable and obvious implications.

The legislative history of section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees. Nothing contained in the legislative bill analyses demonstrates anything contrary to the express terms of section 120.595(2), Florida Statutes, which mandate a single, collective award of attorney's fees. But even if this Court is convinced that the Legislature meant

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otherwise, this Court cannot deviate from the plain language of the statute which mandates a single, collective award of attorney's fees.

The purpose behind section 120.595(2), Florida Statutes, corresponds with a single, collective award of attorney's fees. Such an award is meant to "level the playing field" between administrative agencies representing state government and those that challenge such an agency's action. It is not meant to reward the well-coordinated and simultaneous efforts of individual entities seeking the exact same relief via nearly identical means as if those same entities brought separate, individualized challenges to the same agency action while relying on separate facts or varying legal theory to support their challenges.

Administrative case law interpreting section 120.595(2), Florida Statutes, points to a single, collective award of attorney's fees. Several important factors become apparent in the administrative case law's interpretation of section 120.595(2), Florida Statutes. Those factors include a) whether the petitioners had a common goal; b) the level of similarity between the parties' petitions challenging agency action; c) the degree of coordination between the parties; d) if the parties bring different perspectives to the cases; and e) if the parties sought individual redress or damages. Applying these factors to this case leads to a single, collective award of attorney's fees, capped at $50,000.00, to be divided amongst the Appellants and other Petitioners.

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Standard of Review

An administrative law judge's conclusions of law are subject to de novo review. *See Goodman v. Fla. Dep't of Law Enf't*, 238 So. 3d 102, 108 (Fla. 2018) (internal citation omitted).

Argument

I. This Court should affirm the ALJ's final order.

As an initial matter, "an award of attorney's fees is contrary to the common law principle that each party must pay for its own attorneys' fees." *See Attorney's Title Ins. Fund., Inc. v. Gorka*, 36 So. 3d 646, 649 (Fla. 2010). Accordingly, a statute that awards attorney's fees must be strictly construed. *See Diamond Aircraft Indus., Inc. v. Horowitch*, 107 So. 3d 362, 367 (Fla. 2013). Section 120.595, Florida Statutes, is no exception. *See e.g. Dep't of Ins. v. Fla. Bankers Ass'n*, 764 So. 2d 660 (Fla. 1st DCA 2000) (refusing to award fees to a non-attorney as such an award was not authorized by section 120.595(2), Florida Statutes); *Dep't of Health v. Discovery Experimental & Dev., Inc.*, 767 So. 2d 1244 (Fla. 1st DCA 2000) (reversing portion of ALJ's award of attorney's fees attributable to travel expenses because section 120.595(2), Florida Statutes, does not expressly authorize such expenses); *see also Agency for Health Care Admin. v. HHCI Ltd. P'ship*, 865 So. 2d 593 (Fla. 1st DCA 2004) ("[A]lthough section 120.595(4)[Florida Statutes,] does not specifically foreclose recovery of all legal

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fees incurred by a party to whom an agency applies an unlawful non-rule policy, it does not on its face allow those fees either.").

A. The plain language of section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees.

"The cardinal rule of statutory construction is that a statute should be construed so as to ascertain and give effect to the intention of the Legislature as expressed in the statute." *Gaulden v. State*, 195 So. 3d 1123, 1125 (Fla. 2016) (internal citation omitted). The plain language of the statute must be examined first. *See Kumar v. Patel*, 227 So. 3d 557, 559 (Fla. 2017). "When a statute is clear and unambiguous, courts will not look behind the statute's plain language for legislative intent or resort to rules of statutory construction to ascertain intent." *Daniels v. Fla. Dep't of Health*, 898 So. 2d 61, 64 (Fla. 2005).

Florida's Administrative Procedures Act includes provisions for attorney's fees. For challenges to proposed agency rules, section 120.595(2), Florida Statutes, reads:

> If the appellate court or administrative law judge declares a proposed rule or portion of a proposed rule invalid pursuant to [section 120.56(2), Florida Statutes], a judgment or order shall be rendered against the agency for reasonable costs and reasonable attorney's fees, unless the agency demonstrates that its actions were substantially justified or special circumstances exist which would make the award unjust. An agency's actions are "substantially justified" if there was a reasonable basis in law and fact at the time the actions were taken by the agency. If the agency prevails in the proceedings, the appellate court or administrative law judge shall award reasonable costs and reasonable attorney's fees against a party if the appellate court or

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> administrative law judge determines that a party participated in the proceedings for an improper purpose as defined by paragraph (1)(e). No award of attorney's fees as provided by this subsection shall exceed $50,000.

(Emphasis added). Similarly, for challenges to existing rules or agency statements defined as unadopted rules, if an agency prevails in such a challenge, it shall be awarded its reasonable attorney's fees "against a party" if certain conditions are satisfied. *See* §§ 120.595(3) and (4), Fla. Stat. (2018). In both instances, too, no award of attorney's fees can exceed $50,000.00. *See* Id.

The language of section 120.595(2), Florida Statutes, is clear and unambiguous. "A statute is 'ambiguous' when its language is subject to more than one reasonable interpretation and may permit more than one outcome." *Nicarry v. Eslinger*, 990 So. 2d 661, 664 (Fla. 5th DCA 2008) (*citing Hess v. Walton*, 898 So. 2d 1046, 1049 (Fla. 2d DCA 2005)). Section 120.595(2), Florida Statutes, unequivocally states that "[n]o award of attorney's fees as provided by this subsection shall exceed $50,000.00." By its express terms, then, section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00. This portion cannot be reasonably read in any other way and not depart from the mandated strict construction of the clear and unambiguous language.

The Appellants' interpretation extends and modifies the statutory language. This Court, along with the Appellants, "[is] without power to construe an

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unambiguous statute in a way which would extend, modify, or limit, its express terms or its reasonable and obvious implications." *Bennett v. St. Vincent's Med. Ctr., Inc.*, 71 So. 3d 828, 838 (Fla. 2011) (internal citation omitted). The Appellants interpret section 120.595(2), Florida Statutes, to mean that the Appellants should each be awarded their attorney's fees, capped at $50,000.00, and the other Petitioners should receive their own separate reward of attorney's fees, capped at $50,000.00. (*See* IB. 5.) But in order to reach that conclusion, the Appellants ignore the actual language of section 120.595(2), Florida Statutes, and read it as if it also included something to the effect of "each prevailing party is entitled to an award of its reasonable attorney's fees, up to $50,000." (*See* Id.) Such phrasing, however, does not appear anywhere in section 120.595, Florida Statutes, let alone section 120.595(2), Florida Statutes.

The Appellants' other arguments fail. The Appellants argue that the "only legal basis" for a single, combined award of attorney's fees was the consolidation of the various petitioners' challenges. (*See* IB. 5-7.) This argument fails because it ignores the express terms of section 120.595(2), Florida Statutes, which mandate a single, collective award of attorney's fees capped at $50,000.00. The otherwise missing phrase "each prevailing party" is integral to the Appellants' other arguments which also fail. Even though a petitioner is required to file a motion in order to receive an award of its attorney's fees as the Appellants point out (*see* IB.

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7), nothing about that fact means that multiple awards are authorized by section 120.595(2), Florida Statutes. The Appellants are adding to the statute and treating it as if it read something to the effect of "each prevailing party must file its own motion in order to receive a separate award of its attorney's fees." Again, such a reading impermissibly strays from the mandated strict construction of the statute's plain language as it is actually written. Finally, whether appellate attorney's fees are handled separately from trial-level attorney's fees has no bearing on this case. That fact does not change the express terms of section 120.595(2), Florida Statutes, which mandate a single, collective award of attorney's fees capped at $50,000.00. Accordingly, the Appellants emphasis (*see* IB. Id.) on this fact is misplaced.

The Appellants' reliance on various canons of construction cannot change the way section 120.595(2), Florida Statutes, is actually written. Section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00. Contrary to the Appellants' assertion otherwise (*see* IB. 8), nothing about the section's surrounding words changes that fact. The same can be said about how the Appellants read section 120.595(2), Florida Statutes, in conjunction with other statutes (*see* IB. 9-10) – another statutes' language does not change the clear and unambiguous language of section 120.595(2), Florida Statutes, which mandates a single, collective award of attorney's fees capped at $50,000.00. Far from adding to the language of section 120.595(2), Florida

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Statutes, as the Appellants argue (see IB. 8-9), the Department simply reads the plain language of the statute as it is written to conclude that a single, collective award of attorney's fees is capped at $50,000.00 – the statute says "[n]o award of attorney's fees as provided by this subsection shall exceed $50,000." § 120.595(2), Fla. Stat. Nothing can change the way the statute is actually written, including what the Appellant refers to as the principle of reciprocal attorney's fees. (*See* IB. 11-12.) Accordingly, this argument fails, too.

B. The legislative history of section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees.

When a statute's language is ambiguous, courts may examine the legislative history to aid in its determination regarding legislative intent. *See Diamond Aircraft* 107 So. 3d at 367. "Staff analyses of legislation should be accorded significant respect in determining legislative intent." *State, Dep't of Envtl. Regulation v. SCM Glidco Organics, Corp.*, 606 So. 2d 722, 725 (Fla. 1st DCA 1992).

Legislative analysis of section 120.595, Florida Statutes, does not point to anything other than a single, collective award of attorney's fees. The Final Bill Analysis and Economic Impact statement for chapter 96-159, Laws of Florida, the law which first created section 120.595(2), Florida Statutes, does not state that "each prevailing party is entitled to an award of its reasonable attorney's fees." To the contrary, it mandated a single, collective award. *See Final Bill Analysis &*

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Economic Impact Statement at 35 ("An award of attorney's fees under these provisions shall not exceed $15,000."). Section 120.595(2), Florida Statutes, was amended in 2008 and the $15,000.00 cap was raised to $50,000.00. *See* Ch. 2008-104, section 13, at 19-20, Laws of Florida. And, again, legislative analysis of the newly amended section 120.595(2), Florida Statutes, did not indicate that "each prevailing party is entitled to an award of its reasonable attorney's fees." Instead, it simply reiterated the language of section 120.595(2), Florida Statutes, and explained, in part, that the cap was being raised. *See* Fla. S. Transportation & Economic Development Appropriations Comm. CS/CS/SB 704 (Reg. Sess. 2008) Staff Analysis, at 16 (Apr. 2008) *available at https://archive.flsenate.gov/data/session/2008/Senate/bills/analysis/pdf/2008s0704.ta.pdf*. In sum, neither analysis points to anything other than a single, collective award of attorney's fees.

In any event, nothing contained in the legislative analysis can change the plain language of section 120.595(2), Florida Statutes. "Legislative history cannot be used to change the plain and clear language of a statute." *Fla. Dep't of Revenue v. Fla. Mun. Power Agency*, 789 So. 2d 320, 324 (Fla. 2001). By its express terms, section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00. Therefore, even if the legislative analysis did indicate that the legislature meant to include language such as "each prevailing

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party is entitled an award of its reasonable attorney's fees," this wholly absent phrase cannot be read into the plain language of section 120.595(2), Florida Statutes. Accordingly, the Appellants' reliance on what it impermissibly reads into the legislative analysis (*see* IB. 17-18) cannot change the plain language of section 120.595(2), Florida Statutes.

C. A single, collective award of attorney's fees comports with the purpose of section 120.595(2), Florida Statutes.

The purpose behind section 120.595(2), Florida Statutes, corresponds with a single, collective award of attorney's fees. Such an award is meant to "level the playing field" between administrative agencies representing state government and those that challenge such an agency's action. *See Johnson v. Dep't of Corrections*, 191 So. 3d 965, 968 (Fla. 1st DCA 2016). The award must also be reasonable. *See* § 120.595(2), Fla. Stat. ("[A] a judgment or order shall be rendered against the agency for reasonable costs and reasonable attorney's fees.") A "level playing field," however, does not mean that a group of petitioners working together to challenge the same state government action should be awarded as if they were bringing separate, distinct challenges. Aside from not being what the statute expressly permits, that is not reasonable.

In this case, the Appellants brought nearly identical challenges to the Department's proposed repeal of two of its rules. The Appellants were represented by the same law firm. The Appellants relied on the same set of facts to support

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their consolidated challenges. The Appellants relied on the same identical legal theory to support their consolidated challenges. In other words, the Appellants presented themselves as if they were one, unified petitioner. As such, a "level playing field" would treat them as if they were just one petitioner. Otherwise, any number of challengers could band together while being represented by the same firm, coordinate their efforts, rely on a singular set of facts and theory of law, and be rewarded as if they hired separate counsel or relied on separate circumstances or unique legal theory. Stated another way, a "level playing field" would not reward identical effort more than once. That would not be reasonable.

The same could be said about a single collective award of attorney's fees to the Appellants and other Petitioners. Counsel for the Appellants and counsel for the other Petitioners coordinated their efforts – their petitions challenging agency action were substantially the same. The Appellants and other Petitioners relied on the same set of facts and law and have raised almost identical issues in their briefs. Only one party representative of the other Petitioners provided any testimony during the underlying rule challenge proceedings. The Appellants and other Petitioners did not bring unique perspectives to this case. The so-called "collective action problem" (*see* IB. 16) is illusory because, again, the statutory language mandates a single, collective award of fees capped at $50,000.00. Likewise, the Appellants' arguments (*see* IB. 23) about how attorney's fees can be used to

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encourage settlement in rule challenge litigation are equally unconvincing when compared to what the plain language actually provides. Accordingly, a level playing field would treat the Appellants and other Petitioners as a unified petitioner and reward them accordingly. That would be reasonable.

D. This Court should adopt the legal analyses from administrative case law interpreting section 120.595(2), Florida Statutes, as awarding a single, collective award of attorney's fees to multiple petitioners.

This Court should endorse the holdings of *Patel, et al. v. Bd. of Pharmacy*, Case No. 08-2728 (Fla. DOAH July 30, 2009) (14 consolidated cases) and *G.B., et al. v. Agency for Persons with Disabilities*, Case No. 14-4173 (Fla. DOAH Mar. 24, 2015) (four consolidated cases). In doing so, this Court would ensure that the $50,000.00 cap on a single, collective award of attorney's fees from section 120.595(2), Florida Statutes, is correctly applied in this case. Even if these two cases are solely examined as if they contained nothing more than an analysis of the reasonableness of the attorney's fees as the Appellants' suggest (*see* IB. 18-19), their analyses are still instructive and lead to the same result.

This case is similar to *Patel* and should be decided in the same way. Patel and 13 other petitioners each filed separate challenges against a series of policy statements made by the Board of Pharmacy that had not been adopted as rules. *See Patel* 08-2728 at 6. Patel and the 13 other petitioners were represented by the same law firm. *See* Id. at 7. Separate challenges were filed so as to increase the

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amount of attorney's fees. *See* Id. at 8. Regardless, Patel and the 13 other petitioners had the same identical goal: to be allowed to sit for professional licensure examination. *See* Id. The individual petitions were nearly identical. *See* Id. at 9. Patel and the 13 other petitioners did not bring different perspectives to the case. *See* Id. at 42. In fact, the ALJ determined that Patel and the 13 other petitioners "were all in the same boat." *See* Id. Ultimately, Patel and the 13 other petitioners were awarded a single, collective award of attorney's fees pursuant to section 120.595(3), Florida Statutes. *See* Id. at 58.

In this case, the Appellants were unquestionably "all in the same boat" as much as the petitioners in *Patel*. While each of the Appellants and other Petitioners filed their own separate rule challenge petition, like Patel's and the 13 other petitioners', the Appellant's petitions were nearly identical and sought the exact same relief. Patel and the 13 other petitioners, like the Appellants, were represented by the same firm. Likewise, neither Patel and the 13 other petitioners nor the Appellants and other Petitioners brought different perspectives to the case – each of the Appellants and other Petitioners were going to be impacted by the Department's proposed repeal of its two rules the same way. Accordingly, this Court should also award a single, collective award of attorney's fees in this case. Such an award would be reasonable.

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This case is also similar to *G.B.* and should be decided the same way. G.B. and the other three petitioners prevailed in a challenge against two of the Agency for Persons with Disabilities' proposed rules. *See G.B.* 14-4173 at 2. The challengers in *G.B.* were all represented by the same counsel. *See* Id. at 1. G.B. and the other petitioners had filed one petition challenging the proposed rules and sought identical relief. *See* Id. at 13. In other words, G.B. and the other petitioners relied on the same facts and same legal theory. G.B. and other petitioners were not seeking "individual redress or damages." *See* Id. During the underlying administrative hearing, only one of the petitioners provided any testimony. *See* Id. at 14. The ALJ in *G.B.* ultimately awarded a single, collective award of attorney's fees, capped at $50,000.00. *See* Id. at 14. This single, collective award of attorney's fees was affirmed in *G.B. v. Agency for Persons with Disabilities*, 180 So. 3d 183, 184 (Fla. 1st DCA 2015). Specifically, the First District Court of Appeal rejected all of G.B. and the other petitioner's arguments to the contrary and affirmed the single, collective award. *See* Id.

Like G.B. and the other petitioners, the Appellants relied on the same law firm to bring an identical challenge to a state agency's proposed rules. The Appellants also relied on the same facts and legal theory as did G.B. and the other petitioners. Also, like G.B. and the other petitioners, the Appellants and other Petitioners were seeking the same, collective result in their challenge: the repeal of

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two of the Department's proposed rules. Neither set of challengers were seeking individual redress or damages. And like G.B. and other petitioners, only one representative from the other Petitioners provided any testimony in the underlying administrative proceeding. Accordingly, like the First District Court of Appeal in *G.B.*, this Court should affirm the single, collective award of attorney's fees in this case.

This Court should disregard the holdings in *Envtl. Trust v. Dept. of Envtl. Prot.*, Case No. 96-4663 (Fla. DOAH Sept. 8, 1997) *rev'd on other grounds Envtl. Trust v. Dept. of Envtl. Protection*, 714 So. 2d 493 (Fla. 1st DCA 1998), *Fla. Bankers Assoc. v. Dept. of Ins.*, Case No. 98-4118 (Fla. DOAH Dec. 6, 2000) *rev'd on other grounds Dept. of Ins. v. Fla. Bankers Ass'n*, 764 So. 2d 660 (Fla 1st DCA 2000) and *Anderson Columbia Co., Inc. et al. v. Bd. of Trs., Internal Improvement Trust Fund*, Case No. 00-0754 (Fla. DOAH July 18, 2000). These holdings should be ignored because they are distinguishable from the instant appeal and are contrary to the express terms of section 120.595(2), Florida Statutes, which mandates a single, collective award of attorney's fees capped at $50,000.00. These two reasons minimize the importance of Appellants' argument that when section 120.595(2), Florida Statutes, was amended in 2008, the Legislature impliedly approved of these cases' construction of the statute. (*See* IB. 12-13). In other

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words, too much should not be read into what the Legislature actually approved of in these cases.

This Court should not endorse the holding of *Environmental Trust*, where six separate petitioners each relied on separate facts to challenge a series of proposed rules. *See* Case No. 96-4663 at 21. Five separate law firms represented the six petitioners. *See* Id. Deciding that each petitioner was entitled to a separate award of attorney's fees, the ALJ relied in part on case law interpreting section 925.036, Florida Statutes. *See* Id. at 32. In other words, the ALJ did not solely rely on the plain language of section 120.595(2), Florida Statutes. This was a mistake of law since section 120.595(2), Florida Statutes, mandated a single, collective award of attorney's fees capped at $15,000.00. Finally, the ALJ's overall award was reversed and no fees were awarded. *See Envtl. Trust v. Dep't of Envtl. Prot.*, 714 So. 2d 493, 501 (Fla. 1st DCA 1998). Therefore, this case should have little impact on this appeal.

The holding in *Florida Bankers Association* has limited value for this appeal. While the ALJ ultimately awarded each petitioner a separate award of attorney's fees pursuant to section 120.595(2), Florida Statutes, the parties in that case did not dispute whether each petitioner was entitled to a separate award of attorney's fees. *See Florida Bankers Association* Case No. 98-4118 at 4-8; R. 270. Additionally, the ALJ ignored the express language of section 120.595(2), Florida

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Statutes, which mandated a single, collective award of attorney's fees capped at $15,000.00. Therefore, the Appellants' reliance on this case is misplaced.

The Appellants' reliance on *Anderson Columbia* is equally misplaced. The petitioners in *Anderson Columbia* were unrelated and happened to choose the same counsel. *See Case* No. 00-0754 at 6. Furthermore, the petitioners did not engage in a "shared venture." *See* Id. Each petitioner brought a different perspective to the case. *See* Id. The ALJ relied on these facts when he awarded individual awards of attorney's fees to the separate petitioners. *See* Id. at 16-17. These same facts are not present in this appeal. To the contrary, the Appellants did not bring a different perspective to the case. While the Appellants argue that each individual petitioner had a unique perspective (*see* IB. 21-23), the facts remains that each petitioner operated a designated player game. This is not a "unique perspective." Instead, the Appellants engage in a shared venture. The Appellants coordinated amongst themselves and with the other Petitioners. The Appellants were all represented by the same counsel and shared a common goal. Furthermore, the ALJ ignored the express language of section 120.595(2), Florida Statutes, which mandates a single, collective award of attorney's fees capped at $15,000.00. Accordingly, *Anderson Columbia* is distinguishable from this appeal.

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Conclusion

Based on the foregoing argument and citation to authority which demonstrates that section 120.595(2), Florida Statutes, mandates a single, collective award of attorney's fees capped at $50,000.00, the Appellee, Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, respectfully requests that this Court affirm the ALJ's order awarding a single, collective award of attorney's fees capped at $50,000.00.

Respectfully submitted this 5th day of December, 2018, by:

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Certificate of Service

I hereby certify that a copy of the foregoing has been served via electronic mail to counsel for counsel for Appellants, Christopher M. Kise, James A. McKee, and Joshua M. Hawkes, Foley & Lardner LLP, 106 East College Avenue, Suite

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Certificate of Compliance

I hereby certify that the foregoing Appellee's answer brief complies with the font requirements of Florida Rule of Appellate Procedure 9.210.

/s/ Ross Marshman
Ross Marshman

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IN THE DISTRICT COURT OF APPEAL
SECOND DISTRICT, STATE OF FLORIDA

TAMPA BAY DOWNS, INC. &
TBDG ACQUISITION, LLC, D/B/A
TGT POKER & RACEBOOK

v.

DEPT. OF BUSINESS &
PROFESSIONAL REGULATION, et
al.,
_____/

Case No. 2D18-1968

Lower Tribunal Case Nos.
16-5682F 16-5686F
16-5683F 16-5687F
16-5684F 16-5688F
16-5685F 16-5689F

APPEAL FROM FINAL ADMINISTRATIVE ORDER

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STATEMENT OF THE CASE

This appeal concerns the application in consolidated cases of the following language in section 120.595(2), Florida Statutes: "No award of attorney's fees as provided by this subsection shall exceed $50,000" (the "$50,000 Cap").

After Appellants, with other petitioners, successfully challenged a proposed rule repeal by Appellee, Division of Pari-Mutuel Wagering (the "Division"), they moved for fees pursuant to section 120.595(2). (*E.g.*, R. 22-25). New fee cases were opened for each petitioner, and subsequently each fee case was consolidated. (R. 36, 257). The Division appealed the final order invalidating the rule repeal, and the fee proceedings were stayed. (R. 31). The First DCA affirmed the final order invalidating the Division's rulemaking. (R. 47); *Dept. of Bus. & Prof'l Reg., Div. of Pari-Mutuel Wagering v. Dania Entm't Ctr., LLC*, 229 So. 3d 1259 (Fla. 1st DCA 2017). The opinion of the First DCA summarizes the basis for the rule challenge and the relevant facts. The First DCA also awarded appellate attorney's fees to all petitioners pursuant to section 120.595(2). (*E.g.*, R. 90, 257).

After remand from the First DCA, Appellants argued below that the $50,000 Cap is to be applied on a per-party or per-award basis. (R. 137-47). Instead, the Administrative Law Judge ("ALJ") applied the $50,000 Cap on an aggregate basis with all parties in the consolidated cases sharing $50,000 for their attorney's fees from the proposed rule challenge. (R. 301, 381). This appeal follows.

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FACTS

Appellants, Tampa Bay Downs and TGT Poker & Racebook ("Tampa Petitioners" or "Appellants") are technically two separate petitioners, but share common ownership interests, thus, they filed a combined rule challenge petition and a combined attorney's fees motion. (R. 258). Seven other petitioners from various parts of the state, represented by the Lockwood Law Firm, filed separate rule challenge petitions and each filed their own motion for attorney's fees ("Lockwood Petitioners"). (R. 258). The Lockwood Petitioners are separate, competitive corporate entities from the Tampa Petitioners. The ALJ found that there was "not even a hint that" the separate petitions were split as an artifice for generating more fees. (R. 273).

Several case-specific criteria influenced the ALJ's interpretation of the $50,000 Cap such that he concluded "in cases such as this, in which a group of Petitioners is acting in a concerted and collective manner to achieve a common result, the total award of fees to the Petitioners, and against the agency is limited to $50,000." (R. 276). Thus, the ALJ noted that the original rule challenges were "with few exceptions, identical" as to the Lockwood Petitioners' petitions and the Tampa Petitioners' petition, though "not identical," had "pervasive similarities" "that suggest a high degree of coordination among the Petitioners." (R. 260-61). The ALJ also noted common evidentiary submissions and limited testimony. (R. 261).

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SUMMARY OF ARGUMENT

The plain language of the statute requires a cap only as to an individual award of attorney's fees. It does not require petitioners represented by separate counsel in cases consolidated for administrative convenience to share $50,000. Normal practice in both consolidated cases and in attorney's fees awards supports this interpretation of the $50,000 Cap. In addition, established Florida law prevents a derogation of a party's substantive rights on the basis of consolidation. A contrary interpretation requires additional language that the statute does not contain.

The manifest purpose of the attorney's fee provision was to level the playing field for a petitioner challenging an agency's proposed rule and to increase an agency's accountability to the entities it regulates. An aggregate cap undermines both of these purposes and is inconsistent with the legislative history of the reforms that created the attorney's fee provision and broadened it 12 years later.

Finally, the ALJ erred by considering issues such as coordination between the Petitioners and a perceived common purpose. The legislature accounts for unjust fee awards through the statute itself, and the entire body of case law requiring fee awards to be reasonable also protects against unreasonable multiplicity. An interpretation of the $50,000 Cap that aggregates it creates an additional limitation not announced by the legislature and creates perverse incentives in the future for both petitioners and agencies.

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ARGUMENT

I. Florida law mandates an award of attorneys' fees to a successful challenger of a proposed rule and specifies that "No award of attorney's fees as provided by this subsection shall exceed $50,000." When multiple petitioners' challenges to a proposed rule are consolidated for administrative convenience, did the ALJ err in applying the cap on an aggregate basis for all petitioners?

A. Standard of Review

The ALJ's interpretation of the scope of the $50,000 Cap is a conclusion of law subject to *de novo* review. *See* § 120.68(7)(d), Fla. Stat.; *see also M.H. v. Dept. of Children & Family Servs.*, 977 So. 2d 755, 759 (Fla. 2d DCA 2008) ("It follows that an appellate court reviews the agency's conclusions of law de novo.").

B. Statutory Indicia of the $50,000 Cap Applying on a Per-Award or Per-Party Basis

Both the plain, unambiguous language of the statute and the rules of statutory interpretation compel an interpretation that the $50,000 Cap applies on a per-party or per-award basis. The statutory language does not contemplate an aggregate cap in consolidated cases, whereby multiple regulated entities each with their own individual interests are required to share $50,000 in attorneys' fees after their respective rule challenges are consolidated for administrative convenience.

i. Plain Language Analysis

"Legislative intent is the polestar that guides our analysis regarding the construction and application of the statute." *Heine v. Lee Cty.*, 221 So. 3d 1254, 1257 (Fla. 2d DCA 2017) (quoting *Diamond Aircraft Indus., Inc. v. Horowitch*, 107

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So. 3d 362, 367 (Fla. 2013)). The actual language of the statute is the best indication of the legislative intent. *Heine*, 221 So. 3d at 1257 (quoting *Raymond James Fin. Servs., Inc. v. Phillips*, 126 So. 3d 186, 190 (Fla. 2013)).

Section 120.595(2) reads, in its entirety, as follows:

> CHALLENGES TO PROPOSED AGENCY RULES PURSUANT TO SECTION 120.56(2).—If the appellate court or administrative law judge declares a proposed rule or portion of a proposed rule invalid pursuant to s. 120.56(2), a judgment or order shall be rendered against the agency for reasonable costs and reasonable attorney's fees, unless the agency demonstrates that its actions were substantially justified or special circumstances exist which would make the award unjust. An agency's actions are "substantially justified" if there was a reasonable basis in law and fact at the time the actions were taken by the agency. If the agency prevails in the proceedings, the appellate court or administrative law judge shall award reasonable costs and reasonable attorney's fees against a party if the appellate court or administrative law judge determines that a party participated in the proceedings for an improper purpose as defined by paragraph (1)(e). No award of attorney's fees as provided by this subsection shall exceed $50,000.

The $50,000 Cap applies to only an award of attorney's fees, singular. Thus, the Tampa Petitioners should be awarded their fees, subject to the $50,000 Cap and the other petitioners should be awarded their separate fees, subject to the $50,000 Cap. The analysis is as simple as that.

The only legal basis of awarding attorney's fees under an aggregate cap is that the cases below were consolidated. However, established Florida law regarding attorney's fees in consolidated cases precludes an interpretation, absent specific

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statutory authority, that would aggregate the $50,000 Cap on the basis that the rule challenge was consolidated:

> "Consolidation does not merge suits into a single cause or change the rights of the parties, or make those who are parties in one suit parties in another. Rather, each suit maintains its independent status with respect to the rights of the parties involved." The right to attorney's fees . . . is considered a substantive right because it gives a party "the legal right to recover substance (money)."
>
> Consequently, in a consolidated case, a party who has prevailed under a claim which entitles the party to attorney's fees cannot have that right defeated by a larger award recovered by the opposing party under a counterclaim which has no basis for collecting attorney's fees.

Shores Supply Co. v. Aetna Cas. & Sur. Co., Inc., 524 So. 2d 722, 725 (Fla. 3d DCA 1988) (quoting *Wagner v. Nova Univ., Inc.*, 397 So. 2d 375, 377 (Fla. 4th DCA 1981) and *L. Ross, Inc. v. R.W. Roberts Constr. Co.*, 466 So. 2d 1096, 1098 (Fla. 5th DCA 1985)); *see also Landmark Am. Ins. Co. v. Pin-Pon Corp.*, 155 So. 3d 432, 442-43 (Fla. 4th DCA 2015) ("In a consolidated case, a party who has prevailed under a claim which entitles the party to attorney's fees cannot have that right defeated by a larger award recovered by the opposing party on a separate claim.").

Just as in *Shores Supply* and *Landmark*, the ALJ's order attempts to abrogate the substantive rights of each of the Petitioners to attorney's fees, by making them share one $50,000 attorney's fees award. Instead of an opposing party prevailing on another claim as the basis for decreasing the fee entitlement, the ALJ assumed the presence of other petitioners lessened the statutory right of the Tampa

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Petitioners. Hence, the error is the same, consolidation is undermining an entitlement to an award of attorney's fees.

In addition to the above case law, the fact that a motion is required to obtain an award of attorney's fees supports construing the $50,000 Cap in cases with multiple parties to apply on an individual basis. Had one of the petitioners not moved for attorney's fees in this case, it would not have even been entitled to split the amount that was awarded, thus an individual request for an individual petitioner is awarded attorney's fees on an individual basis and each award is subject to the $50,000 Cap.

Another practice point that supports this analysis is Florida's treatment of an appellate attorney's fees award. Florida law treats an award of appellate attorneys' fees separate from an award of trial-level attorneys' fees. *Spencer v. Barrow*, 752 So. 2d 135, 138 (Fla. 2d DCA 2000) (finding trial attorneys' fees waived and remanding for determination of appellate attorneys' fees). Because what section 120.595(2) caps is an award, each award is separate, and the statutory cap applies on a per-award or per-party basis. There is no justification for capping awards on an aggregate or global basis without any statutory language to that effect.

In this case, the proposed rule challenges were consolidated solely for administrative convenience. If the cases had remained separate, there would be no legal basis to aggregate the parties for purposes of the $50,000 Cap. The

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consolidation does not—and cannot by law—affect the analysis of the statutory language.

ii. Canons of Construction

To the extent the Court finds the language ambiguous as it applies to multiple parties in a consolidated case, canons of statutory interpretation support that the $50,000 Cap should be applied on a per-party or per-award basis.

First, it is a common and well-established rule of statutory interpretation that the meaning of a word or phrase is informed by the meaning in the surrounding words. *See, e.g.*, *Nehme v. Smithkline Beecham Clinical Labs., Inc.*, 863 So. 2d 201, 205 (Fla. 2003) ("Under the doctrine of *noscitur a sociis* (a word is known by the company it keeps), one examines the other words used within a string of concepts to derive the legislature's overall intent."). All of the operative words in the section 120.595(2) are singular. The fee provision only contemplates a single fee award ("*No award*") for a single attorney ("*attorney's fees*") against a single agency ("*against the agency*") for a challenge to a single proposed rule ("*a proposed rule*"). Because each of the operative words is singular, the $50,000 Cap is logically interpreted as applying on a singular basis, *i.e.*, it caps only a single award. More parties mean more awards—and each is capped.

Another common and well-established rule of statutory interpretation is that words cannot be added to the statute to arrive at an interpretation. *See, e.g.*, *Chaffee*

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v. Miami Transfer Co., Inc., 288 So. 2d 209, 215 (Fla. 1974) ("[We may not] add words to the statute not placed there by the Legislature."). To arrive at an aggregate cap, additional language would be required. For example, the following provisions could be interpreted as applying the $50,000 Cap across all petitioners in a consolidated case:

- No award of attorney's fees as provided by this subsection shall exceed $50,000 no matter the number of petitioners involved in challenging the proposed rule.
- ~~No~~ All of the award<u>s</u> of attorney~~'~~s<u>'</u> fees as provided by this subsection shall <u>not</u> exceed $50,000.

Obviously, these extra words are not present in section 120.595(2), and thus, it should be interpreted only as capping the amount of attorney's fees to an individual petitioner.

Third, another common and well-established rule of statutory interpretation is that a statute is read in *pari materia* with the other related statutory provisions. *Heine*, 221 So. 3d at 1257 ("[S]tatutes which relate to the same or closely related subjects should be read in pari materia.") (quoting *State v. Fuchs*, 769 So. 2d 1006, 1009 (Fla. 2000)). Administrative remedies regarding rulemaking in Florida's APA are focused on a single petitioner's substantial interests. Thus, a single petitioner's substantial interests can be an exception to rulemaking if "more specific resolution

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of the matter is impractical outside of an adjudication to determine the substantial interests of a party based on individual circumstances." § 120.54(1)(a)2.b., Fla. Stat. Also, a single petitioner may apply to participate in negotiated rulemaking "who believes that his or her interest is not adequately represented" in the negotiating committee. § 120.54(2)(d)2., Fla. Stat. Also, a single petitioner "regulated by an agency or having substantial interest in an agency rule may" petition to initiate rulemaking. § 120.54(7), Fla. Stat.

Now, imagine similar statutory caps concerning the above rights of a petitioner and ask whether the cap would be fairly construed to act on a global or aggregate basis. Thus, a cap for exceptions to rulemaking might read as follows, borrowing from the language of § 120.595(2): "No [exceptions to rulemaking] as provided by this subsection shall exceed [four]." It is illogical to think that the agency would then be able to disregard the substantial interests of a petitioner who had not filed a prior individual exception to rulemaking on the basis that four other petitioners had so applied. On the other hand, it would make good sense for the agency to not have to respond to five exceptions to rulemaking for the same petitioner. The same analysis holds true for asking to participate in negotiated rulemaking or petitioning to initiate rulemaking. Given the overall structure of the APA, the $50,000 Cap should not be interpreted to apply so that the substantial

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interests of an individual petitioner are negated or minimized by the fact that another petitioner has exercised its rights to protect its own substantial interests.

Also, along the lines of reading the $50,000 Cap in *pari materia* with similar provisions, the legislature has expressly adopted the principle of reciprocal attorney's fees in another part of the Florida Statutes. § 57.105(7), Fla. Stat. ("the court may also allow reasonable attorney's fees to the other party"). Applying this reciprocity principle to section 120.595(2) helps inform the proper interpretation of the provision. Section 120.595(2) actually creates two attorney's fees entitlements. The agency can receive a fee-award, which is likewise subject to the $50,000 Cap, and the cap there also applies on a per-party basis. § 120.595(2) ("shall award reasonable costs and reasonable attorney's fees against a party if . . . that . . . party participated in the proceedings for an improper purpose") (emphasis added).

A hypothetical borrowing from the facts of this case helps illustrate the point. Suppose the Division succeeded in the rule challenge and further succeeded in arguing that the Lower Cost Regulatory Alternative, that each petitioner signed, was submitted for an improper purpose. In that case, the Division would be able to obtain fees against each respective petitioner subject to nine separate statutory caps. Thus, it would be odd if the legislature abandoned the reciprocity principle for the $50,000 Cap in proposed rule challenges, allowing the agency to recover fees up to the $50,000 Cap from multiple parties, while allowing multiple challenging parties only

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to split a single $50,000 fee. Indeed, such a result would be particularly inexplicable in light of the legislature's obvious intent when enacting section 120.595 to "level the playing field" for private parties challenging an agency's rule. *See Johnson v. Dept. of Corr.*, 191 So. 3d 965, 968 (Fla. 1st DCA 2016).

The ALJ dismissed this argument as having only superficial appeal and noted that the Division would be limited to recovering only its actual reasonable attorney's fees. (R. 263-64). This limiting principle applies with equal force to both sides. To the extent that the attorney's fees by any side were unnecessary or duplicative to work already done, *i.e.*, a fee was not actually earned, then the reasonable fee award necessarily decreases. However, those case-specific criteria are not a reason to interpret the $50,000 Cap one way or the other, as explained in more detail in Part I.D below.

Finally, "the legislature is presumed to know the existing law when a statute is enacted, including judicial decisions on the subject concerning which it subsequently enacts a statute." *B.K. v. S.D.C.*, 122 So. 3d 980, 982 (Fla. 2d DCA 2013) (quoting *Seagrave v. State*, 802 So. 2d 281, 290 (Fla. 2001)). *B.K.* interpreted section 742.045 as authorizing appellate attorney's fees in paternity without express statutory language because at the time of its enactment, "Florida Courts interpreted section 61.16 to allow for appellate attorney fees even though it contained no express language.") *B.K.*, 122 So. 3d at 982. A similar analysis applies to the $50,000 Cap.

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In 2008, the legislature increased the cap from $15,000 to $50,000. *Laws of Fla.*, Ch. 2008-104 §13, at 20-21. Up to that point, DOAH had uniformly interpreted the statutory cap to apply on a per-party/per-award basis in consolidated cases. *See, e.g., Anderson Columbia Co., Inc. et al. v. Bd. of Trs., Internal Improvement Trust Fund*, Case No. 00-0754 (Fla. DOAH July 18, 2000); *Fla. Bankers Ass'n v. Dept. of Ins.*, Case No. 98-4118 (Fla. DOAH May 4, 1999) *rev'd on other grounds Dept. of Ins. v. Fla. Bankers Ass'n*, 764 So. 2d 660 (Fla. 1st DCA 2000); *Envtl. Trust v. Dept. of Envtl. Protection*, Case No. 96-4663 (Fla. DOAH Sept. 8, 1997) *rev'd on other grounds Envtl. Trust v. Dept. of Envtl. Protection*, 714 So. 2d 493 (Fla. 1st DCA 1998) (finding rule improperly invalidated).

Not only did the legislature not revisit the application of the cap in consolidated cases, the legislature increased the cap from $15,000 to $50,000. Thus, the legislature granted its implied approval of the construction of the cap as applying on a per-party/per-award basis and deemed more agency accountability and leveling of the playing field was necessary.

C. Legislative History Supports A Per-Award or Per-Party Basis Interpretation

Both the purpose of the reforms that brought about the statutory language at issue in this appeal and the contemporary legislative history support a per-award or per-party interpretation of the $50,000 Cap.

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The goals of the 1996 APA reform were clear: (1) increase the accountability of agencies to the public and (2) level the playing field for regulated entities. Lawrence E. Sellers, Jr., *The Third Time's the Charm: Florida Finally Enacts Rulemaking Reform*, 48 Fla. L. Rev. 93 106, 123-28 (1996); James P. Rhea & Patrick L. "Booter" Imhof, *An Overview of the 1996 Administrative Procedure Act*, 48 Fla. L. Rev. 1, 20 (1996) (noting a goal of "increasing agency accountability to the Legislature and the general public"). The Governor's state of the State address described the reform as follows:

> I'm also committed to the reform of the Administrative Procedure Act. Thanks to the APA Review Commission, we have a proposal that simplifies the APA, increases flexibility in the application of administrative rules, and increases agency accountability to the legislature and the general public. Let's pass this important legislation.

Fla. S. Jour. 6 (Reg. Sess. 1996).[1]

A per-party or per-award cap achieves these goals while an aggregate cap undermines them. For example, the impetus for upping the cap to $50,000 from $15,000 was a comment in a report studying agency accountability by JAPC regarding unadopted rule challenges. JAPC pointed out a flaw that allowed agencies to avoid attorney's fees in unadopted rule challenges if the agency initiated rulemaking at some point during the challenge:

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[1] *available at* http://archive.flsenate.gov/data/Historical/Senate Journals/1990s/1996/PAGES1TO134_030596.pdf.

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> The current statute provides little incentive for agencies to adopt policy statements as rules until a rule challenge is filed, as there is no "penalty" for failing to adopt the rule earlier. The current statute also provides no incentive for an affected person to spend time and money challenging an unadopted rule, since the challenged policy can still be applied to the person if the agency subsequently initiates rulemaking. Similarly, attorney's fees and costs are awarded to the petitioner only if a final order is issued, not if the agency initiates rulemaking.

Fla. S. Transportation & Economic Development Appropriations Comm. CS/CS/SB 704 (Reg. Sess. 2008) Staff Analysis, at 7-8 (Apr. 15, 2008).[2] The legislature specifically noted JAPC's report, concurred with the flaw, and broadened the attorney's fee provision. This bit of history shows that the legislature links attorneys' fees to agency accountability. Considering attorneys' fees have been a part both the 2008 and 1996 reform efforts that sought to increase agency accountability, it is clear that a per-party/per-award cap best achieves the legislature's goal.

The facts of this case illustrate the importance of a per-party/per-award cap for leveling the playing field. There are nine petitioners participating, with two sets of active counsel. The consolidated cases have been pending for over two years, and roughly half of that time was spent on the Division's unsuccessful appeal. All of the parties were substantially affected by the untoward agency action, and all faced,

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[2] *Available at* https://archive.flsenate.gov/data/session/2008/Senate/bills/analysis/pdf/2008s0704.ta.pdf.

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individually, significant and unique economic consequences. If the Division has nothing more to risk with nine petitioners as a counterparty than if it were facing just one petitioner, even though the agency action impacts all nine (and perhaps more), the level playing field objective is rendered almost meaningless where the Division intentionally impacts more parties through an invalid exercise of delegated legislative authority.

This example speaks to the real issue of an aggregate cap: a collective action problem. If the Division writes a rule that has statewide effect on numerous parties, fewer people have incentive to challenge the rule under an aggregate cap, because their individual expense will not be offset by the attorney's fee provision in the statute as the legislature intended. Instead, they would have to either: (1) split the fee with any and all other petitioners; or (2) forego bringing a challenge in the hope that that other petitioners' rule challenges sufficiently protect their interests. The legislative intent was plainly not to *disincentivize* challenges to rules that have broad effects. The $50,000 Cap, when correctly interpreted, does not present such a dilemma or contravene legislative intent, because it applies on a per-party or per-award basis. The legislature intended through the attorney's fee provision to hold agencies accountable and level the playing field between the petitioners and the agency. A per-party/per-award cap achieves both of these objectives.

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In addition to the purpose supporting the per-award/per-party interpretation of the $50,000 Cap, the staff analysis from its inception in 1996 and the increase from $15,000 to $50,000 in 2008 supports the per-award/per-party interpretation. The bill analysis from 1996 makes clear that the legislature understood the cap applied on a per-party/per-award basis:

> For challenges to proposed and existing agency rules, the Governor's Commission recommended that if a proposed rule, existing rule, or portion of a rule is declared invalid, the administrative law judge shall award reasonable costs and reasonable attorney's fees to the petitioner, . . . An award of attorney fees under these provisions shall not exceed $15,000.

Fla. H.R. Comm. on Streamlining Govtl. Regs., CS/SB's 2290 & 2288 (1996) Staff Analysis, at 34-35 (final June 14, 1996) (emphasis added) (R. 182-83). In other words, if there are multiple petitioners, there would be multiple awards, and each award would be individually capped.

Section 120.595 was broadened in 2008. First, each of the statutory caps were increased from $15,000 to the current limit of $50,000. Second, the agencies were exposed to fees for unadopted rule challenges up to the $50,000 cap, even if they commenced rulemaking while the unadopted rule challenge was pending. Ch. 2008-104 §13, at 20-21. Like the 1996 reform, the bill analysis during the 2008 legislative session again made clear that the cap applied on a per-party/per-award basis: "Current law provides for an award of attorney's fees to a party or agency depending upon who prevails in challenges to proposed or existing agency rules. Such

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judgments for attorney's fees are capped at $15,000." Fla. S. CS/CS/SB 704 Staff Analysis, *supra*, at 16 (emphasis added). Similarly, the analysis referred to the changes in the unadopted rule challenge as follows: "[T]he petitioner is entitled to attorney's fees to the point at which the stay was entered provided the agency knew or should have known that the statement was a rule. However, the fees may not exceed the $50,000 cap." *Id*. (emphasis added). Thus, the legislature clearly interpreted both prior law concerning the cap and the new changes to the cap as applying on a per-party/per-award basis.

D. The ALJ's Order Emphasizes Situational Analysis That Does Not Inform the Proper Interpretation of the Statute

The $50,000 Cap does not apply on an aggregate basis, but there is obviously a duty to find that any fee award is reasonable. The $50,000 Cap is only one limitation on the attorney's fees awards in a rule challenge. The fee must still be reasonable, which is subject to a well-settled body of case law. *Fla. Patient's Comp. Fund v. Rowe*, 472 So. 2d 1145, 1150 (Fla. 1985) ("In determining reasonable attorney fees, courts of this state should utilize the criteria set forth in Disciplinary Rule 2–106(b)."), *holding modified by Standard Guar. Ins. Co. v. Quanstrom*, 555 So. 2d 828 (Fla. 1990).

The two DOAH cases relied on by the ALJ and the Division that applied the $50,000 Cap on an aggregate basis (both after the 2008 amendment to section 120.595(2) discussed above) are in reality an implementation of the reasonableness

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limitation for an award of attorney's fees. *See, e.g.*, *Patel v. Bd. of Pharmacy*, Case No. 08-2728 (Fla. DOAH July 30, 2009) (firm acknowledged signing up extra petitioners and filing separate cases solely to increase the fee award); *G.B., et al. v. Agency for Persons with Disabilities*, Case No. 14-4173 (Fla. DOAH Jan. 27, 2016) (only one active participant). The facts of this case are obviously distinguishable: nine separate petitioners, each with different factual scenarios, and two sets of active counsel.

The ALJ found that "*G.B.* provides the most direct and recent expression of the construction of section 120.595(2) by an appellate court." (R. 276). However, the appellate decision in *G.B.* was effectively a *per curiam* affirmance, limited to only one sentence that could possibly touch on the application of section 120.595(2): "We reject all of Appellants' arguments and affirm the administrative order, with the exception of the amount of costs awarded." *G.B. v. Agency for Persons with Disabilities*, 180 So. 3d 183, 184 (Fla. 1st DCA 2015). There is no analysis as to why the appellate court affirmed the ALJ, nor as to how section 120.595(2) applies in a consolidated case. An affirmance without any analysis does not result in the enshrining of the lower tribunal's analysis as binding case law. *See, e.g.*, *Dept. of Legal Affairs v. Dist. Ct. of Appeal, 5th Dist.*, 434 So. 2d 310, 312 (Fla. 1983) ("[Stare decisis for per curiam affirmance opinions] creates unwarranted confusion and disparity in the orderly presentation of issues. The rationale and basis for the

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decision without opinion is always subject to speculation."); *Goldberg v. Graser*, 365 So. 2d 770, 773 (Fla. 1st DCA 1978) ("A per curiam affirmance without opinion does not bind the appellate court in another case to accept the conclusion of law on which the decision of the lower court was based.") *Acme Specialty Corp. v. Miami*, 292 So. 2d 379, 380 (Fla. 3d DCA 1974) ("As noted before, this was a per curiam opinion with no reasons or authorities given and . . . such per curiam affirmance opinion does not stand for any general pronouncement of principles of law that might have been urged by the parties in their pleadings and briefs."). The ALJ should not have been constrained by the decision in *G.B.*

Even though the ALJ did not find multiplicity to be a factor in this case, specifically noting that there was "not even a hint that" the petitions were split as an artifice for generating more fees, the ALJ did express concern about "potentially limitless non-recurring economic impact" for an agency (R. 266). However, the protections of what constitutes a reasonable fee award protects against limitless liability. While an agency could increase its economic impact beyond the legislature's anticipated amount by merely enacting more invalid proposed rules, the legislature likely intended for agencies to minimize their fee exposure by following proper rulemaking procedures.

Even so, section 120.595(2) also contains its own built-in limitation. Section 120.595(2) protects an agency with the following language: if "the agency

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demonstrates that its actions were substantially justified or special circumstances exist which would make the award unjust." Clearly a case can be imagined where just the shear multiplicity of petitioners and attorneys would make an award unjust. The ALJ did not make such a finding here, nor would it be supported by the facts. However, just the presence of this language is yet another indication that the legislature did not intend to apply an aggregate cap, but rather shift the burden to the agency for cases where multiplicity may make a fee award unjust.

Finally, the ALJ's analysis assumes that all involved in challenging a proposed rule have common interests: to prevent the proposed rule from becoming final agency action. Again, even assuming that were true, that is a case-specific criteria that does not inform legislative intent. However, there is obviously a right of each petitioner to retain the counsel of its choice. In this case, the Petitioners assessed the risk of conflicting interests and divided into two separate camps: the Tampa Petitioners and the Lockwood Petitioners. Again, there is no evidence to even suggest that Petitioners chose separate counsel as a mere artifice to increase fees. On the contrary, they so chose to protect their interests. Moreover, the ALJ's assumption of a common purpose among all Petitioners ignores the reality that a rule challenge can be settled. Without filing a petition and participating in the process, a would-be petitioner does not get a seat at the settlement table, and its interests thus go unprotected.

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A hypothetical will help explain this point. One of the facts that came out in the rule challenge was that the Division stopped approving certain internal controls. *Dania Entm't Ctr*, 229 So. 3d at 1262 ("the Division began instructing its employees not to approve internal controls for designated player games"). If the only petitioner who challenged the proposed repeal of the designated player game rule did not have approved internal controls, then the Division could offer to approve its internal controls and grandfather it as an approved operator of designated player games[3] if that petitioner agreed to withdraw its rule challenge. Consequently, if Appellants had sat on the sideline assuming that every cardroom's interests were the same, then they would have lost the ability to challenge the proposed rule.[4] On the other hand, with all petitioners participating, the Division could have easily settled the case by coming up with proposed language that satisfied all of the individual interests. *See, e.g.*, §120.54(2)(d), Fla. Stat. (outlining procedures for negotiated rulemaking and noting that "[t]he agency should consider the use of negotiated rulemaking when complex rules are being drafted or strong opposition to the rules is anticipated.")

---

[3] This hypothetical settlement would be consistent with the argument pursued by the Division in the rule challenge litigation that its repeal of the designated player game rules was not actually a change in policy.

[4] Of course, existing rules can also be challenged, but the burden of proof regarding the issue of invalid exercise of delegated legislative authority shifts from the agency to the petitioner. *Compare* §120.56(2)(a), Fla. Stat., *with* §120.56(3)(a), Fla. Stat. In addition, the proposed rule challenged here was the deletion of certain language, which could not be reasserted after a successful challenge to an existing rule.

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(emphasis added). Instead, the Division litigated the case to the end through appeal. The Division should then offset the attorneys' fees of all those affected who sought to protect their substantial interests as provided in section 120.595(2).

It is clear then that an aggregate cap lessens settlement pressure on the Division. If the Division, as was apparent in this case, has a bold face policy change, *see, e.g., Dania Entm't Ctr.*, 229 So. 3d at 1264 ("the Division's actions made clear that the net effect of the repeal was to implement a new policy"), that it is trying to implement while disregarding the appropriate legislative safeguards, *id.* at 1265 ("the Division failed to follow rulemaking procedures here"), that affects numerous regulated entities across the state, each affected entity ought to be able to challenge and set off its fees with the fee provision as provided in section 120.595(2). If the Division has to only worry about one $50,000 fee award to be shared amongst any and all entities it affects with its new policy, then there is no extra settlement incentive as the number of substantially affected petitioners increases. In other words, an aggregate cap incentives agencies to seek out indefensible policy positions with little repercussions to them and little compensation to those affected. It is particularly troublesome in highly regulated industries like those involved in this case. This is not the level playing field the legislature intended to create with the mandatory attorney's fees provision of section 120.595(2).

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In addition to creating a perverse incentive to the agency to pursue indefensible policy choices, an interpretation of an aggregate cap in consolidated cases would incentive petitioners to oppose consolidation of cases. The order of consolidation found that consolidation "would not unduly prejudice the rights of a party." (R. 36). However, if consolidation requires that the petitioners would have to divide a $50,000 attorney's fees award eight to nine (or more) ways, that would unduly prejudice the parties being consolidated. Effectively eliminating any recovery of attorney's fees would thereby incentivize parties to oppose consolidation. *See, e.g.*, *Anderson Columbia Co.*, Case No. 00-0754 (Final Order ¶ 31 ("If the [agency]'s theory were accepted, multiple parties would always oppose consolidation and seek to have their claims tried separately")). If cases were not consolidated only more fees would be incurred as efficiencies would be lost. Again, not the level playing field that the mandatory fee provision is supposed to engender.

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CONCLUSION

For the above stated reasons, this Court should reverse the ALJ's determination that the statutory cap language in section 120.595(2) applies on an aggregate basis in consolidated cases and remand for a finding of the appropriate amount of attorney's fees, with instructions that no award to any particular petitioner exceed $50,000 as required by the applicable statute.

Respectfully submitted this 17th day of October, 2018

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FL-GOV-20-0899-A-000420

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IN THE DISTRICT COURT OF APPEAL
SECOND DISTRICT, STATE OF FLORIDA

TAMPA BAY DOWNS, INC. &
TBDG ACQUISITION, LLC, D/B/A
TGT POKER & RACEBOOK

v.

DEPT. OF BUSINESS &
PROFESSIONAL REGULATION, et
al.,
_____/

Case No. 2D18-1968

Lower Tribunal Case Nos.

16-5682F	16-5686F
16-5683F	16-5687F
16-5684F	16-5688F
16-5685F	16-5689F

APPEAL FROM FINAL ADMINISTRATIVE ORDER

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ARGUMENT

I. Section 120.595(2) Is Properly Interpreted as Allowing Separate Awards of Attorney's Fees to Each Party, with Each Award Subject to the $50,000 Cap.

A. The Division Misapplies the Facts.

The Division's Answer Brief conflates the separate petitioners in this case and assumes that the petitioners were jointly represented with complete commonality of interests. By doing so, the Division de-emphasizes the fact that there were entirely separate sets of counsel, one set for the Appellants in this case, Tampa Petitioners,[1] and another set of counsel for the appellants in Case No. 2D18-1967, the Lockwood Petitioners.

First, as briefed (IB. at 21), each petitioner must file their own rule challenge to a proposed rule in order to participate in the process, and a petitioner whose substantial interests are affected is not protected by a rule challenge by another petitioner because that rule challenge can be dismissed or settled leaving the proposed rule intact. The legislature did not intend to lessen the protection afforded by the attorney's fee provision if more than one petitioner challenges a proposed rule

[1] This Reply Brief will use the defined terms and citing conventions of the Initial Brief. The Initial Brief and Answer Brief will be cited to as "IB. at XX" and "AB. at XX" where "XX" denotes the page number.

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by making all affected petitioners share in one $50,000 attorney's fee award. Rather, each award to each successful petitioner is subject to the cap individually.

Second, only one set of petitioners in this case truly had commonality of interests, and that is the Tampa Petitioners due to their common ownership and joint rule challenge petition. The other petitioners all had their separate reasons and separate circumstances for challenging the proposed rule and chose to challenge to protect their rights. The Division and the ALJ's logic of looking at perceived commonality of interests of petitioners in a consolidated case and then using that to construe the legislative intent of the $50,000 Cap is not a proper method of statutory interpretation. The statute's meaning is not affected by the facts of any one case. As noted in the Initial Brief (at 18-22), case-specific criterion does not inform the legislative intent of section 120.595(2) or how to properly interpret section 120.595(2).

Moreover, the Division and the ALJ's logic of looking to commonality of interests is a self-verifying test: some commonality of interests in a consolidated case is expected. The parties are supposed to work together to streamline the litigation. The fact that the Tampa Petitioners and the Lockwood Petitioners filed similar petitions, combined exhibits at the final hearing, and agreed with the Division in ways to streamline the final hearing in order to conserve judicial resources, has no bearing on the proper application of the $50,000 Cap. Again, construing the

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$50,000 Cap on an aggregate basis would encourage inefficient litigation practices with parties opposing consolidation and then refusing to work together once consolidated in order to prevent waiver of their entitlement of the fees at the end of the case. (IB. at 24).

Instead, cooperation is merely a reason to limit any award of attorney's fees under well-established case law defining what attorney's fee is reasonable under the circumstances. *See, e.g., Fla. Patient's Comp. Fund v. Rowe*, 472 So. 2d 1145, 1150 (Fla. 1985) (setting forth standards to acheive "objectivity and uniformity in court-determined reasonable attorney fees"). Section 120.595(2) clearly incorporates the case law for determining what is a reasonable attorney's fee because it uses the term "reasonable" two separate times in creating the attorney's fee entitlement: "a judgment or order shall be rendered against the agency for reasonable costs and ***reasonable*** attorney's fees . . . the appellate court or administrative law judge shall award reasonable costs and ***reasonable*** attorney's fees . . . ." § 120.595(2), Fla. Stat. (emphasis added).

Thus, if the court found that work done was "excessive or unnecessary," then it "may result in a reduction in the number of hours." *Fla. Patient's Comp. Fund*, 472 So. 2d at 1150. That well-established rule resolves any concerns by the Division and the ALJ that the attorneys for the separate petitioners in this case cooperated in the presentation of their case.

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Moreover, cooperation in this particular case is not a reason to fashion a catch-all rule that mandates application of an aggregate cap in all consolidated cases. Indeed, the Division seems to agree, concluding at several points that a single $50,000 award is reasonable for this case (AB. at 16, 17) because the petitioners below "coordinated their efforts," "relied on the same set of facts and law," and "raised almost identical issues in their briefs." (AB. at 15). All of this coordination and cooperation could be true, but that does not substitute for an interpretation of the $50,000 Cap. Nor does a loose analysis of coordination among the parties substitute for a proper analysis of reasonableness of the attorney's fees accrued on which to base an award by looking at hours and tasks actually billed.

Finally, cooperation is not even reliable evidence of commonality of interests, to the extent the Court views commonality of interests as a relevant factor in deciding how to apply the $50,000 Cap. The gaming industry is well-known for competing interests. *See, e.g.*, *Gulfstream Park Racing Ass'n, Inc. v. Tampa Bay Downs, Inc.*, 948 So. 2d 599, 601 (Fla. 2006) ("This is a dispute between competing pari-mutuel venues. Florida has an extensive pari-mutuel industry, consisting of a variety of venues, including thoroughbred racetracks, harness racetracks, jai alai frontons, and greyhound tracks."). The pari-mutuels represented below offered different types and numbers of designated player games (some even had none), had different pari-mutuel activities (thoroughbred horse racing, dog racing, etc.), and operated in

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different parts of the State. Each had to participate in order to protect their individual interests.

B. The Division's Inapposite Case Law.

The Division relies on several cases in advocating a strict construction of attorney's fees statutes. However, these cases lend little support for its position that section 120.595(2) does not permit multiple awards in a consolidated case.

In *Department of Insurance v. Florida Bankers Association*, the First District Court of Appeal reversed the ALJ's award of attorney's fees because the ALJ did not make sufficient factual findings to support the award. In so doing, the First District also affirmed the ALJ's order denying a non-attorney representative's request for attorney fees. *Dept. of Ins. v. Fla. Bankers Ass'n*, 764 So. 2d 660, 663 (Fla. 1st DCA 2000). A non-attorney not being entitled to an award of attorney's fees is not surprising, but it also does not help in the construction of section 120.595(2). The bulk of the case stands for an implicit recognition of Appellants' contention that the statutory cap only applies on a per-party/per-award basis. There were three parties in the *Florida Bankers* case, and the other two were awarded fees based on an individual cap. *See id.* at 661. The First District did not reject this fee award because the cap applied on an aggregate basis, which would have been the cleanest disposition and one that would not have required additional fact finding on remand.

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The Division's second case is inapposite, standing only for the well-established rule that travel expenses are not normally recoverable as part of a reasonable attorney's fee. *Dept. of Health v. Discovery Experimental & Dev., Inc.*, 767 So. 2d 1244 (Fla. 1st DCA 2000). The Division's third case is also inapposite, where the court reversed an award of attorney's fees that included circuit court litigation and lobbying efforts in an award for a successful challenge to an agency's non-rule policy. *Agency for Health Care Admin. v. HHCI Ltd. P'ship*, 865 So. 2d 593, 596 (Fla. 1st DCA 2004). In sum, the Division has failed to move the needle with its arguments of strict construction of attorney's fees statutes.

C. The Division's Overreliance on One Argument.

The Division repeatedly stakes out its position that the statute only allows "a single, collective award," repeating that line in its brief 45 times. The Division argues "the plain language of the statute" in response to every argument made in the Initial Brief, including to arguments offered if the Court found the relevant language ambiguous. (AB. at 5, 11). Of course, if the Court finds the language ambiguous, it must rule based on what it perceives to be the legislative intent. While Appellants obviously construe the plain language as limiting only an award of attorney's fees and not creating an aggregate cap for consolidated cases, Appellants will at least allow that there may be some ambiguity in the statute and hence the other arguments made construing the purpose, legislative history, and policy implications of the

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statute. For instance, what an "award" is under section 120.595(2) may be ambiguous. Does it mean award for a case, award for a party, award against the agency? Here, the best interpretation is one that achieves the purpose of leveling the playing field between an agency with rulemaking power and the regulated entities subject to the agency's rules. Likewise, an interpretation that does not create perverse incentives of the agency where there is no additional consequence for wide-ranging rules and of the regulated persons to oppose consolidation is obviously preferred over one that does create perverse incentives. Thus, the proper interpretation is to apply the cap on an individual award basis.

Indeed, the Division's brief does not address the consolidation case law cited in the Initial Brief that consolidation is for administrative convenience only and does not affect the substantive rights of the parties, including the right to attorney's fees. (IB. at 6-7 citing *Shores Supply Co. v. Aetna Cas. & Sur. Co., Inc.*, 524 So. 2d 722, 725 (Fla. 3d DCA 1988) (quoting *Wagner v. Nova Univ., Inc.*, 397 So. 2d 375, 377 (Fla. 4th DCA 1981) and *L. Ross, Inc. v. R.W. Roberts Constr. Co.*, 466 So. 2d 1096, 1098 (Fla. 5th DCA 1985)); *see also Landmark Am. Ins. Co. v. Pin-Pon Corp.*, 155 So. 3d 432, 442-43 (Fla. 4th DCA 2015) ("In a consolidated case, a party who has prevailed under a claim which entitles the party to attorney's fees cannot have that right defeated by a larger award recovered by the opposing party on a separate claim.")).

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Instead of addressing this point, the Division merely argues repeatedly that the terms of section 120.595(2) "mandate a single, collective award of attorney's fees." (AB. at 10). However, the application of the $50,000 Cap is only an issue because the cases below were consolidated with other petitioners' cases. The case law cited above establishes that the Appellants' substantive right to attorney's fees should not be affected by the consolidation.

Besides repeating a "single, collective award," the Division really only makes one other argument, that the phrase "each prevailing party" "is integral to the Appellants'" arguments that the $50,000 Cap applies on a per award or per party basis. (AB. at 10). However, the Division's argument is a *non-sequitur*. In fact, that the Division is willing to allow that the additional language leads to Appellants' favored interpretation is in effect a concession that the disputed language "No award of attorney's fees as provided by this subsection shall exceed $50,000" is consistent with the Division's proposed language "each prevailing party is entitled to an award of its reasonable attorney's fees up to $50,000." Because the Division believes the two sentences can reside in harmony in the statute without any exception to the words actually present, the Division's proposal seems to agree with the Appellant's interpretation of the actual statutory language is fully consistent with a per-party/per-award cap.

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Indeed, the reasoned way to interpret the statutory language is in the context of the entire APA, which is designed to protect a single petitioner's substantial interests. Once the petitioner initiates a challenge to proposed rulemaking, the petitioner has a substantive right to attorney's fees up to the statutory cap if the challenge proves successful. The normal rules for ascertaining what is a reasonable attorney's fee will resolve any potential for duplicative or unnecessary work because multiple rule challenge petitions were consolidated.

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CONCLUSION

As argued in the Initial Brief reinforced above, this Court should reverse the ALJ's determination that the statutory cap language in section 120.595(2) applies on an aggregate basis in consolidated cases and remand for a finding of the appropriate amount of attorney's fees, with instructions that no award to any particular petitioner exceed $50,000 as required by the applicable statute.

Respectfully submitted this 3rd day of January, 2019

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FL-GOV-20-0899-A-000436

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FL-GOV-20-0899-A-000437

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DANIA ENTERTAINMENT CENTER, LLC,

Petitioner,

vs. Case No. 16-5682F

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, DIVISION OF PARI-MUTUEL WAGERING,

Respondent.
_____/

DAYTONA BEACH KENNEL CLUB, INC.,

Petitioner,

vs. Case No. 16-5683F

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, DIVISION OF PARI-MUTUEL WAGERING,

Respondent.
_____/

JACKSONVILLE KENNEL CLUB, INC.,

Petitioner,

vs. Case No. 16-5684F

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, DIVISION OF PARI-MUTUEL WAGERING,

Respondent.
_____/

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MELBOURNE GREYHOUND PARK, LLC,

Petitioner,

vs. Case No. 16-5685F

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, DIVISION OF PARI-MUTUEL WAGERING,

Respondent.
_____/

BONITA-FORT MYERS CORPORATION,

Petitioner,

vs. Case No. 16-5686F

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, DIVISION OF PARI-MUTUEL WAGERING,

Respondent.
_____/

INVESTMENT CORPORATION OF PALM BEACH,

Petitioner,

vs. Case No. 16-5687F

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, DIVISION OF PARI-MUTUEL WAGERING,

Respondent.
_____/

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-000439

WEST FLAGLER ASSOCIATES, LTD.,

Petitioner,

vs. Case No. 16-5688F

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, DIVISION OF PARI-MUTUEL WAGERING,

Respondent.
_____/

TAMPA BAY DOWNS, INC.; AND TBDG ACQUISITION, LLC, d/b/a TGT POKER AND RACEBOOK,

Petitioners,

vs. Case No. 16-5689F

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, DIVISION OF PARI-MUTUEL WAGERING,

Respondent.
_____/

PARTIAL FINAL ORDER ON EFFECT OF STATUTORY CAP ON FEES

Pursuant to notice, a hearing was convened in this case on January 16, 2018, in Tallahassee, Florida, before E. Gary Early, the Administrative Law Judge assigned by the Division of Administrative Hearings (DOAH).

APPEARANCES

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STATEMENT OF THE ISSUE

The issue to be determined by this Partial Final Order is whether the $50,000 cap on attorneys' fees established in section 120.595(2), Florida Statutes (2017), is to be applied so as to limit the amount of fees to be awarded against an agency in a single rule challenge proceeding to $50,000, or whether an award of attorneys' fees of up to $50,000 may be made to each prevailing party in a rule challenge proceeding with multiple

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Petitioners. Upon entry of this Order, a date will be established to reconvene the hearing for the purpose of taking evidence to establish the amount of reasonable costs and reasonable attorney's fees to be awarded, after which a final, appealable Order will be entered.

PRELIMINARY STATEMENT

This case is before the undersigned upon the entry of two Orders by the First District Court of Appeal (First DCA) granting motions for attorney's fees and costs and remanding the matter to DOAH to assess the amount pursuant to section 120.595(2).

On September 26, 2016, after entry of a Final Order determining several proposed rules of the Department of Business and Professional Regulation, Division of Pari-mutuel Wagering (DBPR or Respondent), relating to "designated player" card games, Florida Administrative Code Rules 61D-11.001(17) and 61D-11.002(5), to have been invalid exercises of delegated legislative authority, The Lockwood Law Firm filed separate Motions for Attorney's Fees and Costs pursuant to section 120.595(2) with DOAH on behalf its clients in DOAH Case Nos. 15-7010RP (Petitioner Dania Entertainment Center, LLC); 15-7011RP (Petitioner Daytona Beach Kennel Club, Inc.); 15-7012RP (Petitioner Jacksonville Kennel Club, Inc.); 15-7013RP (Petitioner Melbourne Greyhound Park, LLC);

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15-7014RP (Petitioner Bonita-Fort Myers Corporation); 15-7015RP (Petitioner Investment Corporation of Palm Beach); and 15-7016RP (Petitioner West Flagler Associates, Ltd.)(the "Lockwood Petitioners"). On the same day, the Foley & Lardner law firm filed a Motion for Attorney's Fees and Costs on behalf of its clients in DOAH Case No. 15-7022RP (Petitioners Tampa Bay Downs, Inc. and TBDG Acquisition, LLC, d/b/a TGT Poker and Racetrack)(the "Foley & Lardner Petitioners"). The Lockwood Petitioners and the Foley & Lardner Petitioners shall be collectively referred to as "Petitioners."

On October 7, 2016, the Motions for Attorney's Fees and Costs, by then reassigned as DOAH Case Nos. 16-5682F, 16-5683F, 16-5684F, 16-5685F, 16-5686F, 16-5687F, 16-5688F, and 16-5689F, were consolidated and placed in abeyance pending the resolution of DBPR's appeal of the Final Order.

On November 8, 2017, the court entered its written opinion in Department of Business and Professional Regulation, Division of Pari-mutuel Wagering v. Dania Entertainment Center, LLC, et al., 229 So. 2d 1259 (Fla. 1st DCA 2017), affirming the Final Order. The court also entered two separate Orders granting the motions for attorney's fees and costs filed by the Lockwood Petitioners and the Foley & Lardner Petitioners, and remanded the matters to DOAH to assess the amount.

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The case proceeded under the consolidated style. On November 30, 2017, the parties filed a Joint Status Report by which they requested that the final hearing be bifurcated into two phases, with the first phase being a hearing to determine how the $50,000 cap on attorneys' fees established by section 120.595(2) would be applied in the consolidated multi-party litigation, and the second phase being an evidentiary hearing to determine the amount of reasonable costs and attorneys' fees to be awarded. The hearing on the first phase was scheduled for January 16, 2018.

On January 11, 2018, pursuant to the Notice of Hearing, each of the parties filed a memorandum setting forth the facts and law supporting their respective positions, i.e., that each individual Petitioner is entitled to a separate award of up to $50,000, as advanced by the Petitioners, or that $50,000 is the maximum amount that can be awarded against DBPR, as advanced by Respondent.

The parties generally relied upon or distinguished the same five DOAH Final Orders entered between 1997 and 2014. The legislative bill analysis of 1996 Senate Bills 2288 and 2290, which led to the creation of section 120.595(2) with a $15,000 cap, and bill analysis of 2008 Senate Bill 704, which raised the cap to $50,000, were officially recognized, as was, by consent of the parties, the docket in DOAH Case Nos. 15-7010RP, et seq.

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The bifurcated hearing was convened on January 16, 2018, as scheduled, with argument taken to supplement the memoranda previously filed. At the conclusion of the argument, the undersigned indicated that the decision was likely to be controlled by Administrative Law Judge R. Bruce McKibben's Final Order in G.B. v. Agency for Persons with Disabilities, Case No. 14-4173FC (DOAH Mar. 24, 2015), aff'd, 180 So. 3d 183 (Fla. 1st DCA 2015). As a result, the parties were allowed to file supplemental memoranda to specifically address the G.B. case.

The parties' memoranda and supplements thereto have been considered in the preparation of this Partial Final Order.

FINDINGS OF FACT

1. The Findings of Fact set forth in the Final Order entered in DOAH Case Nos. 15-7010 through 15-7016 and 15-7022 are hereby adopted in this Final Order.

2. Each Petitioner currently holds a permit and license under chapter 550, Florida Statutes, to conduct pari-mutuel wagering and a license under section 849.086, Florida Statutes, to conduct cardroom operations. Petitioners offer designated player games at their respective cardrooms.

3. On December 11, 2015, the Lockwood Petitioners each filed a Petition Challenging the Validity of Proposed Rules 61D-11.001, 61D-11.002, and 61D-11.005(9), Florida Administrative Code. But for paragraphs identifying the

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specific Petitioners, generally paragraphs 2 and 26 of each Petition, the Petitions and their exhibits were, with few exceptions, identical.

4. On December 11, 2015, the Foley & Lardner Petitioners jointly filed their Petition Challenging the Validity of Proposed Rules 61D-11.001, 61D-11.002, and 61D-11.005(9), Florida Administrative Code. Though the Petition was not identical to those filed by the Lockwood Petitioners, there were pervasive similarities and frequently identical provisions, including common exhibits and a substantively similar prayer for relief, that suggest a high degree of coordination among the Petitioners.

5. There was no dispute as to the standing of any party.

6. The final hearing was held on a stipulated record, with the hearing itself consisting of oral argument on the legal issues framed by the Joint Prehearing Stipulation.

7. The exhibits constituting the record were filed as Petitioners' exhibits, with no differentiation between the Lockwood Petitioners and the Foley & Lardner Petitioners.

8. The only testimony of any representative of a Petitioner was the deposition of the president of the Jacksonville Kennel Club that was offered in evidence by Respondent.

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9. Among the facts stipulated was that "Surveillance videos gathered by the Division during the investigations in late 2015 and early 2016 showing designated player games [at various of Petitioners' facilities] are representative of the style of play for designated player games throughout Florida cardrooms."

CONCLUSIONS OF LAW

10. Section 120.595(2) provides:

> (2) CHALLENGES TO PROPOSED AGENCY RULES PURSUANT TO SECTION 120.56(2).—If the appellate court or administrative law judge declares a proposed rule or portion of a proposed rule invalid pursuant to s. 120.56(2), a judgment or order shall be rendered against the agency for reasonable costs and reasonable attorney's fees, unless the agency demonstrates that its actions were substantially justified or special circumstances exist which would make the award unjust. An agency's actions are "substantially justified" if there was a reasonable basis in law and fact at the time the actions were taken by the agency. If the agency prevails in the proceedings, the appellate court or administrative law judge shall award reasonable costs and reasonable attorney's fees against a party if the appellate court or administrative law judge determines that a party participated in the proceedings for an improper purpose as defined by paragraph (1)(e). No award of attorney's fees as provided by this subsection shall exceed $50,000.

Plain Meaning

11. Each party initially relies on the "plain meaning" of the statute to support their respective positions. The Lockwood

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Petitioners assert that the first sentence of section 120.595(2) provides that a "judgment or order" is to be rendered against the agency, and does not place a cap on such judgment. The final sentence provides that no "award" of attorney's fees shall exceed $50,000. The Lockwood Petitioners then argue that "construing these sentences together requires that each prevailing party is entitled to an award of its reasonable attorney's fees, up to $50,000, and an order is entered against the agency for the total amount of attorney's fees that are awarded to the prevailing parties." Memorandum of Law Regarding Section 120.595(2)'s Cap on Attorney's Fees, at 6.

12. Similarly, the Foley & Lardner Petitioners argue that the "plain meaning" of "[e]ach of the operative words are singular, meaning the cap applies on a singular basis, i.e., only on a per-party or per-award basis." Brief on the Application of the Attorney's Fees Statutory Cap, at 4. The Foley & Lardner Petitioners also argue that the "improper purpose" provision by which the agency may recover attorney's fees applies to any "party" that has participated in a proceeding for an improper purpose. They argue that under the "reciprocity principle," it would be illogical to allow the agency to recover fees up to $50,000 from multiple parties, while allowing multiple parties only to split a single $50,000 fee. Id. at 7. That argument, though facially appealing, fails

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to recognize that the multiple "improper purpose" parties would still collectively be responsible for the reasonable and actual fees of a single party, i.e. the agency, while the agency could, under that argument, be responsible for the reasonable and actual fees of potentially countless Petitioners.

13. Respondent also asserts that the "plain meaning" of section 120.595(2) controls, arguing that:

> The underlined language above [i.e. "No award of attorney's fees as provided by this sub-section shall exceed $50,000"] is abundantly clear; any proposed rule challenge proceeding is limited to an aggregate award of $50,000 of attorney's fees. Alternatively put, the judgment or order shall be rendered against the agency for reasonable attorney's fees, but that (singular) order shall not exceed $50,000. Any other result would necessitate inclusion of additional language into the statute.

Memorandum of Law in Support of an Aggregate Method for Awarding Attorney's Fees in Accordance with Section 120.595(2), Florida Statutes, at 8.

14. Despite the assertions of the parties, the undersigned concludes that section 120.595(2) is not so clear as to allow for a definitive determination on its face as to whether the statute allows for multiple awards against an agency up to $50,000 when multiple parties have challenged the same proposed rule.

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Bill Analysis

15. The parties have each cited to the Final Bill Analysis & Economic Impact Statement for CS/SB 2290 and 2288 (1996 Bill Analysis), as providing evidence of the intent of the Legislature when it created the fee cap provision. CS/SB 2290 and 2288 is the 1996 legislation that created section 120.595, and was codified as chapter 96-159, Laws of Florida. The 1996 Bill Analysis may be found at http://www.japc.state.fl.us/Documents/Publications/SummariesAnalyses/1996/CSSB2290_2288SGR.pdf.

16. As related to this proceeding, the 1996 Bill Analysis, in the section entitled Attorney Fees, provides that:

> For challenges to proposed and existing agency rules, the Governor's Commission recommended that if a proposed rule, existing rule, or portion of a rule is declared invalid, the administrative law judge shall award reasonable costs and reasonable attorney's fees to the petitioner, unless the agency demonstrates that its actions were substantially justified or that special circumstances exist that would make the award unjust. "Substantially justified" is defined the same as in section 57.111, Florida Statutes, as an action that has "a reasonable basis in law and fact at the time the actions were taken by the agency." An agency may be awarded attorney fees and costs if a party has participated in the proceeding for an improper purpose. An "improper purpose" is defined as "participation in a proceeding primarily to harass or to cause unnecessary delay or for frivolous purpose or to needlessly increase the cost of licensing or

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> securing the approval of an activity." An award of attorney fees under these provisions shall not exceed $15,000. These provisions are included in subsections (2) and (3) of section 120.595, Florida Statutes.

1996 Bill Analysis, at 32.

17. There is little in the Attorney Fees section of the 1996 Bill Analysis that sheds further light on the issue of whether the statutory cap on fees is to be applied per case or per party.

18. More persuasive information is provided in the Fiscal Analysis & Economic Impact Statement of the 1996 Bill Analysis, section III.A.1., which provides, in pertinent part, that:

> 1. Non-recurring Effects:
>
> If attorney fees and costs are awarded under this bill, it will add an indeterminate cost to the rulemaking process. The new attorney fee provisions are capped at $15,000.

1996 Bill Analysis, at 37.

19. It is the conclusion of the undersigned that, if the $15,000 cap was to be applied to individual parties in multi-party litigation, thus creating a potentially limitless non-recurring economic impact of the bill on state agencies, there would have been some mention of that by the committee staff.

20. Further insight as to the scope of the statutory cap may be gleaned from the Bill Analysis and Fiscal Impact Statement for CS/CS/SB 704 (2008 Bill Analysis). CS/CS/SB 704

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is the 2008 legislation that amended section 120.595 to raise the statutory cap to $50,000, and which was codified as chapter 2008-104, Laws of Florida. The 2008 Bill Analysis may be found at http://www.japc.state.fl.us/Documents/Publications/SummariesAnalyses/2008/SenateStaffAnalysis-CSCSSB704-TA.pdf.

21. In section 13 of the 2008 Bill Analysis, the committee staff, in describing the proposed change, stated that:

> This bill amends s. 120.595, F.S., to clarify that all references to "the court" are references to the appellate court. It raises the cap on attorney's fees that may be awarded against a party in a proceeding in s. 120.595(2) and (3), F.S. to $50,000. (emphasis added).

2008 Bill Analysis, pg. 16.

22. Not only does the 2008 Bill Analysis suggest that the Legislature understood that an award against a party was to be limited to the capped amount but, as indicated previously, if the attorney's fee cap could create an open-ended economic impact on state agencies, it is unlikely that the committee staff would have neglected to perform an analysis of that possibility.

Cases

23. As indicated previously, the parties each relied upon or distinguished the same five Final Orders entered by DOAH. Petitioners rely on The Environmental Trust v. Department of Environmental Protection, Case Nos. 96-4663RP, et al. (Fla. DOAH

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Sept. 8, 1997)(six consolidated cases); Florida Bankers Association v. Department of Insurance, Case Nos. 98-4118F, et al. (Fla. DOAH Dec. 6, 2000)(three consolidated cases); and Anderson Columbia Company, Inc. v. Board of Trustees of the Internal Improvement Trust Fund, Case Nos. 00-0754F, et al., (Fla. DOAH July 18, 2000)(five consolidated cases); whereas Respondent relies on Vipul Patel v. Board of Pharmacy, Case Nos. 08-2728RX, et al. (Fla. DOAH July 30, 2009)(14 consolidated cases); and G.B. v. Agency for Persons with Disabilities, Case No. 14-4173FC (Fla. DOAH Mar. 24, 2015)(four consolidated cases).

Cases Relied Upon by Petitioners

24. Each of the cases relied upon by Petitioners conclude (some more explicitly than others) that attorney's fees up to the statutory cap established in section 120.595(2) (in those cases being $15,000) may be awarded to each party in multi-party litigation.

The Environmental Trust

25. In The Environmental Trust, Judge P. Michael Ruff held that:

> Each of the parties was, due to the Department's attempt to promulgate a rule that was clearly and facially illegal, required to retain counsel in order to effectively represent and protect its interests against the Department's illegal action. As the attorney's fees provisions

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> of Chapter 120, Florida Statutes, are intended to provide some measure of financial relief in situations in which agencies have acted outside of their authority, the $15,000.00 attorney's fee cap must apply to each party requiring representation.

The Environmental Trust, FO ¶ 33.

26. Based on his construction of the language of section 120.595(2), his review of the 1996 Bill Analysis, and his understanding of the underlying policy of the fee statute to "level the playing field and allow for effective participation by the private sector," Judge Ruff concluded that the fee cap applied individually to each rule challenge proceeding, with the Petitioners to the consolidated proceedings being "each entitled to an award of their attorneys' fees and costs up to the statutory $15,000 limit." The Environmental Trust, FO ¶ 43.

27. The Final Order in The Environmental Trust was appealed to the First DCA, along with three other related cases. Judge Ruff's Final Order was reversed. The opinion also reversed the Order awarding attorney's fees for reasons unrelated to the application of the statutory cap to multi-party litigation, holding that "[w]e need not determine whether the administrative law judge properly applied the 1996 version of the Administrative Procedure Act, because there is no substantive basis for an award of attorneys' fees." The Envtl. Trust v. Dep't of Envtl. Prot., 714 So. 2d at 501.

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Florida Bankers Association

28. Petitioners also rely on the Final Order in Florida Bankers Association, in which Judge William F. Quattlebaum awarded attorney's fees and costs after a successful challenge to certain rules promulgated by the Department of Insurance.[1/]

29. In Florida Bankers Association, the fees to the two parties, $15,000 to Florida Bankers Association and $10,290 to Community Bankers Association, were awarded by stipulation of the parties. Thus, the applicability of the statutory cap in multi-party litigation was neither raised by the parties, nor presented to Judge Quattlebaum for disposition.

30. The Florida Bankers Association Final Order on Remand was again appealed to the First DCA, where the court reduced certain expert witness costs. Dep't of Ins. v. Fla. Bankers Ass'n, 799 So. 2d 353 (Fla. 1st DCA 2001). Again, since the fees had been stipulated by the parties, there would have been no mechanism for the section 120.595(2) fee cap issue to have been brought before the court.

Anderson Columbia

31. Finally, Petitioners rely on Judge Donald R. Alexander's Final Order in Anderson Columbia, in which he concluded that:

> [T]he Board does not dispute the fact that each Petitioner . . . incurred reasonable fees in excess of $15,000.00 in challenging

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> the rule. Moreover, each of these parties came to the case with a different perspective, that is, one had a disclaimer with a reversionary interest, one did not, one was a tenant, and one was a landlord. The parties did not participate in a shared venture, and except for the fact that the cases were consolidated for administrative efficiency, their claims would have been tried separately. Contrary to the Board's suggestion, it would be unfair to now penalize the four parties by forcing them to share a fee simply because they happened to choose the same attorney for representation and their claims were joined for purposes of hearing. If the Board's theory were accepted, multiple parties would always oppose consolidation and seek to have their claims tried separately, or they would be forced to retain separate counsel in order to be made whole under the statute. Such a result is illogical, unfair, and contrary to the very purpose of the statute. Obviously, the process is better served by fewer attorneys and consolidation of multiple cases. Therefore, each of the four Petitioners is entitled to recover $15,000.00 in fees.

Anderson Columbia, FO ¶ 31.

32. As a result, Judge Alexander awarded fees in the amount of $15,000 to each of the Petitioners in four of the cases, and $9,117 to the fifth Petitioner.

33. Judge Alexander's Final Order was affirmed, per curiam, by the First DCA. Bd. of Trs. of the Int. Imp. Trust Fund of Fla. v. Support Terminals Operating P'ship, L.P., 796 So. 2d 1176 (Fla. 1st DCA 2001). Though PCAs have limited precedential value (Department of Legal Affairs v. District

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Court of Appeal, 434 So. 2d 310 (Fla. 1983)), Anderson Columbia provides the firmest support for Petitioners' position regarding the award of attorney's fees in multi-party rule challenges.

Cases Relied Upon by Respondent

34. Predictably, Respondent relied on the two DOAH Final Orders that concluded the statutory cap established in section 120.595(2) is to be applied as a single award against an agency, with that amount to be divided amongst parties in multi-party litigation.

Vipul Patel

35. In Vipul Patel, Judge Susan B. Harrell determined that the cap would be applied as an aggregate to each of the 14 Petitioners. There were a number of factors -- some of which are applicable to the current Petitioners, and some of which are not -- that appear to have influenced her decision.

36. Factors that were similar to the situation in this case were that "Petitioners had a common goal . . . . The wording of each of the petitions was essentially the same except for the names of the individual Petitioners. Because the issues were the same for all the rule challenges, the rule challenges were consolidated for final hearing." Vipul Patel, FO ¶ 5. In Vipul Patel, the common goal was for each Petitioner to be allowed to sit for the pharmacist professional licensure examination. In this case, the common goal was for each

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Petitioner to be allowed to conduct player-banked designated player card games.

37. Factors that shared no similarity between Vipul Patel and the instant case were that "the reason for filing 14 separate petitions was to increase the amount of attorney's fees which could be awarded. The cases were taken on a contingency fee basis, principally because Petitioners could not afford to pay on an hourly basis." It is clear from Judge Harrell's Order that the filing of separate petitions in Vipul Patel was an artifice for generating enough fees to make the case worth the Vipul Patel attorney's time. There is not even a hint that any such circumstance exists here.

38. Judge Harrell noted, citing a factor applied by Judge Alexander in Anderson Columbia, that "the Petitioners are not bringing different perspectives to the cases."

39. Petitioners in this case argue that each Petitioner had a different set of circumstances that they brought to the case. Even though all of the Petitioners sought invalidation of the same proposed rule, and all shared the goal of offering designated player games at their respective facilities, "each [was] impacted differently by the proposed rule repeal because their internal controls and rules governing the games differ, as do the number of tables they offer and the demands of their local markets." Lockwood Petitioners' Supplemental Memorandum

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of Law Regarding Section 120.595(2)'s Cap on Attorney's Fees at 7.

40. The differences between the Petitioners in terms of the particulars of their games and internal controls are not so distinct as to lead the undersigned to conclude that they brought materially different perspectives. To the contrary, the general "style of play for designated player games" at each facility was consistent, and Petitioners' journeys through the rulemaking and enforcement processes, as well as through the rule challenge proceeding, were substantially similar, and led to a result that would not have varied depending on the circumstances of any individual Petitioner. As stated by Judge Harrell, Petitioners, as with the Vipul Patel Petitioners, "were all in the same boat." Vipul Patel, FO ¶ 93.

G.B.

41. In G.B., Judge R. Bruce McKibben entered a Final Order after the First DCA granted the Petitioners' motion for attorney's fees with the following Order:

> [Petitioners'] motion filed May 12, 2014, for attorney's fees is granted. This case is remanded to the trial court for the determination of the amount thereof if the parties are unable to agree on an amount.

42. In his Final Order on remand, Judge McKibben concluded that the statutory cap on attorney's fees in section 120.595(2) applied as an aggregate, to be divided among the four

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Petitioners. In drawing his conclusion, Judge McKibben determined that:

> [T]he relief sought by each of the Petitioners was the same: invalidation of the proposed rules. It cannot be argued that each Petitioner in his or her own right was seeking individual redress or damages. Collectively, they wanted the proposed rules invalidated so that they could return to the status quo concerning their benefits from the State.

G.B., FO ¶ 18.

43. Judge McKibben noted that, in G.B., there was no dispute as to standing, and only one of the Petitioners testified. Similarly, there was no dispute in this case as to the standing of any party in the underlying rule challenge. The case was tried on a record stipulated by all of the parties. The only testimony of any representative of a Petitioner was the deposition of the president of the Jacksonville Kennel Club. Among the facts stipulated was that "[s]urveillance videos gathered by the Division during the investigations in late 2015 and early 2016 showing designated player games [at various of Petitioners' facilities] are representative of the style of play for designated player games throughout Florida cardrooms." As in G.B., the level of coordination between the Petitioners was substantial.

44. Judge McKibben's Final Order on remand was appealed to the First DCA. In its Opinion and Order on Amended Motion for

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Review of Administrative Order on Appellate Attorneys' Fees, the court held that:

> Appellants seek review pursuant to rule 9.190(d)(3), Florida Rules of Appellate Procedure, of the administrative final order on attorneys' fees entered upon remand in case number 1D13-4903 . . . . That administrative order awarded $50,000.00 in attorneys' fees pursuant to section 120.595(2), Florida Statutes . . . . We reject all of Appellants' arguments and affirm the administrative order."

G.B. v. Agency for Persons with Disabilities, 180 So. 3d 183 (Fla. 1st DCA 2015).

45. G.B. provides the most direct and recent expression of the construction of section 120.595(2) by an appellate court. Thus, it is concluded that in cases such as this, in which a group of Petitioners is acting in a concerted and collective manner to achieve a common result, the total award of fees to the Petitioners, and against the agency, is limited to $50,000.

CONCLUSION

Based on the foregoing Findings of Fact and Conclusions of Law, the undersigned concludes that the $50,000 cap on attorney's fees established in section 120.595(2) establishes the maximum amount that may be awarded to Petitioners, collectively, in this proceeding.

This Partial Final Order on Effect of Statutory Cap on Fees shall be adopted and incorporated in the Final Order to be

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entered in this case determining the amount of attorney's fees up to $50,000 and reasonable costs.

DONE AND ORDERED this 26th day of January, 2018, in Tallahassee, Leon County, Florida.



E. GARY EARLY
Administrative Law Judge
Division of Administrative Hearings
The DeSoto Building
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060
(850) 488-9675
Fax Filing (850) 921-6847
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Filed with the Clerk of the
Division of Administrative Hearings
this 26th day of January, 2018.

ENDNOTE

[1/] The Final Order on Remand was entered after an appeal of his initial Final Order. The court's opinion focused entirely on the insufficiency of the findings as to whether the Department of Insurance was "substantially justified" in proposing the rule, and on whether Judge Quattlebaum was correct in denying fees to a non-attorney qualified representative. Dep't of Ins. v. Fla. Bankers Ass'n, 764 So. 2d 660 (Fla. 1st DCA 2000). The earlier opinion made no reference to the applicability of the section 120.595(2) statutory cap on fees.

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NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review pursuant to section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing the original notice of administrative appeal with the agency clerk of the Division of Administrative Hearings within 30 days of rendition of the order to be reviewed, and a copy of the notice, accompanied by any filing fees prescribed by law, with the clerk of the District Court of Appeal in the appellate district where the agency maintains its headquarters or where a party resides or as otherwise provided by law.

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From: Russo, Katherine
To: Gambineri, Mara
Subject: FW: Coronavirus
Date: Thursday, March 5, 2020 3:30:29 PM

From: Sweet, Chris [mailto:Chris.Sweet@mail.house.gov]
Sent: Wednesday, March 04, 2020 5:58 PM
To: Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Subject: RE: Coronavirus

Got it, thanks! We also saw that there was a roundtable discussion with local officials in Miami-Dade and the Surgeon General. Can you please let us know if something like this is going to happen again, or something similar in Collier or Hendry counties? Would like to be able to get the boss, or someone from our staff over there

---

From: Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Sent: Wednesday, March 4, 2020 3:15 PM
To: Sweet, Chris <Chris.Sweet@mail.house.gov>
Subject: RE: Coronavirus

Hi there, thanks for reaching out. We're still developing awareness activities.

The DOH coronavirus website is a good resource in the meantime:
http://www.floridahealth.gov/diseases-and-conditions/COVID-19/

The website highlights the COVID-19 Call Center that is available Monday through Friday, 8am-8pm: 1 (866) 779-6121.

Hope this helps – we should have more circulating soon.

Feel free to call me whenever if you have a specific question/concern!

From: Sweet, Chris [mailto:Chris.Sweet@mail.house.gov]
Sent: Wednesday, March 04, 2020 3:04 PM
To: Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Subject: Coronavirus

Hey Katherine,

Is the state working on any awareness activities, or educational outreach, etc… related to Coronavirus? Trying to come up with some stuff our office can do in the district to stay on top of it.

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Thanks for any info!
Chris

Christopher E. Sweet
Legislative Director
Rep. Mario Diaz-Balart (FL-25)
202-225-4211

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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From:	Davis, Ashley
To:	DEM ESF Leads and Partners
Subject:	FW: DEM ORDER NO. 20-002, In re COVID-19 Public Health Emergency, Issued March 11, 2020
Date:	Wednesday, March 11, 2020 6:23:11 PM
Attachments:	DEM ORDER NO. 20-002, In re COVID-19 Public Health Emergency, Issued March 11, 2020.pdf

From: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Sent: Wednesday, March 11, 2020 6:22 PM
To: County Emergency Management Directors <CountyEmergencyManagementDirectors@em.myflorida.com>
Subject: DEM ORDER NO. 20-002, In re COVID-19 Public Health Emergency, Issued March 11, 2020

County EM Directors,

Attached is the signed DEM Emergency Order No. 20-002 regarding nurses homes, assisted living facilities, etc. It has been uploaded to WebEOC info message #78. Thank you!

Morgan L. Cintron
External Affairs Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
C-850-755-2722
O-850-815-4013
Morgan.Cintron@em.myflorida.com
www.floridadisaster.org

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-002

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting certain individuals from visiting facilities. For purposes of this order, a facility includes nursing homes, assisted living

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facilities, adult family-care homes, long-term care facilities, and adult group homes. The order applies as follows:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours is prohibited from visiting a facility; or

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat is prohibited from visiting a facility; or

c. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or

d. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and

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Prevention or a state public health agency, is prohibited from visiting a facility.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 11th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: 3/11/20

AMERICAN OVERSIGHT

From: Beatrice, Meredith M.
Subject: FW: DEPARTMENT OF HEALTH ADVISES INDIVIDUALS WHO TRAVELED ON NILE RIVER CRUISE TO SELF-ISOLATE FOR 14 DAYS FROM THE DATE OF RETURN
Date: Saturday, March 7, 2020 7:31:31 PM

Begin forwarded message:

From: "Moscoso, Alberto" <Alberto.Moscoso@flhealth.gov>
Date: March 7, 2020 at 7:06:26 PM EST
To: "Feedback, NewsMedia" <NewsMedia@flhealth.gov>
Subject: DEPARTMENT OF HEALTH ADVISES INDIVIDUALS WHO TRAVELED ON NILE RIVER CRUISE TO SELF-ISOLATE FOR 14 DAYS FROM THE DATE OF RETURN

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

FOR IMMEDIATE RELEASE
March 7, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ADVISES INDIVIDUALS WHO TRAVELED ON NILE RIVER CRUISE TO SELF-ISOLATE FOR 14 DAYS FROM THE DATE OF RETURN

TALLAHASSEE — The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two presumptive positive cases in Florida.

The Department has been made aware that persons who were on tours in Egypt, Israel and Jordan between Feb 4-18, 2020 may have been exposed to COVID-19. Persons who traveled to these areas and have become sick are advised to stay home and isolated from others for the duration of their illness. Before seeking medical care, individuals who may have been exposed to COVID-19 should contact their nearest county health department.

For self-isolation guidelines, please visit: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Self-Isolation.html

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For more information regarding what travelers need to know, visit: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/travel-notice.html

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local county health department.

COVID-19 is spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

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Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov. **The Call Center is available 24 hours a day, seven days a week.**

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

AMERICAN OVERSIGHT

From:	Beatrice, Meredith M.
Cc:	Ferre, Helen; McCloud, Cody; Ash, Ryan; Marquez, Jonas
Subject:	FW: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19
Date:	Friday, March 6, 2020 10:19:47 PM

Good evening:

Our office wanted to ensure your agencies have received the below update regarding COVID-19 issued by the Florida Department of Health.

Best,

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Friday, March 6, 2020 10:12 PM
To: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Subject: FW: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

Florida Health logo

FOR IMMEDIATE RELEASE
March 6, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

TALLAHASSEE— The Florida Department of Health has announced updates regarding the 2019 coronavirus disease (COVID-19) in Florida. Two individuals have died and two new presumptive positive

AMERICAN OVERSIGHT

cases have been identified in Broward County.

Deceased Individuals

- A previously announced COVID-19 patient in Santa Rosa County has died, following an international trip.
- A new case of a COVID-19 patient in her seventies in Lee County has died, following an international trip.

New Presumptive Positive Cases

- A 75-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.
- A new individual in their seventies that tested presumptive positive for COVID-19 in Lee County has died, following an international trip.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

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A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

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AMERICAN OVERSIGHT

From:	Beatrice, Meredith M.
To:	Gambineri, Mara
Cc:	Ferre, Helen
Subject:	FW: DRAFT
Date:	Friday, March 6, 2020 9:13:10 PM
Attachments:	DRAFT 3.6.2020.docx

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Friday, March 6, 2020 9:12 PM
To: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>
Subject: DRAFT

.@HealthyFla has announced 3 new presumptive positive Florida #COVID19 cases: 2 in Broward County that are isolated and 1 in Lee County that is deceased. A previously-announced case in Santa Rosa County is also deceased. For #COVID19 updates, visit FloridaHealth.gov/COVID-19

Jason Mahon
Communications Director
Florida Division of Emergency Management
850-815-4131 (desk)
850-294-2169 (cell)
Jason.Mahon@em.myflorida.com

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

AMERICAN OVERSIGHT

March 6, 2020

DEPARTMENT OF HEALTH ANNOUNCES ADDITIONAL CASES AND TWO DEATHS RELATED TO COVID-19 IN FLORIDA

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health has announced there are three new presumptive positive cases of 2019 coronavirus disease (COVID-19) in Florida. One individual is deceased, the other two individuals remain in isolation at this time. A previously announced COVID-19 patient in Santa Rosa County is also deceased.

The deceased individual associated with a new case was in their seventies in Lee County.

The first patient under investigation is a 75-year old male in Broward County. This person is isolated and will continue to remain isolated until cleared by public health officials.

The second patient under investigation is a 65-year old male in Broward County. This person is isolated and will continue to remain isolated until cleared by public health officials.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

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DRAFT
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- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

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The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

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AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Lukis, Adrian; Jacquot, Joe; Primrose, Nicholas
Subject: FW: Declaration of Public Health Emergency COVID-19
Date: Sunday, March 1, 2020 9:38:18 PM
Attachments: Declaration of Public Health Emergency COVID-19 3.1.20.pdf

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From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Sunday, March 1, 2020 9:37 PM
To: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Roberson, Shamarial <Shamarial.Roberson@flhealth.gov>; Coppola, Courtney <Courtney.coppola@flhealth.gov>; Rivkees. Scott <scott.rivkees@flhealth.gov>
Cc: Medved, Daniel T <Daniel.Medved@flhealth.gov>; Lamia, Christine E <Christine.Lamia@flhealth.gov>; Wilson, John <John.Wilson@flhealth.gov>; Young, Wanda <Wanda.Young@flhealth.gov>; Johnson, Vickie B <Vickie.Johnson@flhealth.gov>; Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; StateESF8.Planning <StateESF8.Planning@flhealth.gov>; Love, Andrew <Andrew.Love@flhealth.gov>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Tindle, Jade <jade.tindle@flhealth.gov>; Fullem, Linda <linda.fullem@flhealth.gov>; Bush, Amanda <Amanda.Bush@flhealth.gov>
Subject: Declaration of Public Health Emergency COVID-19
Importance: High

Good evening,

Please see the attached Declaration of Public Health Emergency for COVID-19 in the state of Florida. It is effective immediately. This will be filed with the Agency Clerk at 8:00 a.m. tomorrow.

Thank you,

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.

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Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.
R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please note:
Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.
Please consider the environment before printing this e-mail.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that appears to occur through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of February 29, 2020, COVID-19 has spread throughout China and to 67 other countries and territories, including 62 cases within the United States; and

WHEREAS, the Centers for Disease Control and Prevention recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

WHEREAS, on January 30, 2020, the World Health Organization declared a public health emergency of international concern related to COVID-19; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services declared that a public health emergency exists nationwide as a result of confirmed cases of COVID-19 in the United States; and

WHEREAS, one Hillsborough County resident and one Manatee County resident have tested presumptively positive for COVID-19; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and therefore directed that a Public Health Emergency be declared in the State of Florida; and

WHEREAS, implementation of basic precautions of infection control and prevention, including staying at home when ill and practicing respiratory and hand hygiene are necessary to slow or prevent the spread of COVID-19; and

WHEREAS, COVID-19 is a communicable disease with significant morbidity and mortality, and presents a severe danger to public health; and

WHEREAS, COVID-19 is a threat to public health in Florida.

NOW, THEREFORE, I, Scott A. Rivkees, M.D., State Surgeon General and State Health Officer, by virtue of Executive Order Number 20-51 issued by Governor Ron DeSantis, the authority vested in me by section 381.00315, Florida Statutes, and after consultation with

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Governor Ron DeSantis and public health officials within the Department of Health, do hereby declare that a public health emergency exists in the State of Florida. In order to respond to this emergency, the following shall commence:

Section 1. In order to protect public health, I find it is necessary for the Florida Department of Health to request assistance from the Centers for Disease Control and Prevention to address this public health emergency.

Section 2. In order to protect public health, I find it is necessary to advise individuals in the State of Florida that have traveled to an area that the Centers for Disease Control and Prevention has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or have been in close contact with an individual that has traveled to such an area, that develop symptoms of fever, cough, shortness of breath, or difficulty breathing within 14 days of such travel or close contact should immediately contact the Florida Department of Health in their current county and self-isolate until cleared by the Florida Department of Health.

Section 3. In order to protect public health, I find it is necessary to advise any individuals who believe they may have been exposed to COVID-19 to contact their local county health department **prior to** travelling to any physician's office, emergency department, hospital, or urgent care center, to ensure proper protective measures are taken to prevent further risk of spread to others.

Section 4. In order to protect public health, I find it is necessary to remind health care providers, hospitals, and labs that they are required to immediately report all suspected cases of COVID-19 to the local county health department to ensure a prompt public health response to prevent disease among close contacts.

Section 5. In order to protect public health, the Florida Department of Health will maintain an Incident Management Team to coordinate the public health response for the State of Florida.

Section 6. In order to protect public health, the Florida Department of Health, at such time when necessary, may take actions to protect the public health, pursuant to the authority of section 381.00315, Florida Statutes, including quarantine, isolation and other interventions.

Issued this 1st day of March 2020, in Department of Health offices, Tallahassee, Leon County, Florida.

Scott A. Rivkees, M.D.
State Surgeon General

AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Strum, Shane; Gambineri, Mara
Subject: FW: Declaration of Public Health Emergency COVID-19
Date: Sunday, March 1, 2020 9:40:43 PM
Attachments: Declaration of Public Health Emergency COVID-19 3.1.20.pdf

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From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Sunday, March 1, 2020 9:37 PM
To: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Roberson, Shamarial <Shamarial.Roberson@flhealth.gov>; Coppola, Courtney <Courtney.coppola@flhealth.gov>; Rivkees. Scott <scott.rivkees@flhealth.gov>
Cc: Medved, Daniel T <Daniel.Medved@flhealth.gov>; Lamia, Christine E <Christine.Lamia@flhealth.gov>; Wilson, John <John.Wilson@flhealth.gov>; Young, Wanda <Wanda.Young@flhealth.gov>; Johnson, Vickie B <Vickie.Johnson@flhealth.gov>; Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; StateESF8.Planning <StateESF8.Planning@flhealth.gov>; Love, Andrew <Andrew.Love@flhealth.gov>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Tindle, Jade <jade.tindle@flhealth.gov>; Fullem, Linda <linda.fullem@flhealth.gov>; Bush, Amanda <Amanda.Bush@flhealth.gov>
Subject: Declaration of Public Health Emergency COVID-19
Importance: High

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Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
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R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please note:
Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.
Please consider the environment before printing this e-mail.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that appears to occur through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of February 29, 2020, COVID-19 has spread throughout China and to 67 other countries and territories, including 62 cases within the United States; and

WHEREAS, the Centers for Disease Control and Prevention recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

WHEREAS, on January 30, 2020, the World Health Organization declared a public health emergency of international concern related to COVID-19; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services declared that a public health emergency exists nationwide as a result of confirmed cases of COVID-19 in the United States; and

WHEREAS, one Hillsborough County resident and one Manatee County resident have tested presumptively positive for COVID-19; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and therefore directed that a Public Health Emergency be declared in the State of Florida; and

WHEREAS, implementation of basic precautions of infection control and prevention, including staying at home when ill and practicing respiratory and hand hygiene are necessary to slow or prevent the spread of COVID-19; and

WHEREAS, COVID-19 is a communicable disease with significant morbidity and mortality, and presents a severe danger to public health; and

WHEREAS, COVID-19 is a threat to public health in Florida.

NOW, THEREFORE, I, Scott A. Rivkees, M.D., State Surgeon General and State Health Officer, by virtue of Executive Order Number 20-51 issued by Governor Ron DeSantis, the authority vested in me by section 381.00315, Florida Statutes, and after consultation with

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Governor Ron DeSantis and public health officials within the Department of Health, do hereby declare that a public health emergency exists in the State of Florida. In order to respond to this emergency, the following shall commence:

Section 1. In order to protect public health, I find it is necessary for the Florida Department of Health to request assistance from the Centers for Disease Control and Prevention to address this public health emergency.

Section 2. In order to protect public health, I find it is necessary to advise individuals in the State of Florida that have traveled to an area that the Centers for Disease Control and Prevention has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or have been in close contact with an individual that has traveled to such an area, that develop symptoms of fever, cough, shortness of breath, or difficulty breathing within 14 days of such travel or close contact should immediately contact the Florida Department of Health in their current county and self-isolate until cleared by the Florida Department of Health.

Section 3. In order to protect public health, I find it is necessary to advise any individuals who believe they may have been exposed to COVID-19 to contact their local county health department **prior to** travelling to any physician's office, emergency department, hospital, or urgent care center, to ensure proper protective measures are taken to prevent further risk of spread to others.

Section 4. In order to protect public health, I find it is necessary to remind health care providers, hospitals, and labs that they are required to immediately report all suspected cases of COVID-19 to the local county health department to ensure a prompt public health response to prevent disease among close contacts.

Section 5. In order to protect public health, the Florida Department of Health will maintain an Incident Management Team to coordinate the public health response for the State of Florida.

Section 6. In order to protect public health, the Florida Department of Health, at such time when necessary, may take actions to protect the public health, pursuant to the authority of section 381.00315, Florida Statutes, including quarantine, isolation and other interventions.

Issued this 1st day of March 2020, in Department of Health offices, Tallahassee, Leon County, Florida.

Scott A. Rivkees, M.D.
State Surgeon General

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From:	Strum, Shane
To:	Lukis, Adrian
Subject:	FW: Draft PDF -- Community Mitigation Approach
Date:	Monday, March 9, 2020 8:53:19 PM
Attachments:	Community_Mitigation_Strategy_3_9_for_states.pdf

---

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Monday, March 9, 2020 8:53 PM
Cc: Darcie Johnston (darcie.johnston@hhs.gov) <darcie.johnston@hhs.gov>; jcb3@cdc.gov; nar5@cdc.gov; kbe0@cdc.gov; anc0@cdc.gov
Subject: Draft PDF -- Community Mitigation Approach

Here's the PDF.

BCCing the states.

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Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a proposed framework for actions which local and state health departments can implement as local spread of COVID-19 continues in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

The goals for using mitigation strategies for communities with local COVID-19 transmission are to protect:

- Individuals at risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A).
- The healthcare workforce and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality caused by COVID-19 and minimize social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy.

Implementation emphasizes:

- Emphasizing individual responsibility for implementation of recommended personal-level actions,
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at risk of severe illness
- Focusing on settings that provide critical services to implement recommended actions to protect critical infrastructure and individuals at risk of severe disease
- Minimizing disruptions to daily life to the extent possible

Guiding principles

- Each community is unique, and mitigation appropriate strategies will vary based on characteristics of the community and populations at risk of severe disease as well as the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including vulnerable populations that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at risk for severe illness

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- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- The level of activities implemented may vary across settings (ie. may be at moderate for one setting and at substantial for another setting at the same time in order to meet community response needs).
- Local and state public health departments may need to implement mitigation strategies for public health functions in the identification and contact tracing of cases depending on level of community spread (Table 3). When applied, community mitigation efforts may help implementation of public health activities like contact tracing.

Table 1. Local Factors to Consider for Determining Mitigation Strategies

Factor	Characteristics
Epidemiology	Level of community transmission Number of outbreaks COVID-19 cases impacting delivery of healthcare or impacting other critical infrastructure or services Epidemiology in surrounding jurisdictions
Community Characteristics	Size of community and population density Level of community engagement/support Size and characteristics of vulnerable populations Access to healthcare Transportation (public, walking) Planned large events
Healthcare capacity	Healthcare workforce Number of healthcare facilities Testing capacity Intensive care capacity PPE availability
Public health capacity	Public health workforce and availability of resources to implement strategies Available support from other state/local government agencies and partner organizations

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Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Setting	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None/minimal	Moderate	Substantial

Individuals and Families at Home
 	
"What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19"
	• Know where to find local information on COVID-19 and local trends of COVID-19 cases.
	• Know the signs and symptoms of COVID-19 and what to do if symptomatic:
	  ○ Stay home when you are sick
	  ○ Call HCP office in advance of a visit
	  ○ Limit movement in the community
	  ○ Limit visitors
	• Know what additional measures those at high-risk and who are vulnerable should take
	• Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).
	• Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.
	  ○ Consider 2 week supply of prescription and OTC medications, food and other essentials. Know how to get food delivered if possible.
		• Continue to monitor local information about COVID-19 in your community.
		• Continue to practice personal protective measures.
		• Continue to put household plan into action.
		• Individuals at risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel
			• Continue to monitor local information
			• Continue to practice personal protective measures.
			• Continue to put household plan into place
			• All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials

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	○ Establish ways to communicate with important others (e.g., family, friends, co-workers) ○ Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. • Know about emergency operations plans for schools/workplaces of household members.		
Schools/childcare *"What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site. • Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available. • Evaluate whether there are students or staff who are at risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact ○ Parents of children at risk for severe illness should discuss with their HCP whether those students should stay	• Implement social distancing measures, e.g.: ○ Reduce large gatherings (e.g., assemblies) ○ Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times) ○ Limit inter-school interactions ○ Consider distance or e-learning in some settings • Regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors. • Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing • Students at risk of severe illness should consider implementing individual plans for distance learning, e-learning.	• Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism • Cancellation of school-associated congregations, particularly those with participation of high-risk individuals. • Implement distance learning if feasible

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	home in case of school or community spread o High risk staff should have a plan to stay home if there are school-based cases or community spread. • Encourage staff and students to stay home when sick and notify school administrators of illness. • Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings.		
Assisted living facilities, Senior living facilities and adult day programs *"What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19. • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop plan if one is not available. • Encourage residents to stay in private quarters and staff and clients who live elsewhere to stay home when sick and notify program administrators of illness.	• Implement social distancing measures, e.g.: o Reduce large gatherings (e.g., group social events) o Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) o Limit programs with external staff o Consider having residents stay in facility o Limit visitors, implement screening	• Longer-term closure or quarantine of facility. • Restrict visitor access

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	• Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings.	• Temperature and respiratory symptom screening of attendees, staff, and visitors. • Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing	
Workplace *"What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. • Review, update, or develop workplace plans to include: o Liberal leave and telework policies o 7-day leave policies for people with symptoms o Consider alternate team approaches for work schedules. • Encourage employees to stay home and notify workplace administrators of illness when sick. • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette).	• Encourage staff to telework (when feasible), particularly individuals at risk of severe disease • Implement social distancing measures, e.g.: o Spacing workers at the worksite o Staggering work schedules o Decreasing social contacts in the workplace (limit in-person meetings) • Limit large work-related gatherings (e.g., staff meetings, after-work functions) • Limit non-essential work travel • Regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings.	• Implement extended telework arrangements (when feasible) • Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals • Cancel non-essential work travel • Cancel work-sponsored conferences, tradeshows, etc.

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	• Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in building.		
Community and faith-based organizations *"What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.) • Review, update, or develop emergency plans for the organization, especially consideration for individuals at risk of severe illness • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building.	• Implement social distancing. Reduce activities (e.g., religious services, group congregation), especially for organizations with individuals at risk of severe illness. Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at risk of severe disease (services, meals, checking in) while limiting group settings and exposures • Cancel large gatherings (e.g., >500 people) or move to smaller groupings. • For organizations that serve high-risk communities, cancel gatherings of more than 10 people.	• Cancel faith-based and community gatherings of any size

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Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) *"What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)"*	• Provide healthcare personnel (HCP, includes staff at nursing homes and long-term care), facilities, and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facility) • Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use. • Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed. • Assess visitor policies • Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill). • Encourage HCP to stay home and notify healthcare facility administrators of illness when sick. • In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions • Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, upon arrival)	• Implement changes to visitor policies to further reduce limit exposures to HCP, residents, and patients. Changes could include temperature/symptom checks for visitors, limiting visitor movement in the facility, etc. • Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; options to limit unnecessary healthcare visits • Actively monitor HCP absenteeism and respiratory illness among HCP and patients • Actively monitor PPE supplies • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g. designated clinic, surge tent) • Consider allowing asymptomatic exposed HCP to work while wearing a facemask • Begin to cross train HCP for working in other units in anticipation of staffing shortages	• Restrict all visitors from facility entry to reduce facility-based transmission. • Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask) • Cancel elective and non-urgent procedures • Establish cohort units or facilities for large numbers of patients • Consider requiring all HCP to wear a facemask when in the facility depending on supply

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Table 3.

Public health control activities by level of COVID-19 community transmission		
None/Low (Evidence of limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., health care facility, school, mass gathering)	**Medium** (Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases)	**High** (Large scale community transmission, health care staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.)
• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases • Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance • For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing • Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources • Test symptomatic individuals for COVID-19 • Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges, other first responder; technology etc.)	• May reduce contact tracing if needed, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure) infrastructure when necessary • Reduce at risk of spreading infection or exposures in (those with vulnerable populations or critical infrastructure) • Encourage HCP to more strictly implement phone triage and telemedicine practices • Continue routine COVID-19 testing; however, if testing capacity limited, prioritize testing of high-risk individuals	• May reduce or discontinue contact tracing, even in high-risk settings (e.g., healthcare professionals or high-risk settings further based on vulnerable populations or critical infrastructure) resource capacity. • Discontinue routine testing, continue testing of persons at high-risk of serious disease • Reinforce systems for phone triage and telemedicine to reduce unnecessary healthcare visits

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FL-GOV-20-0899-A-000498

Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease as defined by your doctor**. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease as defined by your doctor**. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

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FL-GOV-20-0899-A-000499

From:	Moulton, Diane
To:	Lukis, Adrian
Subject:	FW: Draft attached
Date:	Thursday, March 12, 2020 1:30:00 PM
Attachments:	Florida_Community_Mitigtion_12MAR2020.docx

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Thursday, March 12, 2020 12:44 PM
To: Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Subject: Draft attached

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CDC's recommendations for implementation of mitigation strategies for Florida, based on current situation with COVID-19 transmission and consideration of the state's large older adult population

Note: Florida has recently implemented many interventions included in the CDC guidance (https://www.cdc.gov/coronavirus/2019-ncov/community/index.html).

The most recent recommendations from Florida can be found at:
http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html

The following describes CDC recommendations for community interventions in Florida.

Bottom Line Up Front:

Florida has had several COVID-19 confirmed cases and exposures related to ports of entry, including shipping ports and airports. Due to the current level of COVID-19 transmission in the United States, and Florida's large older adult population, CDC recommends certain community mitigation activities to help slow the spread of COVID-19 into the community and to protect vulnerable members of the community. CDC recommends the following interventions be implemented at this time (Table). These recommendations may be updated, if necessary, based on any changes in the current local situation.

Goals

The goals for using mitigation strategies for Florida are to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A).
- The healthcare workforce and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality caused by COVID-19 and minimize social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy.

Implementation emphasizes:

- Emphasizing individual responsibility for implementation of recommended personal-level actions,
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at risk of severe illness such as older adults and persons with serious underlying health conditions (e.g., Dialysis patients, congestive heart failure, emphysema)
- Focusing on settings that provide critical services to implement recommended actions to protect critical infrastructure and individuals at risk of severe disease
- Minimizing disruptions to daily life to the extent possible

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Table. Community mitigation strategies for Florida

For Every Individual and Families at Home	• Monitor local information about COVID-19 in your community.
	• Know the signs and symptoms of COVID-19 and what to do if you become symptomatic.
	• Practice personal protective measures (e.g., hand washing).
	• Create a household plan of action (https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf)
	• Ensure 30-day supply of all medicines.
	• Know about emergency operations plans for schools/workplaces of household members.
	• Individuals at risk of severe illness (including older adults and persons of any age with underlying health conditions) should stay at home as much as possible.
	  ○ Avoid cruise travel and non-essential air travel
	  ○ Avoid gatherings or other situations of potential exposures, including church attendance and social events with 10 or more people as much as possible.

For Every School/Childcare Facility	• Monitor local information about COVID-19 in your community. • Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site. • Review and update emergency operations plan (including implementation of social distancing measures) or develop plan if one is not available. • Students at increased risk of severe illness should consider implementing individual plans for distance learning (e-learning). • Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.
For Every Assisted Living Facility, Senior Living Facility, and Adult Day Programs	• Monitor local information about COVID-19 in your community. • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available. • Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in all buildings. • Consider temperature and respiratory symptom screening of attendees, staff, and visitors.
Every Workplace	• Monitor local information about COVID-19 in your community. • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. • Review, update, or develop workplace plans to include liberal leave and telework policies.

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	○ Consider 7-day leave policies for people with COVID-19 symptoms ○ Consider alternate team approaches for work schedules. ○ Encourage staff to telework (when feasible), particularly individuals at increased risk of severe disease. • Work with all local employers to ensure all workers have the financial support to stay home with any respiratory symptoms • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean and disinfect frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in building. • Limit large work-related gatherings (e.g., staff meetings, after-work functions). • Cancel non-essential work travel. • Cancel work-sponsored conferences, tradeshows, etc.
Every Community and Faith-Based Organization	• Monitor local information about COVID-19 in your community. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures. • Cancel large gatherings (e.g., >250 people), and smaller gatherings that may bring persons together from multiple parts of the country. • For organizations that serve high-risk populations, consider cancelling gatherings of more than 10 people. • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building. • Close areas with known exposures in highly trafficked tourist areas, such as cruise ship wharfs.
Healthcare Settings and Healthcare Providers (Including Outpatient, Nursing Homes/Long-Term Care Facilities, Inpatient, Telehealth)	• Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; limit unnecessary healthcare visits • Encourage HCP to stay home and notify healthcare facility administrators when sick. • Actively monitor HCP absenteeism and respiratory illness among HCP and patients. • Consider implementing temperature/symptom checks for staff, visitors, limit visitor movement in the facility. • Actively monitor PPE supplies • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g. designated clinics for people with fever, surge tent for overflow triage, offsite testing locations) • Cross train HCP for working in other units to support staffing shortages

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Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease as defined by your doctor**. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease as defined by your doctor**. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

AMERICAN OVERSIGHT

From: Davis, Ashley
To: DEM ESF Leads and Partners
Subject: FW: Drive-through Testing Plan
Date: Tuesday, March 17, 2020 12:25:55 PM
Attachments: Drive Through Plan FINAL.pdf

FYSA – locations are being finalized in Northeast, Central, and South Florida.

From: Boswell, Alexandra <Alexandra.Boswell@em.myflorida.com>
Sent: Tuesday, March 17, 2020 12:09 PM
To: County Emergency Management Directors <CountyEmergencyManagementDirectors@em.myflorida.com>
Cc: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Miller, Carly <carly.miller@em.myflorida.com>
Subject: Drive-through Testing Plan

Hello All,

Attached is the plan for the drive-through testing centers.

Thanks,
Alex Boswell

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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Florida Drive-Through COVID-19 Testing Plan – FINAL

Overview

The state of Florida is responding to over 100 cases of COVID-19. The virus was first detected in China and has been declared a pandemic by the World Health Organization (WHO). In the response to this virus, the Florida Division of Emergency Management has created a plan to implement a COVID-19 drive-through COVID-19 testing center.

Drive-through COVID-19 testing centers are intended to identify individuals who are most likely to contract or spread COVID-19. The screening process will reduce surge at health departments, prevent unnecessary spread of the virus at healthcare facilities, and reduce wait times for individuals with the highest risk of getting very sick from this illness.

The drive-through medical screening process is designed to be hosted in hospital parking lots and other strategic locations across the state. The entity who is in charge at the various sites across the state will be determined on a case- by-case basis and will need to be discussed with those who are working the site. There will also need to be a determination made at each location regarding what entity or agency is responsible for patient documentation and tracking.

Individuals will remain in their vehicles throughout the screening process. This plan is written as a one lane testing drive-through but can be expanded to include multiple lanes depending on the size of the area and the number of participants who need to be tested. For example, in the first drive-through at Memorial Hospital West in Broward County, there will be three lanes as we will be using a parking lot that can accommodate many cars.

The drive through will be staffed from 8:00 am – 8:00 pm with staff working 4-hour shifts. There will be Personal Protective Equipment (PPE) for those health workers and National Guard members who need them. When it comes to the welfare of the staff working the drive-through, there will be coolers with bottled water available at each station for workers and participants who need them, and there will be a cooling area for staff to use while on site.

Drive-Through Components

Stages:

Entrance from the Road -> Pre-Screening Tent -> Queue -> Medical Screening Tent -> Point of Collection Tent -> Discharge Tent -> Exit

Traffic on roadways:

Road traffic will be directed by local law enforcement with support from Florida Highway Patrol and other law enforcement agencies. Florida Department of Transportation will be providing cones, and traffic signs for the entrance and exit of the drive through. The cones will be used throughout the drive-through to help direct cars.

Entrance to drive-through:

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Cars will enter the drive through testing center via a designated entrance area. Once on property, all traffic and direction will be conducted by the Florida National Guard.

Pre-Screening Tent:

Cars will enter the property and reach a "Pre-Screening Tent." At this point, civilians will stay in their cars and will be asked a series of questions regarding COVID-19. These questions include, but are not limited to:

- Are you 65 years of age or older?
- Have you or someone you have been in contact with travel internationally in the last 14 days?
- Have you been in contact with someone who has tested positive for COVID-19?
- Have you traveled to highly impacted states in the last 14 days such as California, Washington, Oregon, or New York?
- Have you traveled to t high volume cities in the last 14 days such as Chicago, Washington D.C.?

Generally, pre-screening identifies those who are:

1. Over the age of 65;
2. Recently travelled internationally;
3. Had direct contact with individuals who are sick, or;
4. Exhibit symptoms consistent with COVID-19.

If the civilians answer "no" to the all above questions, then they may be turned away from being tested. There will be an exit pathway with National Guard soldiers directing all cars who need to leave the drive through area at this point.

If the civilians answer "yes" to the questions, then the National Guard soldiers who are operating the booth will hand the civilians a pocketed folder with a medical screening form inside and a red piece of paper, and they may advance to the next stage: "Queue." Folders will be available in languages other than English for those who need it.

Queue:

Cars will enter the queue and line up behind on another. While in the "Queue," participants will fill out their medical screening paperwork. The paperwork will allow health care workers to collect important information from the participants including reported symptoms (if any) and patient contact information. If at any point the participants have questions or need any kind of help, they will place their red piece of paper on the dashboard to signal for a guardsman to come and assist. These instructions will be on the red piece of paper. There will be interpreters available on hand to help those who may need assistance navigating the paperwork as well as the drive-through as a whole. Translation services for other languages with be handled on a case by case basis. Once the participant has completed the paperwork and there is another spot available in the next area, "Medical Screening", then they will proceed. If the participant or the medical professionals feel as though they shouldn't move on to the next station, they will have a way to exit the drive-through.

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Medical Screening:

The “Medical Screening” area will be staffed by a nurse and a National Guard medic. These medical professionals will review the responses participants gave on their paperwork to ensure accuracy. They may also record any additional data from participates that they deem necessary including data that may further assist with the tracking of test specimens. Medical screening staff will also answer questions related to COVID-19 and the testing process. If the medical professionals deem testing not necessary or if the participants no longer want to continue through the drive through, there will be an area exit to the road. If testing is deemed necessary, then the participants will continue to the “Specimen Collection” area.

Specimen Collection:

The “Specimen Collection” area will be staffed by a nurse and a National Guard medic. If there is more than one lane, each lane will be staffed by a nurse and a National Guard medic. These medical professionals will administer nasopharyngeal swabs at this station. After the samples are collected, they will be transported to approved labs to test for the presence of COVID-19. Whether a specific hospital or a different entity oversee labeling the specimens will need to be determined on a case-by-case basis. Regardless of who is labeling the specimens, there will need to be quality control done by medical staff to make sure the specimen and the paperwork match. Once the patients have had samples taken by a medical professional, they will then proceed to the “Discharge” area.

There will be two soldiers who will remove specimens from this area and two additional soldiers loading them onto refrigerated trucks. There will be two trucks on site to make sure things can be kept to the right temperature. These trucks will take the specimens to the designated labs in order to be tested.

Discharge:

At this stage, participants will be told final details about the testing process. They will be told what to expect regarding the testing process, who will contact them to provide the results of the test, and what steps to take in order to protect themselves and others from contracting or spreading the virus.

Exit:

Once all the participants questions have been answered, they will be directed toward a road so they can exit the premises. Once they are off the property of the drive-through, they will be directed by law enforcement.

Navigation in between areas:

There are several points in between the different areas of the drive-through. If there is more than one lane then each lane will be coned off as to avoid confusion to the drivers. In between each station, there will be at least one national guard directing drivers. This will help to decrease confusion and will assist drivers in getting to the next area or helping them to exit the drive-through if necessary.

Miscellaneous Information:

We anticipate hundreds of people passing through these drive-through testing centers, so several precautions for participants need to be considered. If there will be more than one lane, the option of having a large vehicle/special needs lane is something sites need to consider. This lane can be used for

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patients who need extra care or help with the testing process. This includes, but is not limited to, oxygen tanks, limited mobility patients, and developmental disability patients. This lane will also be used for large vehicles such as trucks or vans carrying many patients. In the charts included with this plan, there is a 3-lane option that includes a large vehicle/special needs lane.

We want to make sure the staff are prepared for their work at the drive-through testing center. Training for PPE and other portions of the site will be done on site prior to the start of the drive through testing center.

In order to make sure that the staff and soldiers can work outside in the heat, several precautions will be made. Sunscreen will be available for those who need it. There will also be coolers and ice in designated covered areas around the drive through lanes. Workers may require breaks during their shift. The Officer in Charge (OIC) will determine the break schedule for staff if needed. There will also be a separate port-a-potty area for staff and for participants to decrease the likelihood of virus spread from participants to staff. National Guard soldiers will ensure there are no participants congregating around port-a-potties.

We will also be having several different entities on stand-by in case of emergencies. We will have a tow-truck company on stand-by in case a car breaks down in the drive-through area. We are also going to have an ambulance on the premises in case of any medical emergencies that happen to participants or staff.

There will also need to be consideration of other people on site that are not being tested. Media may want to enter the site to take video or interviews. We are requesting that there be a PIO on site for the day to address these concerns. These people will also need to be restricted to areas off site from the drive through to prevent spread of the virus.

While it will be expressed through various messaging sites that this will be a drive-through testing area, there is still the possibility that people will walk-up to the site wanting to be tested. There will need to be a plan put in place on site on how to deal with these participants.

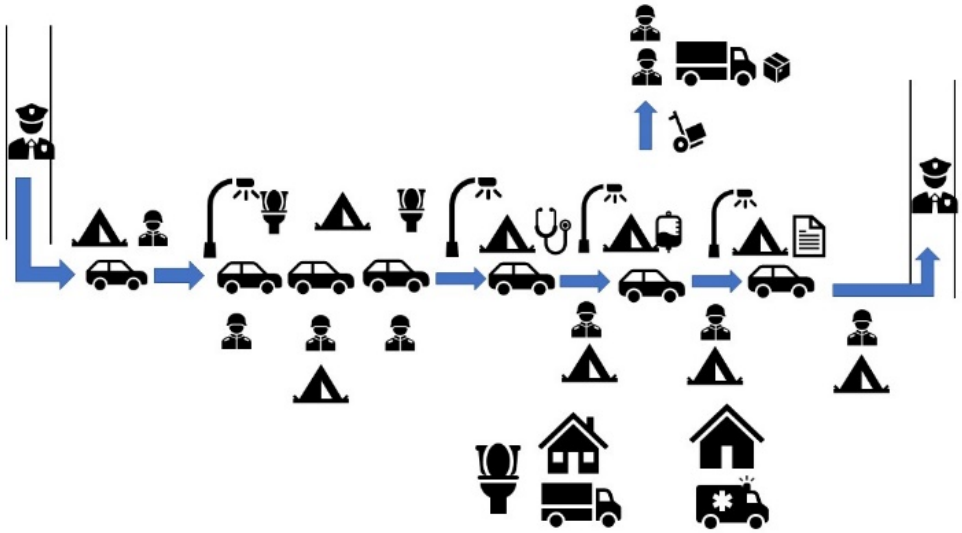
When it comes to closing everything down and cleaning up each day, we have requested several things to help with these tasks. Due to the operating hours of the drive-throughs, we are asking for light sets to help with make sure that we can clean after the sun goes down. These light sets will also provide power to the different stations during the day as they come equipped with power capabilities. In order to make sure that the areas are cleaned each day, we are asking that a clean-up crew come through at the end of every day to reduce spread of the virus. We will also have a security team throughout the night to make sure that things do not get taken from the area while not in use.

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Diagram:

Please see the map below as an example of one lane and three lanes of this plan. As mentioned previously, this plan can be expanded to accommodate more lanes if necessary. Please note, this plan can be adjusted according to terrain and special needs.

One-Lane Drive-Through

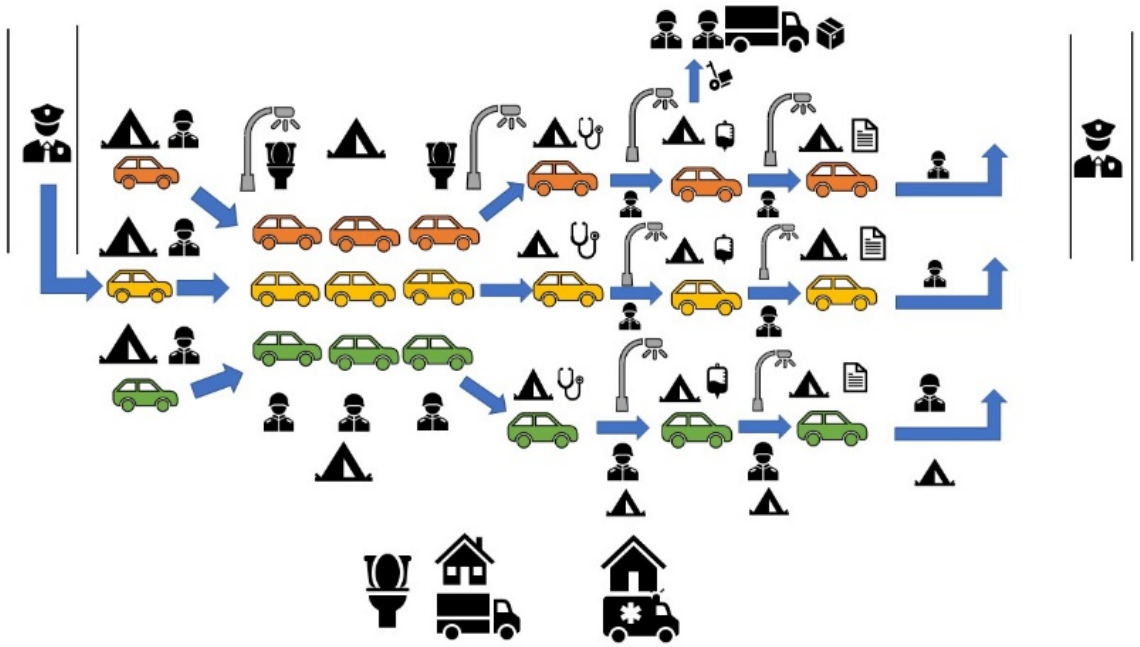


Key



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Three-Lane Drive-Through



Key



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List of Staffing Needs:

Please see the chart below for the list of staffing needs per day for a one lane and three lane drive-through system.

Staffing Tally	Unit	Per Lane	Per 4-hr Shift	Per 12 hr day	3 Lane drive-through per 12 hr day
National Guard					
Soldiers for traffic flow	2 X 4 hr shifts	2	2	6	18
Soldiers at first station	2 X 4 hr shifts	2	2	6	18
Soldiers at Queue	4 X 4 hr shifts	4	4	12	36
Soldiers in between stations	4 X 4 hr shifts	4	4	12	36
Soldiers loading truck	2 X 4 hr shifts		2	6	6
Soldiers runners	2 X 4 hr shifts		2	6	6
Soldiers at Discharge Station	1 X 4 hr shifts	1	1	3	9
Medics at Screening Station	1 X 4 hr shifts	1	1	3	9
Medics at Specimen Collection	1 X 4 hr shifts	1	1	3	9
OIC	Per site			1	1
NCOIC	Per site			1	1
Hospital Staff					
Nurses at Screening Station	1 X 4 hr shifts	1	1	3	9
Nurses at Specimen Collection	1 X 4 hr shifts	1	1	3	9
Administrative Staff at Discharge	1 X 4 hr shifts	1	1	3	9
Head Nurse	Per site			1	1
Doctor	Per site			1	1
Interpreters					
ASL	1 X 4 hr shifts	1	1	3	9
Spanish	1 X 4 hr shifts	1	1	3	9
Creole	1 X 4 hr shifts	1	1	3	9
Portuguese	1 X 4 hr shifts	1	1	3	9
PIO	per site			2	2
Overnight Security	4 overnight			4	4
Total		**20**	**24**	**82**	**202**

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List of Supplies Needed:

Please see the chart below for the list of supply needs per day for a one lane and three lane drive-through system.

Supplies	Unit	One Lane	3 lane drive-through
Porta-potties in collection/vehicle waiting	1	4	4
Porta-potties for medical/other staff	1	2	2
Hand Washing Station	1	1	2
Ambulance	1	1	2
Refrigerated trucks	1	2	2
Tow truck (on standby)	1	1	1
20x20 Tents	1	4	8
10X10 Tents	1	6	6
High Vehicle Tent	1	0	4
Industrial Fan	1	4	12
Box Fans	1	3	3
PPE			
Coveralls	1	180	400
Gloves	1	1000	3000
N95 Mask	1	180	400
Booties	1	180	400
Hand-held radios	1	10	20
Light Sets	1	4	8
Incident Command	1	1	1
50 ft extension cords	1	10	20
6 ft tables	1	10	20
chairs	1	20	40
sunscreen	1	10	10
forklift	1	1	1
pallet jack	1	1	1
tent identification signs	1	4	12
directional arrows	1	5	15
exit signs	1	4	12
coolers and ice	1	10	40
2-pocket folders	1	1000	5000
red pieces of paper	1	1000	5000
pens	1	1000	5000
golf carts	1	1	2
plastic sheet protectors	1	1000	5000
2-inch binders	1	1000	5000
laptops	1	1	2

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brick cell phones	1	1	2
Wi-Fi devices	1	1	2
collection kits	1	1000	5000
banker boxes	1	50	100
Cleaning Crew	per site	1 crew	1 crew
Hand sanitizer (67.6 Ounce Bottle)	1	8	24
Disinfecting Wipes (Container of 60 wipes)	1	100	300
Trash Cans	1	10	14
Trash Can Liners	1	50	100
Hazardous Waste Trash Cans	1	4	12
Hazardous Waste Trash Can Liners	1	50	100
Ice Truck	1	1	1
Water Truck	1	1	1
Isolated foam shipping kit	1	100	100
Cold Packs	1	100	100

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From: Treadwell, Ray
To: Uthmeier, James
Cc: Primrose, Nicholas; Jacquot, Joe; Page, Tim; Beshears, Halsey; StLaurent, Louise
Subject: FW: EO Issue: Redistribution of Devices
Date: Wednesday, March 18, 2020 11:52:22 AM
Attachments: image013.png
image014.png
image015.png
image016.png
Devices.docx
Draft DDC EO 03182020.docx
Appendix-B-NIOSH-approved-FFRs-Authorized-Respirators.pdf
CDC-EUA-FFR-Letter.pdf

Hi James,

Based on the below inquiry from DOH, DBPR would like to submit the attached EO for your review and approval. I'm also attaching the FDA's EUA referenced in the EO.

Thanks,
Ray

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: St Laurent, Louise R [mailto:Louise.StLaurent@flhealth.gov]
Sent: Monday, March 16, 2020 1:34 PM
To: Treadwell, Ray
Cc: Sayler, Erik; Primrose, Nicholas; Ernst, Colleen; Lamia, Christine E; Medved, Daniel T; Bush, Amanda
Subject: FW: EO Issue: Redistribution of Devices

Ray,

Please see the below request we're getting for counties. Let me know what you think about a possible waiver.

Thanks,

Louise St. Laurent
General Counsel

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Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

From: Medved, Daniel T
Sent: Monday, March 16, 2020 1:24 PM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Cc: Lamia, Christine E <Christine.Lamia@flhealth.gov>
Subject: EO Issue: Redistribution of Devices

Louise – We have CHDs wanting to move expired (adulterated) PPE (1,000 or more N-95 masks) to an outside entity (County EMS). I have advised that per section 499.006(9), Florida Statutes, a device (which includes face masks and face covers) that is beyond its expiration date is "adulterated." Subsections 499.005(1) and (3), Florida Statutes, prohibits the (re)distribution or delivery of an adulterated device. Did we want to consider addressing this issue in the pending Emergency Order? Amanda Bush is reviewing to confirm the ability to move the PPE within the Department.

Dan.

DANIEL T. MEDVED
Deputy General Counsel
County Health Departments/County Health Systems
Office of the General Counsel
Florida Department of Health

Chief Legal Counsel
Northeast Consortium Legal Office
Florida Department of Health
1845 Holsonback Drive
P.O. Box 9190, Bin 120
Daytona Beach, Florida 32120
Office: 386-274-0833; Direct: 386-274-0834
Cell: 386-547-3561; Conf: 386-281-6384; Fax: 386-274-0840
Email: Daniel.Medved@flhealth.gov

Department of Health Mission: To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Please note: Florida has a broad public records law. Most written communications to or from state officials regarding state business are public records available to the public

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and media upon request. Therefore, your emails may be subject to public disclosure.

From: Bush, Amanda
Sent: Monday, March 16, 2020 12:55 PM
To: Medved, Daniel T <Daniel.Medved@flhealth.gov>
Subject: FW: Devices

fyi

Amanda

 Please consider the environment before printing this email.

From: Asbell, Gary <Gary.Asbell@flhealth.gov>
Sent: Thursday, February 27, 2020 4:48 PM
To: Bush, Amanda <Amanda.Bush@flhealth.gov>
Subject: Devices

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Devices:

1. Section 499.006 (9) Florida Statutes is applicable to all devices that are the subject of an approved FDA application. If such a device is beyond its expiration date it is “adulterated” as a matter of law. Such devices include face masks or face covers that are used to prevent or lessen the spread of airborne pathogens such as the coronavirus.

2. Section 499.0051 (10) (a) Florida Statutes criminalizes any violation of section 499.005 involving a device or cosmetic. First offenses are generally second-degree misdemeanors.

3. Subsections 499.005 (1) and (3) Florida Statutes prohibit the distribution or delivery of an adulterated device.

I have had to answer this question (somebody wants us to give them our expired face masks as a donation Can we do it?) At least two times in the past while functioning as counsel for a DOH program I have been seriously presented with this question. Current events indicate there may be a shortage of these products on the way. A paragraph in an emergency order may be the solution.

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EMERGENCY ORDER 2020-02

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of March 18, 2020, numerous counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida; and

WHEREAS, the Governor issued Executive Order 20-52 on March 9, 2020, pursuant to the authority vested in him by Article IV, Section 1(a) of the Florida Constitution, the State Emergency Management Act, s. 252.31, Florida Statutes, *et al.*, as amended, and all other applicable laws, and declared a state of emergency for the State of Florida; and

WHEREAS, the Governor, in Executive Order Number 20-52, authorized each State agency to suspend the provisions of any regulatory statute of that agency, if strict compliance with that statute would in any way prevent, hinder, or delay necessary action in coping with this emergency;

WHEREAS, the Secretary of the United States Department of Health and Human Services (HHS) declared on March 2, 2020, that circumstances exist justifying the authorization of emergency use of personal respiratory protective devices during the COVID-19 outbreak;

WHEREAS, the United States Food and Drug Administration thereafter issued an Emergency Use Authorization (EUA) for emergency use of certain disposable filtering facepiece respirators (FFRs) approved by the National Institute for Occupational Safety and Health (NIOSH) that have passed the manufacturers' recommended shelf-life, for use in healthcare

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settings by healthcare personnel to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak;

NOW, THEREFORE, I, HALSEY BESHEARS, Secretary of Florida's Department of Business and Professional Regulation, pursuant to the authority granted by Executive Order No. 20-52, find the timely execution of the mitigation, response, and recovery aspects of the State's emergency management plan, as it relates to COVID-19, is negatively impacted by the application of certain regulatory statutes related to the Department of Business and Professional Regulation ("the Department"). Therefore, I order the following:

1. Personal protective equipment (or "PPE") is equipment worn to minimize exposure to hazards that cause serious workplace injuries or illnesses. Such equipment includes FFRs such as N-95 respirators and surgical masks.
2. PPE for which the expiration date has passed is ordinarily considered an adulterated device. § 499.006(9), Fla. Stat. (2019). Such an adulterated device is barred from distribution, sale, or delivery. §§ 499.005(1) & (3), Fla. Stat. (2019).
3. Given the ongoing state of emergency and the dangers posed by the outbreak of COVID-19, it is reasonable to believe that the known and potential benefits of PPE, when used consistently with the EUA issued by the Food and Drug Administration, outweigh the known and potential risks of such a product even when the expiration date has passed.
4. Accordingly, the provisions of section 499.006(9), Florida Statutes, as they relate to PPE are hereby SUSPENDED for the duration of the declaration of a state of emergency as described in Executive Order 20-52.

Executed this _____ day of March, 2020, in Tallahassee, Leon County, Florida.

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FLORIDA DEPARTMENT OF BUSINESS
AND PROFESSIONAL REGULATION

Halsey Beshears, Secretary
2601 Blair Stone Road
Tallahassee, Florida 32399

Filed on this date, with
the designated Agency Clerk,
receipt of which is hereby
acknowledged.

Agency Clerk's Office

Date: _____

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Appendix B: Authorized Respirators
Updated: March 17, 2020

The Authorized Respirators

FDA will add a respirator from Appendix A to the list of authorized respirators in **Appendix B** (below) upon submission of request from CDC, the manufacturer, or strategic stockpiler to FDA, as described in the Scope of Authorization Section of the Letter of Authorization (Section II), and based on FDA's review and concurrence, pursuant to the Conditions of Authorization in this EUA.

Respirator models beyond the manufacturer's shelf-life in this Appendix are covered by the EUA if stockpiled generally in accordance with the manufacturer-recommended storage condition and distributed under conditions of this EUA. Check the integrity of the respirator prior to use. For the most current CDC recommendations on optimizing respirator use, please visit CDC's webpage: Strategies for Optimizing the Supply of N95 Respirators.

Authorized NIOSH-approved Respirators that have been held Beyond their Manufacturer-intended Shelf Life or Expiration Date

Manufacturer	Approval		Product	Filtration Class	Valved	Surgical N95
3M	84A	0006	1860	N95	No	Surgical N95
3M	84A	3844	Model 1870 filtering facepiece	N95	No	Surgical N95
3M	84A	3981	Model 8000 N95 filtering facepiece without an exhalation valve	N95	No	
3M	84A	0007	8210	N95	No	
3M	84A	4243	9010 filtering facepiece	N95	No	
3M	84A	006	1860S	N95	No	Surgical N95
3M	84A	2669	9210	N95	No	
Gerson	84A	0160	1730	N95	No	Surgical N95
Gerson	84A	4233	2140	N95	Yes	

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Moldex-Metric	84A	2456	2201N95	N95	No	
Moldex-Metric	84A	0013	1512	N95	No	Surgical N95: Private Label to Inovel LLC
Moldex-Metric	84A	0013	1513	N95	No	Surgical N95: Private Label to Inovel LLC
Kimberly Clark	84A	0010	46727	N95	No	Surgical N95
Kimberly Clark	84A	0010	46767	N95	No	Surgical N95
Kimberly Clark	84A	0005	46827	N95	No	Surgical N95
Kimberly Clark	84A	0005	46867	N95	No	Surgical N95
Alpha Pro-Tech	84A	0457	MAS 695	N95	No	Surgical N95: Private Label Crosstex International model GPR-95 Medline Industries, model NON27501 (formerly NON24501)

Authorized NIOSH-approved Respirators

Manufacturer	**Approval**		**Product**	**Filtration Class**	**Valved**	**Surgical N95**
3M	84A	0007	8210	N95	No	
3M	84A	4271	8200 Filtering Facepiece	N95	No	
3M	84A	0007	8110S	N95	No	
3M	84A	5231	9105	N95	No	
3M	84A	5232	9105S	N95	No	
3M	84A	5668	9210+	N95	No	

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3M	84A	5669	9211+	N95	Yes	
3M	84A	1299	8511	N95	Yes	
Moldex-Metric	84A	6963	Model 4700N100 N100 Filtering Facepiece, Air Purifying Respirator	N100	No	
Moldex-Metric	84A	3143	2730N100 or 2731N100	N100	Yes	
Moldex-Metric	84A	2438	2207N95	N95	No	
Moldex-Metric	84A	5636	Model 4600 N95 Filtering Facepiece Air Purifying Respirator	N95	No	
Moldex-Metric	84A	3167	Model 1200N95, 1201N95, and 1207N95 - N95 Filtering Facepieces	N95	No	
Moldex-Metric	84A	4395	Models 2200N95HV, 2201N95HV and 2207N95HV N95 Filtering Facepieces	N95	No	
Moldex-Metric	84A	5397	Model 4201 N95 Filtering Facepiece Air-Purifying Respirator	N95	No	
Moldex-Metric	84A	5637	Model 4601 N95 Filtering Facepiece Air Purifying Respirator	N95	No	
Moldex-Metric	84A	5396	Model 4200 N95 Filtering Facepiece Air-Purifying Respirator	N95	No	

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Moldex-Metric	84A	8481	Model 4820 N95 Filtering Facepiece	N95	No	
Moldex-Metric	84A	3743	Model EZ 22, EZ 22S, EZ 15* and EZ 15S*	N95	No	
Moldex-Metric	84A	8451	Model 4220 N95 Filtering Facepiece	N95	No	
Moldex-Metric	84A	0327	2200N95	N95	No	
Moldex-Metric	84A	8452	Model 4221 N95 Filtering Facepiece	N95	No	
Moldex-Metric	84A	5223	Model 2112 N95 Filtering Facepiece	N95	No	
Moldex-Metric	84A	6658	Model 4800 N95 Filtering Facepiece Air Purifying Respirator	N95	No	
Moldex-Metric	84A	0883	2400N95	N95	Yes	
Moldex-Metric	84A	0120	2701N95, 2700N95, and 2707N95	N95	Yes	
Moldex-Metric	84A	5339	Model M2707N95 N95 Filtering Facepiece	N95	Yes	
Moldex-Metric	84A	2006	2500	N95	Yes	
Moldex-Metric	84A	0328	2300N95, 2307N95	N95	Yes	
Moldex-Metric	84A	2455	2301N95	N95	Yes	
Moldex-Metric	84A	3846	EZ23 and EZ 23S	N95	Yes	
Moldex-Metric	84A	3002	2800N95 and 2801N95	N95	Yes	
Moldex-Metric	84A	5207	Model 2712N99 N99 Filtering Facepiece Air Purifying Respirator with	N99	Yes	

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			Exhalation Valve			
Moldex-Metric	84A	1459	Models 2310 and 2315	N99	Yes	
Moldex-Metric	84A	3642	2360P100	P100	Yes	
Moldex-Metric	84A	7633	Model 4400 P100 Filtering Facepiece with Exhalation Valve Air Purifying Respirator	P100	Yes	
Moldex-Metric	84A	6959	Model 4300P95 Filtering Facepiece Air Purifying Respirator	P95	No	
Moldex-Metric	84A	3331	Model 2740R95 and 2741R95	R95	No	
Moldex-Metric	84A	7868	Models 2840R95, 2841R95 and M2840R95 Filtering Facepiece with Exhalation Valve, Air Purifying Respirator	R95	Yes	
Moldex-Metric	84A	3174	Model 2940R95 and 2941R95	R95	Yes	

AMERICAN OVERSIGHT

March 2, 2020

Robert R. Redfield, MD
Director
Centers for Disease Control and Prevention
1600 Clifton Rd., MS D-14
Atlanta, GA 30333

Dear Dr. Redfield:

This letter is in response to your request that the Food and Drug Administration (FDA) issue an Emergency Use Authorization (EUA) for emergency use of, (1) all disposable filtering facepiece respirators (FFRs) approved by the National Institute for Occupational Safety and Health (NIOSH), in accordance with 42 CFR Part 84, as non-powered air-purifying particulate FFRs,[1] and (2) FFRs that were NIOSH-approved but have since passed the manufacturers' recommended shelf-life, for use in healthcare settings by healthcare personnel (HCP)[2] to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the Coronavirus Disease 2019 (COVID-19)[3] outbreak.

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Federal Food, Drug, and Cosmetic Act (the Act), the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis

[1] For ease of reference, this letter refers to "(1) all disposable filtering facepiece respirators (FFRs) approved by the National Institute for Occupational Safety and Health (NIOSH), in accordance with 42 CFR Part 84, as non-powered air-purifying particulate FFRs, and (2) FFRs that were NIOSH-approved but have since passed the manufacturers' recommended shelf-life," as "respirators eligible for authorization under this EUA." "Authorized respirators" refers to those respirators eligible for authorization under this EUA that have been included in this EUA after FDA makes a determination that all criteria for issuance have been met. Authorized respirators will be added to this letter of authorization as Appendix B.

[2] Healthcare personnel refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These healthcare personnel include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel.

[3] On February 11, 2020, the virus tentatively named 2019-nCoV was formally designated as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Also on February 11, 2020, the disease caused by SARS-CoV-2 was formally designated as Coronavirus Disease 2019 (COVID-19). The new names are used throughout this document.

AMERICAN OVERSIGHT

of such determination, the Secretary of HHS then declared on March 2, 2020, that circumstances exist justifying the authorization of emergency use of personal respiratory protective devices during the COVID-19 outbreak, subject to the terms of any authorization issued under that section.[4]

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the Act are met, I am providing a list of respirators eligible for authorization under this EUA (Appendix A) and authorizing the emergency use of these respirators, contingent upon submission of a request from CDC, the manufacturer, or strategic stockpiler to FDA, as described in the Scope of Authorization (Section II) and pursuant to the Conditions of Authorization (Section IV) of this letter. Authorized respirators will be added to this letter of authorization as Appendix B for use in healthcare settings by HCP to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak. This EUA does not permit use of authorized respirators by the general public.

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of authorized respirators listed in Appendix B for use in healthcare settings by HCP to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak meets the criteria for issuance of an authorization under Section 564(c) of the Act, because I have concluded that:

1. SARS-CoV-2, the virus that causes COVID-19, can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;

2. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that the authorized respirators may be effective in preventing HCP exposure to pathogenic biological airborne particulates during FFR shortages, and that the known and potential benefits of the authorized respirators, when used to prevent HCP exposure to such particulates during FFR shortages, outweigh the known and potential risks of such product; and

3. There is no adequate, approved, and available alternative to the emergency use of the respirators described for preventing HCP exposure to such particulates during FFR shortages to prevent disease spread.[5,6]

[4] U.S. Department of Health and Human Services, *Determination of a Public Health Emergency and Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C.* § *360bbb-3*. 85 FR 7316 (February 4, 2020). U.S. Department of Health and Human Services, *Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564 of the Federal, Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3*. March 2, 2020.

[5] No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

[6] As the COVID-19 outbreak continues to expand globally, the supply chain for respiratory protective devices (RPDs), such as disposable FFRs (e.g., N95s), that are both NIOSH-approved and meet FDA regulatory requirements has been substantially stressed, with shortages already being observed in United States healthcare institutions, with demand exceeding available supply. This shortage situation has led CDC to make recommendations to healthcare facilities for use of N95 standard respirators that do not meet FDA regulatory requirements, but these too appear to be in a shortage situation with demand exceeding supply. Under the

AMERICAN OVERSIGHT

II. Scope of Authorization

I have concluded, pursuant to Section 564(d)(1) of the Act, that the scope of this authorization is limited to the use of authorized respirators listed in Appendix B for use in healthcare settings by HCP to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak.

The Authorized Respirators

A list of respirators eligible for authorization under this EUA is provided in Appendix A. FDA will add a respirator from Appendix A to the list of authorized respirators in Appendix B upon submission of request from CDC, the manufacturer, or strategic stockpiler to FDA, as described in the Scope of Authorization Section of this letter (Section II) and pursuant to the Conditions of Authorization in this EUA.

For the most current CDC recommendations on optimizing respirator use, please visit CDC's webpage: Strategies for Optimizing the Supply of N95 Respirators.

CDC or the Office of the Assistant Secretary for Preparedness and Response (ASPR)/HHS may request the authorization of additional respirators that were NIOSH-approved that have been held beyond their manufacturer-intended shelf life or expiration date (e.g., N95s in federal Strategic National Stockpile),[7] which may be authorized by FDA in consultation with, and with concurrence of, the Office of Strategic Partnerships and Technology Innovation (OST)/Center for Devices and Radiological Health (CDRH), Division of Infection Control and Plastic and Reconstructive Surgery/CDRH, and the Office of Counterterrorism and Emerging Threats (OCET)/Office of the Chief Scientist (OCS)/Office of the Commissioner (OC).

Manufacturers may request the authorization of additional respirators, upon submission of an attestation from the manufacturer to FDA with a copy to CDC (CVSDBadmin@cdc.gov) specifying the NIOSH-approval number, model number, and place of manufacture. Such requests will be made by the manfucturer in consultation with, and require concurrence of,

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circumstances of this emergency, nationwide shortages are expected and the CDC and FDA are taking steps to address the observed and anticipated shortages prior to a potential wide-spread outbreak in the United States. These disposable respirators are an integral part of routine patient care. Providing HCP who are on the forefront of the COVID-19 response with RPDs consistent with the CDC's guidance and recommendations is necessary in order to reduce the risk of illness in HCPs and increase their willingness to provide care to affected patients or those suspected of having COVID-19. In conclusion, there are not sufficient quantities of RPDs available that comply with FDA's regulatory authority to meet the needs of the United States healthcare system.

[7] On the date of issuance of this EUA, FFRs were not authorized for use beyond their manufacturer-intended shelf life or expiration date under this EUA. However, FDA is aware of operational needs for the use of such product during the COVID-19 outbreak given reported and estimated supply challenges, especially if the outbreak were to become more severe. CDC may request authorization under this EUA of FFRs that have been held beyond their manufacturer-intended shelf life or expiration date (e.g., in federal strategic stockpiles) at a later time. If FDA authorizes use of such product based on a review of the scientific data, communication about such authorization will be posted on FDA's EUA website at the time of amendment of this EUA (e.g., through a memorandum). https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

AMERICAN OVERSIGHT

OST/CDRH, Division of Infection Control and Plastic Reconstructive Surgery/CDRH and OCET/OCS/OC.

Strategic stockpilers may request authorization of additional respirators that were NIOSH-approved that have been held beyond their manufacturer-intended shelf life or expiration date (e.g. N95s in state or local strategic stockpiles) for authorized use under this EUA without manufacturer's attestation. The strategic stockpile will submit a request to FDA from the manager of the stockpile, with a copy of the request to CDC (CVSDBadmin@cdc.gov) and specifying the manufacturer, model number, and the product expiry date. Such requests will be made by the strategic stockpiler in consultation with, and require concurrence of, OST/CDRH, Division of Infection Control and Plastic and Reconstructive Surgery/CDRH, and OCET/OCS/OC.

The above described authorized respirators listed in Appendix B, when labeled consistently with the labeling approved by NIOSH, are authorized to be distributed to and used by HCP under this EUA, despite the fact that they do not meet certain requirements otherwise required by applicable federal law.

I have concluded, pursuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of the authorized respirators listed in Appendix B, when used consistently with the Scope of Authorization of this letter (Section II), outweigh the known and potential risks of such a product.

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that the authorized respirators listed in Appendix B may be effective at preventing HCP exposure to certain particulates to prevent disease spread, when used consistently with the Scope of Authorization of this letter (Section II), pursuant to Section 564(c)(2)(A) of the Act.

FDA has reviewed the scientific information available to FDA, including the information supporting the conclusions described in Section I above, and concludes that the authorized respirators, when used to prevent HCP exposure to certain particulates to prevent disease spread (as described in the Scope of Authorization of this letter (Section II)), meet the criteria set forth in Section 564(c) of the Act concerning safety and potential effectiveness.

The emergency use of the authorized respirators under this EUA must be consistent with, and may not exceed, the terms of this letter, including the Scope of Authorization (Section II) and the Conditions of Authorization (Section IV). Subject to the terms of this EUA and under the circumstances set forth in the Secretary of HHS's determination under Section 564(b)(1)(C) described above and the Secretary of HHS's corresponding declaration under Section 564(b)(1), the authorized respirators described in Appendix B are authorized to be used by HCPs under this EUA. EUA amendments may be requested by CDC in consultation with, and with concurrence of, OST/CDRH, Division of Infection Control and Plastic and Reconstructive Surgery/CDRH, and OCET/OCS/OC.

This EUA will cease to be effective when the HHS declaration that circumstances exist to justify

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the EUA is terminated under Section 564(b)(2) of the Act or when the EUA is revoked under Section 564(g) of the Act.

III. Waiver of Certain FDA Requirements

I am waiving current good manufacturing practice requirements, including the quality system requirements under 21 CFR Part 820 with respect to the design, manufacture, packaging, labeling, storage, and distribution of the authorized respirators listed in Appendix B that are used in accordance with this EUA. This waiver does not waive any applicable NIOSH requirements.

IV. Conditions of Authorization

Pursuant to Section 564(e) of the Act, I am establishing the following conditions on this authorization:

Centers for Disease Control and Prevention (CDC)

A. CDC will make available on its website and through other appropriate means, to respirator manufacturers and HCPs, CDC's recommendations to HCPs.[8]

B. CDC will inform relevant stakeholders, such as manufacturers and HCPs, of this EUA, including the terms and conditions herein and any updates.

C. CDC will post on its website the following statement: "For information about the FDA-authorized emergency use of NIOSH-approved FFRs, please see: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations."

D. CDC will provide FDA any updates to their complete listing of all NIOSH-approved FFR manufacturers, contact information for each manufacturer, and model numbers.

E. CDC or ASPR/HHS may request the authorization of respirators that were NIOSH-approved that have been held beyond their manufacturer-intended shelf life or expiration date (e.g., N95s in federal Strategic National Stockpile) for authorized use under this EUA without manufacturer's attestation. Such requests will be made by CDC or ASPR/HHS in consultation with, and require concurrence of, OST/CDRH, Division of Infection Control and Plastic and Reconstructive Surgery/CDRH, and OCET/OCS/OC.

F. CDC is authorized to issue additional recommendations and instructions related to the emergency use of the authorized respirators listed in Appendix B as described in this letter of authorization, to the extent that additional recommendations and instructions are

[8] As of March 2, 2020, CDC also recommended on its Frequently Asked Questions about Personal Protective Equipment Page that if at all possible, respirators with exhalation valves should not be used in situations where a sterile field must be maintained (e.g., during an invasive procedure in an operating or procedure room) because the exhalation valve allows unfiltered exhaled air to escape into the sterile field.

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necessary to meet healthcare needs during the COVID-19 outbreak when they are reasonably consistent with the authorized emergency use of the product.

G. CDC will ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

Manufacturers of Authorized Respirators, Pursuant to Attestation From the Manufacturer

H. Manufacturers of authorized respirators listed in Appendix B will have a process in place for reporting adverse events of which they become aware to FDA per mandatory reporting requirements under 21 CFR Part 803.

I. Manufacturers may request the addition of any authorized respirators, upon submission of an attestation from the manufacturer to FDA with a copy to CDC (CVSDBadmin@cdc.gov) specifying the NIOSH-approval number, model number, and place of manufacture. Such requests will be made by the manfucturer in consultation with, and require concurrence of, OST/CDRH, Division of Infection Control and Plastic Reconstructive Surgery/CDRH and OCET/OCS/OC.

J. Adverse events of which the manufacturer becomes aware will be reported to FDA.

K. All descriptive printed matter relating to the use of the authorized respirators listed in Appendix B shall be consistent with labeling approved by NIOSH and/or applicable CDC recommendations for use during the COVID-19 outbreak, as well as the terms set forth in this EUA and the applicable requirements set forth in the Act and FDA regulations.

L. No descriptive printed matter relating to the use of the authorized respirators listed in Appendix B may represent or suggest that this product is safe or effective for the prevention of COVID-19.

M. Manufacturers of authorized respirators listed in Appendix B will ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

Strategic Stockpilers

N. To the extent feasible given the emergency circumstances, strategic stockpilers will maintain reports of adverse events they receive from healthcare personnel and facilities to which the authorized respirators were distributed.

O. Adverse events of which the strategic stockpiler becomes aware will be reported to FDA via Medwatch Forms for FDA Safety Reporting.

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P. Strategic stockpilers may request the addition of authorized respirators that were NIOSH-approved that have been held beyond their manufacturer-intended shelf life or expiration date (e.g. N95s in state or local strategic stockpiles) for authorized use under this EUA without manufacturer's attestation. The strategic stockpile will submit a request to FDA from the manager of the stockpile, with a copy of the request to CDC (CVSDBadmin@cdc.gov) and specifying the manufacturer, model number, and the product expiry date. Such requests will be made by the strategic stockpiler in consultation with, and require concurrence of, OST/CDRH, Division of Infection Control and Plastic and Reconstructive Surgery/CDRH, and OCET/OCS/OC.

Q. Strategic stockpilers of authorized respirators will ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

The emergency use of the authorized respirators listed in Appendix B as described in this letter of authorization must comply with the conditions and all other terms of this authorization.

V. Duration of Authorization

This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of personal respiratory protective devices during the COVID-19 outbreak is terminated under Section 564(b)(2) of the Act or the EUA is revoked under Section 564(g) of the Act.

Sincerely,

/S/

_____

RADM Denise M. Hinton
Chief Scientist
Food and Drug Administration

Enclosures

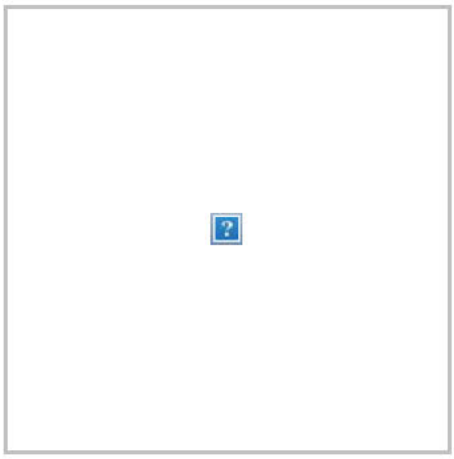
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From: Stephen R. Winn
To: Winn, Steve
Subject: FW: FOMA Special Alert - COVID-19 Governor and Surgeon General Declare State & Public Health Emergency - March 2, 2020
Date: Monday, March 2, 2020 9:52:31 AM

FYI---Sent to all Licensees -----Steve Winn

From: Florida Osteopathic Medical Association [mailto:jena@foma.org]
Sent: Monday, March 02, 2020 9:44 AM
To: winnsr@earthlink.net
Subject: FOMA Special Alert - COVID-19 Governor and Surgeon General Declare State & Public Health Emergency - March 2, 2020

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FOMA Special Alert

Governor DeSantis declares State of Emergency and Surgeon General Rivkees declares a Public Health Emergency regarding 2 cases of COVID-19 reported in Florida

The Governor has issued Executive Order 20-51, directing a Public Health Emergency and establishing Florida's Response Protocol for COVID-19. As a result, the State Surgeon General has issued a Declaration of Public Health Emergency for the State of Florida. Please see the attached Executive Order and Declaration below.

We will be working to set-up calls with our stakeholder groups to provide specific information on the public health response to this incident. Please don't hesitate to reach out to StateESF8.Planning@flhealth.gov if you have questions.

Thank you for your continued support of our public health preparedness and response.

Samantha Cooksey Strickland
COVID-19 Incident Management Team
Bureau of Preparedness & Response

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Florida Department of Health
Office | 850.617.1506
Mobile | 850.251.2553
Email | Samantha.Cooksey@flhealth.gov

CLICK HERE FOR THE GOVERNOR'S DECLARATION FOR STATE OF EMERGENCY

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that appears to occur through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of February 29, 2020, COVID-19 has spread throughout China and to 67 other countries and territories, including 62 cases within the United States; and

WHEREAS, the Centers for Disease Control and Prevention recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

WHEREAS, on January 30, 2020, the World Health Organization declared a public health emergency of international concern related to COVID-19; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services declared that a public health emergency exists nationwide as a result of confirmed cases of COVID-19 in the United States; and

WHEREAS, one Hillsborough County resident and one Manatee County resident have tested presumptively positive for COVID-19; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and therefore directed that a Public Health Emergency be declared in the State of Florida; and

WHEREAS, implementation of basic precautions of infection control and prevention, including staying at home when ill and practicing respiratory and hand hygiene are necessary to slow or prevent the spread of COVID-19; and

WHEREAS, COVID-19 is a communicable disease with significant morbidity and mortality, and presents a severe danger to public health; and

WHEREAS, COVID-19 is a threat to public health in Florida.

NOW, THEREFORE, I, Scott A. Rivkees, M.D., State Surgeon General and State Health Officer, by virtue of Executive Order Number 20-51 issued by Governor Ron DeSantis, the

AMERICAN OVERSIGHT

authority vested in me by section 381.00315, Florida Statutes, and after consultation with Governor Ron DeSantis and public health officials within the Department of Health, do hereby declare that a public health emergency exists in the State of Florida. In order to respond to this emergency, the following shall commence:

Section 1. In order to protect public health, I find it is necessary for the Florida Department of Health to request assistance from the Centers for Disease Control and Prevention to address this public health emergency.

Section 2. In order to protect public health, I find it is necessary to advise individuals in the State of Florida that have traveled to an area that the Centers for Disease Control and Prevention has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or have been in close contact with an individual that has traveled to such an area, that develop symptoms of fever, cough, shortness of breath, or difficulty breathing within 14 days of such travel or close contact should immediately contact the Florida Department of Health in their current county and self-isolate until cleared by the Florida Department of Health.

Section 3. In order to protect public health, I find it is necessary to advise any individuals who believe they may have been exposed to COVID-19 to contact their local county health department prior to travelling to any physician's office, emergency department, hospital, or urgent care center, to ensure proper protective measures are taken to prevent further risk of spread to others.

Section 4. In order to protect public health, I find it is necessary to remind health care providers, hospitals, and labs that they are required to immediately report all suspected cases of COVID-19 to the local county health department to ensure a prompt public health response to prevent disease among close contacts.

Section 5. In order to protect public health, the Florida Department of Health will maintain an Incident Management Team to coordinate the public health response for the State of Florida.

Section 6. In order to protect public health, the Florida Department of Health, at such time when necessary, may take actions to protect the public health, pursuant to the authority of section 381.00315, Florida Statutes, including quarantine, isolation and other interventions.

Issued this 1st day of March 2020, in Department of Health offices, Tallahassee, Leon County, Florida.

Scott A. Rivkees, M.D.
State Surgeon General

PAY YOUR DUES

UPDATE YOUR FOMA PROFILE

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Florida Osteopathic Medical Association
(850) 878-7364 (p) | (850) 942-7538 (f)

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Florida Osteopathic Medical Association | 2544 Blairstone Pines Drive, Tallahassee, FL 32301

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From: Ferre, Helen
To: Pottebaum, Nic D. EOP/WHO
Cc: Strum, Shane
Subject: FW: FYI
Date: Wednesday, March 11, 2020 2:59:56 PM

Nic: calling you now.

It's 'Gov. DeSantis,' not 'Dr. DeSantis,' right? Don't dispute coronavirus experts | Editorial
Miami Herald
Editorial Board
March 11, 2020

We mean no disrespect, but when the world renown guru of infectious diseases, who's also received the Presidential Medal of Freedom and who opened our eyes to the scourge of HIV/AIDs in the 1980s says that there has been community spread of the coronavirus in Florida, whom should we believe -- Dr. Anthony Fauci, said guru, or Gov. Ron DeSantis, who says, Nope, there's no community spread of the virus in the state?

In fact, the DeSantis administration has gone into a Trump-like denial of the coronavirus' spread, surprising and disappointing for a governor who has been fairly transparent about the disease.

Why not confirm it first, Governor? This knee-jerk, nothing-to-see-here response is dangerous.

Fauci, a leading infectious disease expert on the federal Coronavirus Task Force, said on Tuesday that Florida is one of four states with "community spread" of the disease. In other words, some people with confirmed cases have not traveled to countries where the virus is rampant, nor do they meet other high-risk factors. How they contracted the disease, then, is not yet obvious.

DeSantis spokeswoman Helen Aguirre Ferré said, "In Broward County, the three workers at the port work for the same company, in the same location, and tested positive for COVID-19." She says this means there's no random spread. OK, but there's also no indication yet as to how they contracted the disease. In the greater community, perhaps, then one infected the two others?

In a case of confirmed coronavirus in Manatee County, the state has not said publicly how the man might have contracted it.

Fauci cautions: "When you have community spread you're obviously going to ratchet up the kinds of mitigations that you have."

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At least it should be obvious to Florida's governor.

But this has been the perilous problem in fighting the disease: politicians pushing back against science, against the experts, against medical professionals who actually know what we must confront. That puts Floridians in even more danger, despite their still-low risk of getting the coronavirus.

Unfortunately, it appears the lab coat DeSantis donned for a recent coronavirus photo-op has gone to his head.

AMERICAN OVERSIGHT

From:	Ernst, Colleen
To:	Jacquot, Joe
Subject:	FW: Generic Drugs Discovery to the Plaintiff States
Date:	Monday, March 16, 2020 2:14:51 PM
Attachments:	DEFENDANTS' FIRST SET OF INTERROGATORIES PROPOUNDED TO THE PLAINTIFF STA....pdf Defendants First Set of Interrogatories to Florida.2019-10-31.pdf 2019.10.16 - Defs" 2d Set of RFPs to State AGs.pdf Defs 1st RFPs to State AGs - FINAL.pdf Florida RFP Responses and Objections to Defendants 1st RFP.pdf CMO (PTO 105 DI 1135).pdf Agency List.xlsx

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From: John Guard <John.Guard@myfloridalegal.com>
Sent: Thursday, November 21, 2019 10:57 AM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Cc: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; Trish Conners <trish.conners@myfloridalegal.com>
Subject: Generic Drugs Discovery to the Plaintiff States

Colleen:

The State of Florida is taking part in a large price fixing case against generic drug manufacturers. I met with Joe and John MacIver in the summer and briefed them on it and provided them with a copy of the complaint. I am happy to brief you or have one of the litigators involved brief you on the background of the case. It is now in discovery phase and it would be helpful for my folks to meet with certain agencies and gather documents. Attached to this email is an agency list (I think you are the Deputy for all or at least most of the listed agencies) and get their help with discovery. If I am wrong about who in your office is assigned to any of these agencies, please let me know and I will reach out separately. I have also attached the pending discovery and the case management order. I did not attach another copy the complaint (which is a massive file and is more than 500 pages long), but again am happy to separately provide it. Please let the agency general counsels know that it is ok to discuss and cooperate on this matter with my attorneys. I will have them copy you (and Joe if he wants to be copied) on any communications and will have them coordinate with you any discussions. This is a request pursuant to Florida Statutes 542.29. I look forward to working with you as always.

Sincerely,
John

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

IN RE: GENERIC PHARMACEUTICALS PRICING ANTITRUST LITIGATION	MDL NO. 2724 16-MD-2724
	HON. CYNTHIA M. RUFE
THIS DOCUMENT RELATES TO: *State Attorneys General Litigation*	Civil Action No. 17-3768 19-2407

DEFENDANTS' FIRST SET OF INTERROGATORIES
PROPOUNDED TO THE PLAINTIFF STATES

Pursuant to Rules 26 and 33 of the Federal Rules of Civil Procedure, Defendants hereby propound the following interrogatories ("Interrogatories") on the Plaintiff States. Each Plaintiff State must answer each Interrogatory, fully and separately, in writing and under oath, within thirty (30) days in accordance with the Federal Rules of Civil Procedure and the Definitions and Instructions set forth below, and supplement such answers as required by Rule 26(e) of the Federal Rules of Civil Procedure.

DEFINITIONS

The definitions used herein are chosen for clarification and the convenience of the parties, and should not be construed as admissions.

1. "Action" means the above-captioned action, *In re Generic Pharmaceuticals Pricing Antitrust Litig.*, No. 16-md-2724 (CMR) (E.D. Pa.).

2. "Complaints" means all operative complaints filed by Plaintiff State, which seek damages in this Action including, but not limited to, any operative complaint filed by Plaintiff State after these Interrogatories are served.

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3. "Damages" means the sum of money being sought as the result of any loss, harm or injury alleged in the Complaints to have been caused by the direct or indirect acts and/or omissions of one or more Defendants.

4. "Defendants" means the defendants named in the Complaints in this Action.

5. "Entity" means any public or private organization, or subdivision thereof, located or operating within any Plaintiff State.

6. "Identify" shall mean to state the Entity's full name, current or last known business address, and telephone number, as well as the Entity's current address for the receipt of service of legal process, if different than the foregoing.

7. "You," "Your" or "Yours" means the state government and the Attorney General's office of the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming; the Commonwealths of Kentucky, Massachusetts, Pennsylvania, Puerto Rico, Virginia; and the District of Columbia; and their officials, employees, representatives, agents, and attorneys (collectively, "Plaintiff States," and individually, "Plaintiff State").

INSTRUCTIONS

1. Each Interrogatory shall be answered as completely as possible based upon Your knowledge from all sources, including information that is known by You, available to You, or in Your possession.

2. These Interrogatories should be construed as broadly as possible with all doubts resolved in favor of providing full and complete answers to these Interrogatories. The words

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"all," "any," "each," "and," and "or" shall be construed conjunctively or disjunctively as necessary to make these Interrogatories inclusive rather than exclusive. Except as specifically provided in these Interrogatories, words imparting the singular shall include the plural and vice versa, where appropriate.

3. Unless otherwise specified or agreed among Plaintiff State and Defendants and/or ordered by the Court, the "Relevant Time Period" is January 1, 2006 to the present. The use of this relevant time period does not constitute an admission that it is the relevant time period for all discovery in the Action. Moreover, if the Court orders Defendants to respond to any discovery request by Plaintiff State for any time period outside of the time period specified herein, Plaintiff State also shall respond to these Interrogatories for the time period so specified by the Court.

4. Plaintiff State's answers to these Interrogatories must comply with all requirements set forth by Federal Rules of Civil Procedure 33.

5. Each Interrogatory shall be deemed continuing, so as to require supplemental answers when You learn or acquire information responsive to these Interrogatories that has not been previously provided, as required by Federal Rule of Civil Procedure 26(e). Such supplemental answers are to be served as soon as reasonably possible after the information is obtained. The date such additional information came into Your possession shall be specified, as well as the identity of the individuals providing such additional information to the person preparing the answer. Additionally, in the event Plaintiff State further amends the Complaints and/or files new Complaints in this Action, Plaintiff State shall promptly supplement its responses as appropriate.

6. If an objection is made to any part of the Interrogatory, the answer shall state that there is an objection to the Interrogatory, provide the legal and factual basis for such objection

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with specificity, and answer the Interrogatory to the extent it is not objectionable. No part of an Interrogatory shall be left unanswered merely because an objection is made to another part of the Interrogatory.

7. If in any answer, information covered by these Interrogatories, or sub-part thereof, is withheld by reason of a claim of privilege, the person asserting the privilege shall, in the objection to the Interrogatory, or sub-part thereof, set forth in writing all information required by Federal Rule of Civil Procedure 26(b)(5) or such information as otherwise agreed by the parties. If any portion of any answer to these Interrogatories is withheld under the claim of privilege, any non-privileged portion of such answer must be provided.

8. If You cannot answer any Interrogatory fully and completely after exercising due diligence to secure the full information to do so, please so state and answer such Interrogatory to the extent possible. Specify Your inability to answer the remainder, stating whatever information or knowledge You have concerning the unanswered portion and describing all efforts made by You to obtain the information necessary to answer the Interrogatory.

9. If You conclude that any Interrogatory, Definition, or Instruction is ambiguous, then state in Your answer to the matter deemed ambiguous and the construction You employed in answering the Interrogatory.

10. These Definitions, Instructions, and Interrogatories are submitted for the purposes of discovery; they shall not be construed (i) as a waiver or abridgment of any argument or defense, any objection to discovery requests, or any objections that may be made at trial to the introduction of evidence on subjects covered by these Interrogatories; (ii) as an admission at trial of the relevance or materiality of any of the matters covered by these Interrogatories; or (iii) as any admission of fact.

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INTERROGATORY ADDRESSED TO PLAINTIFF STATE

INTERROGATORY NO. 1:

Describe in detail the methodology that You intend to use to calculate the Damages that You seek to recover, including, but not limited to, the factual basis for that methodology.

INTERROGATORY NO. 2:

Identify each and every Entity whose generic drug purchases and/or reimbursements for generic drug purchases You intend to use to support Your claims or to calculate the Damages that You seek to recover.

INTERROGATORY NO. 3:

Identify each and every Entity or non-party from which You have obtained or intend to obtain documents and/or data for the purpose of supporting Your claims or to calculate the Damages that You seek to recover.

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FL-GOV-20-0899-A-000559

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

IN RE: GENERIC PHARMACEUTICALS PRICING ANTITRUST LITIGATION	MDL NO. 2724 16-MD-2724 HON. CYNTHIA M. RUFE
THIS DOCUMENT RELATES TO: *State Attorneys General Litigation*	Civil Action Nos. 17-3768 19-2407

DEFENDANTS' FIRST SET OF INTERROGATORIES
PROPOUNDED TO THE STATE OF FLORIDA

Pursuant to Rules 26 and 33 of the Federal Rules of Civil Procedure, Defendants hereby propound the following interrogatories ("Interrogatories") on the State of Florida. The State of Florida must answer each Interrogatory, fully and separately, in writing and under oath, within thirty (30) days in accordance with the Federal Rules of Civil Procedure and the Definitions and Instructions set forth below, and supplement such answers as required by Rule 26(e) of the Federal Rules of Civil Procedure.

DEFINITIONS

The definitions used herein are chosen for clarification and the convenience of the parties, and should not be construed as admissions.

1. "Action" means the above-captioned action, *In re Generic Pharmaceuticals Pricing Antitrust Litig.*, No. 16-md-2724 (CMR) (E.D. Pa.).

2. "Complaint" means all operative complaints filed by Plaintiff State, which seek damages in this Action including, but not limited to, any operative complaint filed by Plaintiff State after these Interrogatories are served.

3. "Damages" means the sum of money being sought as the result of any loss, harm

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or injury alleged in the Complaints to have been caused by the direct or indirect acts and/or omissions of one or more Defendants.

4. "Defendants" means the defendants named in the Complaints in this Action.

5. "Identify" when used in conjunction with a State Agency shall mean the State Agency's full name, current or last known business address, and telephone number, as well as the State Agency's current address for the receipt of service of legal process, if different than the foregoing.

6. "Plaintiff State" means the State of Florida.

7. "State Agency" means You and any agency, healthcare plan, branch, institution, department, board, commission, agency, program, service, bureau, trust fund, medical care facility, state Medicaid plan, state Medicare plan, state department of corrections, state university hospital, state mental hospital, dispensary, pharmacy, pharmacy benefits manager, institute, or body of Plaintiff State of any and all types.

8. "You," "Your" or "Yours" means Plaintiff State and the Attorney General's office of the State of Florida and its officials, employees, representatives, agents, and attorneys.

INSTRUCTIONS

1. Each Interrogatory shall be answered as completely as possible based upon Your knowledge from all sources, including information that is known by You, available to You, or in Your possession.

2. These Interrogatories should be construed as broadly as possible with all doubts resolved in favor of providing full and complete answers to these Interrogatories. The words "all," "any," "each," "and," and "or" shall be construed conjunctively or disjunctively as necessary to make these Interrogatories inclusive rather than exclusive. Except as specifically provided in these Interrogatories, words imparting the singular shall include the plural and vice

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versa, where appropriate.

3. Unless otherwise specified or agreed among Plaintiff State and Defendants and/or ordered by the Court, the "Relevant Time Period" is January 1, 2006 to the present. The use of this relevant time period does not constitute an admission that it is the relevant time period for all discovery in the Action. Moreover, if the Court orders Defendants to respond to any discovery request by Plaintiff State for any time period outside of the time period specified herein, Plaintiff State also shall respond to these Interrogatories for the time period so specified by the Court.

4. Plaintiff State's answers to these Interrogatories must comply with all requirements set forth by Federal Rules of Civil Procedure 33.

5. Each Interrogatory shall be deemed continuing, so as to require supplemental answers when You learn or acquire information responsive to these Interrogatories that has not been previously provided, as required by Federal Rule of Civil Procedure 26(e). Such supplemental answers are to be served as soon as reasonably possible after the information is obtained. The date such additional information came into Your possession shall be specified, as well as the identity of the individuals providing such additional information to the person preparing the answer. Additionally, in the event Plaintiff State further amends its Complaint and/or files new Complaints in this Action, Plaintiff State shall promptly supplement its responses as appropriate.

6. If an objection is made to any part of the Interrogatory, the answer shall state that there is an objection to the Interrogatory, provide the legal and factual basis for such objection with specificity, and answer the Interrogatory to the extent it is not objectionable. No part of an Interrogatory shall be left unanswered merely because an objection is made to another part of the Interrogatory.

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7. If in any answer, information covered by these Interrogatories, or sub-part thereof, is withheld by reason of a claim of privilege, the person asserting the privilege shall, in the objection to the Interrogatory, or sub-part thereof, set forth in writing all information required by Federal Rule of Civil Procedure 26(b)(5) or such information as otherwise agreed by the parties. If any portion of any answer to these Interrogatories is withheld under the claim of privilege, any non-privileged portion of such answer must be provided.

8. If You cannot answer any Interrogatory fully and completely after exercising due diligence to secure the full information to do so, please so state and answer such Interrogatory to the extent possible. Specify Your inability to answer the remainder, stating whatever information or knowledge You have concerning the unanswered portion and describing all efforts made by You to obtain the information necessary to answer the Interrogatory.

9. If You conclude that any Interrogatory, Definition, or Instruction is ambiguous, then state in Your answer the matter deemed ambiguous and the construction You employed in answering the Interrogatory.

10. These Definitions, Instructions, and Interrogatories are submitted for the purposes of discovery; they shall not be construed (i) as a waiver or abridgment of any argument or defense, any objection to discovery requests, or any objections that may be made at trial to the introduction of evidence on subjects covered by these Interrogatories; (ii) as an admission at trial of the relevance or materiality of any of the matters covered by these Interrogatories; or (iii) as any admission of fact.

INTERROGATORY ADDRESSED TO PLAINTIFF STATE

INTERROGATORY NO. 1:

Identify each and every State Agency for which the Plaintiff State seeks to recover Damages alleged in the Complaints.

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Dated: October 31, 2019

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UNITED STATES DISTRICT COURT
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IN RE: GENERIC PHARMACEUTICALS PRICING ANTITRUST LITIGATION	MDL NO. 2724 16-MD-2724
	HON. CYNTHIA M. RUFE
THIS DOCUMENT RELATES TO: *State Attorneys General Litigation*	Civil Action No. 17-3768

CERTAIN DEFENDANTS' SECOND SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF STATES

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure, undersigned Defendants hereby request that the Plaintiff States each individually respond to the following requests for production and produce the documents and things identified below for examination, inspection, and copying, within thirty (30) days after the date of service of these requests.

DEFINITIONS

1. "You," "Your" or "Yours" means any entities, departments, subdivisions, officials, employees, representatives, or agents of the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming; the Commonwealths of Kentucky, Massachusetts, Pennsylvania, Puerto Rico, Virginia; and the District of Columbia, as well as any other public or private entity on whose behalf You purport to assert a claim, whether direct or assigned (collectively, "Plaintiff States," and individually, "Plaintiff State"), including

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but not limited to the following entities and their respective officials, employees, representatives, agents or attorneys:

(a) Any Plaintiff State-owned or operated hospital, clinic, and/or outpatient care center;

(b) Any Plaintiff State health and human services commission;

(c) Any other Plaintiff State governmental department or entity, including all past and present elected officials, employees, and representatives; and

(d) Any other state agency, contractor, or intermediary that administers, oversees, or implements state or federally funded health care programs providing coverage, assistance, or subsidies, in each Plaintiff State.

2. "Action" means the above-captioned action, *In re Generic Pharmaceuticals Pricing Antitrust Litig.*, No. 16-md-2724 (CMR) (E.D. Pa.).

3. The terms "all," "any," and "each" shall be construed as encompassing any and all; "every" means each and every. The connectives "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside of its scope. The use of the singular form of any word includes the plural and vice versa.

4. "Communication(s)" means any transmission or transfer of information of any kind, whether orally, electronically, in writing, or in any other manner, at any time or place, and under any circumstance whatsoever.

5. "Complaint" means the operative complaint(s) filed by You or on Your behalf in this Action including, but not limited to, any operative complaint filed by You or on Your behalf after these Requests are served.

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6. The terms "concerning," "refer," "relate," "referring" and "relating" mean to comprise, reflect, record, memorialize, embody, discuss, contradict, evaluate, consider, review or report on the subject matter of the Request or to have been created, generated or maintained in connection with or as a result of the subject matter of the Request.

7. "Defendants" means any Defendant named in any operative complaint in this Action, together with any present or former directors, officers, employees, agents, or other persons acting or purporting to act on behalf of any Defendant.

8. "Document(s)" is used in its broadest sense and is meant to include all items encompassed by Rule 34 of the Federal Rules of Civil Procedure including, without limitation, electronically stored information ("ESI") and electronic or computerized databases and compilations, and voice or data recordings, no matter how any such Documents are stored. As used herein, this term shall include all forms of electronic communication, including email (from any email accounts, including any work or personal email accounts), instant messages, and text messages. A draft or non-identical copy is a separate Document within the meaning of this term. "Document" shall be construed as a Document and all attachments thereto.

9. "Drugs at Issue" refers to all drugs or pharmaceuticals that are the subject of claims asserted in any operative Complaint filed by You or on Your Behalf in this Action.

10. "Person(s)" means any natural person or any business, legal or governmental entity or association.

11. The terms "prices" and "pricing" shall be construed to mean "prices," "rebates," "discounts," "chargebacks," "fees," "price and/or unit adjustments," or any other adjustment to price.

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12. "Phone Record" means a telephone carrier production, telephone bill or statement, call or text message log, or similar document that memorializes the occurrence of phone calls or text messages.

13. "Supplemental Rebate Agreement" means any agreement, contract, or understanding that You have with any pharmaceutical manufacturer that results in the payment of any rebates, reimbursement, or other funding to You.

14. "Preferred Drug List" means any list of medications that You have approved or recommended for reimbursement.

INSTRUCTIONS

1. Defendants seek production of the Documents set forth in the numbered Requests below that are in each Plaintiff State's possession, custody, or control, or in the possession, custody, or control of any entity acting on Your behalf or subject to its control regardless of location, and include, unless otherwise specifically indicated, its employees, partners, agents, representatives, commissions, boards, divisions, departments, agencies, instrumentalities, administrators, attorneys, expert witnesses and other Personnel thereof. A Document is to be deemed in Your possession, custody, or control if You (a) own such document in whole or in part; (b) have a right, by contract, statute, or otherwise, to use, inspect, examine, or copy such document on any terms; (c) have an understanding, express or implied, that You may use, inspect, examine, or copy such document on any terms; or (d) have, as a practical matter, been able to use, inspect, examine or copy such document when You sought to do so.

2. These Requests are directed to each Plaintiff State and require a separate response from each individual Plaintiff State, separately for each entity on whose behalf that State and/or its Attorney General purports to bring claims.

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3. The production of a Document by one Plaintiff State does not relieve another Plaintiff State from the obligation to produce its own copy of that Document, even if the two Documents are otherwise identical.

4. All ESI shall be produced in a format mutually agreed upon by the parties or ordered by the Court.

5. Any alteration of a responsive Document, including any marginal notes, handwritten notes, underlining, date stamps, received stamps, endorsed or filed stamps, drafts, revisions, modifications, and other versions of a final Document is a separate and distinct Document and it must be produced.

6. If any responsive Document is believed to have existed but no longer exists or is otherwise unavailable, describe the Document, the reason for its loss, destruction, or unavailability, and provide the name of each Person believed by You to have present possession, custody, or control of the original and any copy thereof (if applicable).

a. In the event that any Document called for by any Request herein has been destroyed or discarded, that Document is to be identified by stating: (i) any addressor and addressee; (ii) any indicated or blind copy recipients; (iii) the Document's date, subject matter, number of pages, and attachments or appendices; (iv) all Persons to whom the Document was distributed, shown, or explained; (v) the Document's date of destruction or discard; and (vi) the Persons authorizing and carrying out such destruction or discard.

7. If production is requested of a Document that is no longer in Your possession, custody, or control, Your response should state when the Document was most recently in Your possession, custody, or control, how the Document was disposed of, and the identity of the Person or entity, if any, that is presently in possession, custody, or control of such Document.

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8. If no Document responsive to a request exists, please so state in Your response.

9. Each Document should be produced in the manner, form and position in which they are kept in the ordinary course of business, as required by the Federal Rules of Civil Procedure, including, where applicable, any index tabs, file dividers, designations, or other information as to the location of the Documents.

10. Whenever necessary to bring within the scope of the Requests responses that might be otherwise construed to be outside the scope, construe:

a. "include," "includes," and "including" to mean "without limitation;"

b. the use of the present tense as including the past tense and vice versa; and

c. the use of the feminine, masculine, or neuter genders as including all genders.

11. For each Document requested, produce the entire original Document, along with all attachments, appendices, enclosures and exhibits, and any copies that are not identical to the original (whether because of notes made on, or attached to, such copy or otherwise), regardless of whether You consider the attachments, appendices, enclosures and exhibits to be relevant or responsive to these Requests.

12. No part of a Request may be left unanswered, or Documents not produced, merely because an objection is interposed as to any other part of a Request. Where an objection is made to any Request, or subpart thereof, the objection must state with specificity all grounds. All objections to the production of Documents requested herein must be made in writing and delivered to counsel of record for Defendants. If objection is made to any Request, the response shall state whether Documents are being withheld from inspection and production on the basis of

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such objection, or whether inspection and production of the responsive Documents will occur notwithstanding such objection.

13. For any Document withheld or redacted, in whole or in part, based on a claim of privilege or work product protection, the responding Plaintiff States shall comply with Rule 26 of the Federal Rules of Civil Procedure. Any privilege log shall be produced in a format and according to a schedule mutually agreed upon by the parties or ordered by the Court.

14. If a portion of any Document responsive to any Request is withheld under claim of privilege pursuant to Instruction 13, any non-privileged portion of such Document must be produced with the portion claimed to be privileged redacted.

15. Each Request should be construed independently and is not to be referenced to any other Request herein for purposes of limitation, unless one Request specifically refers to another Request.

16. If, in responding to a Request, You claim any ambiguity in interpreting either the Document Requests, or an applicable definition or instruction, such claim shall not be used as a basis for refusing to respond, but You should set forth as part of Your response the language deemed to be ambiguous and the interpretation chosen or used in responding to the Document Requests.

17. Unless otherwise specified in a specific Request, the "Relevant Time Period" applicable to these Requests is January 1, 2006 through the present or any other time period for which You seek relief, unless otherwise agreed by the parties and/or ordered by the Court or Special Master. The use of this relevant time period does not constitute an admission that it is the relevant time period for all discovery in the Action. Moreover, if the Court orders Defendants to respond to any discovery request by Plaintiff States for any time period outside of the time

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period specified herein, Plaintiff States also shall respond to these Requests for the time period so specified by the Court. Each request shall be interpreted to include all Documents that relate to the Relevant Time Period, even if such Documents were prepared or published outside of the Relevant Time Period. If a Document prepared before or after this period is necessary for a correct or complete understanding of any Document covered by a request, You must produce the earlier or later Document as well. If a Document is undated and the date of its preparation cannot be determined, the Document shall be produced if otherwise responsive to the request.

18. Each Plaintiff State's production shall be submitted with a transmittal letter that includes the production volume name, encryption method/software used, and passwords for any password protected files.

19. These Document Requests are continuing in nature. Any Documents or things created, discovered, obtained, or formulated by You, subsequent to Your production in response to these Requests and up to and including the time of trial, must be produced promptly to Defendants pursuant to Rule 26 of the Federal Rules of Civil Procedure. Additionally, in the event Plaintiff States further amend their Complaint and/or file new Complaints in this Action, Plaintiff States shall promptly supplement their productions as appropriate.

DOCUMENT REQUESTS

DOCUMENT REQUEST NO. 57

All Documents concerning Phone Records reflecting communications involving any Defendant, including but not limited to any telephone records database or repository created or relied upon in connection with this Action and any underlying Phone Records or other data and metadata associated with such a database; provided, however, that this Request does not seek any attorney opinion work product that may be recorded in such a database, such as attorney comments or annotations, or any attorney work product analyzing Phone Records.

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DOCUMENT REQUEST NO. 58

All Documents concerning any funding, reimbursement, or compensation You have received from any source for one or more Drugs at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 59

All Documents (including data and ESI) concerning Your Supplemental Rebate Agreement(s), if any.

DOCUMENT REQUEST NO. 60

All Documents concerning Your analysis or evaluation of any Group Purchasing Organization for pharmaceuticals, including but not limited to any financial analyses concerning Your evaluation of participating in, joining, or withdrawing from any Group Purchasing Organization.

DOCUMENT REQUEST NO. 61

Documents sufficient to show each of Your Preferred Drug List(s) for the Relevant Time Period.

DOCUMENT REQUEST NO. 62

All Documents concerning Your prescription drug discount program(s), if any, including but not limited to any financial analyses concerning the costs and savings of any such programs.

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Dated: October 16, 2019

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Defendants' Liaison Counsel on Behalf of Named Defendants in State *Attorneys General Litigation, No. 17-3768 (E.D. Pa.)*

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FL-GOV-20-0899-A-000587

CERTIFICATE OF SERVICE

I hereby certify that on October 16, 2019, a true and correct copy of the foregoing was served via electronic mail pursuant to the Court's orders appointing liaison counsel upon:

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Defendants' Liaison Counsel

Dated: October 16, 2019

/s/ William T. McEnroe
William T. McEnroe

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FL-GOV-20-0899-A-000589

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

IN RE: GENERIC PHARMACEUTICALS PRICING ANTITRUST LITIGATION	MDL NO. 2724 16-MD-2724
----------	HON. CYNTHIA M. RUFE
THIS DOCUMENT RELATES TO:	Civil Action No.
State Attorneys General Litigation	17-3768

DEFENDANTS' FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF STATES

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure, Defendants hereby request that Plaintiff States each individually respond to the following requests for production and produce the documents identified below for examination, inspection, and copying, within thirty (30) days after the date of service of this request.

DEFINITIONS

1. "You," "Your" or "Yours" means any entities, departments, subdivisions, officials, employees, representatives, or agents of the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin; the Commonwealths of Kentucky, Massachusetts, Pennsylvania, Puerto Rico, Virginia; and the District of Columbia, as well as any other public or private entity on whose behalf You purport to assert a claim, whether direct or assigned (collectively, "Plaintiff States," and individually, "Plaintiff State"), including but not limited to

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the following entities and their respective officials, employees, representatives, agents or attorneys:

(a) Any Plaintiff State-owned or operated hospital, clinic, and/or outpatient care center;

(b) Any Plaintiff State health and human services commission;

(c) Any other Plaintiff State governmental department or entity, including all past and present elected officials, employees, and representatives; and

(d) Any other state agency, contractor, or intermediary that administers, oversees, or implements state or federally funded health care programs providing coverage, assistance, or subsidies, in each Plaintiff State, and any other entities that administer, oversee, monitor, or implement any state or federally funded programs in any Plaintiff State, including but not limited to Medicaid programs.

2. "Action" means the above-captioned action, *In re Generic Pharmaceuticals Pricing Antitrust Litig.*, No. 16-md-2724 (CMR) (E.D. Pa.).

3. "Agreement(s)" means any actual or perceived meeting of the minds, contract, arrangement, subscription or understanding, formal or informal, oral or written, direct or indirect, tacit or express, implemented or unimplemented, successful or unsuccessful, between two or more Persons.

4. The terms "all," "any," and "each" shall be construed as encompassing any and all; "every" means each and every. The connectives "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside of its scope. The use of the singular form of any word includes the plural and vice versa.

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5. "AMP" means Average Manufacturer Price and shall have the meaning set forth in 42 U.S.C. § 1396r-8(k)(1).

6. "AWP" means Average Wholesale Price, as periodically published by one or more pharmaceutical industry compendia, including the Drug Topics Red Book, American Druggist First Databank Annual Directory of Pharmaceuticals, and Medi-Span's Master Drug Database.

7. "Best Price" shall have the meaning set forth in 42 U.S.C. § 1396r-8(c)(1)(C).

8. "CMS" means the United States Centers for Medicare and Medicaid Services and its agents, employees, commissioners, and anyone else acting on its behalf and sub-agencies and departments, any of its predecessors, including the Health Care Finance Administration, the Social Rehabilitative Service, and the Department of Health, Education & Welfare.

9. "Communication(s)" means any transmission or transfer of information of any kind, whether orally, electronically, in writing, or in any other manner, at any time or place, and under any circumstance whatsoever.

10. "Complaint" means the operative complaint filed by You or on Your behalf in this Action including, but not limited to, any operative complaint filed by You or on Your behalf after these Requests are served.

11. The terms "concerning," "refer," "relate," "referring" and "relating" mean to comprise, reflect, record, memorialize, embody, discuss, contradict, evaluate, consider, review or report on the subject matter of the Request or to have been created, generated or maintained in connection with or as a result of the subject matter of the Request.

12. "CPI-U" means Consumer Price Index—Urban and shall have the meaning set forth in 42 C.F.R. § 447.502.

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13. "Defendants" means the defendants named in Your Complaint in this Action.

14. "Direct Price" means any figure so categorized and periodically published by any pharmaceutical data publishing service.

15. "Document(s)" is used in its broadest sense and is meant to include all items encompassed by Rule 34 of the Federal Rules of Civil Procedure including, without limitation, electronically stored information and electronic or computerized compilations, and voice or data recordings, no matter how any such Documents are stored. As used herein, this term shall include all forms of electronic communication, including email (from any email accounts, including any work or personal email accounts), instant messages, and text messages. A draft or non-identical copy is a separate Document within the meaning of this term. "Document" shall be construed as a Document and all attachments thereto.

16. "Document Request(s)" or "Request(s)" means the Documents, Electronically Stored Information, and tangible things contemplated by Fed. R. Civ. P. 34(a)(1) in response to the following Document Requests.

17. "DOJ" refers to the Antitrust Division of the U.S. Department of Justice, or any other divisions thereof.

18. "Drugs at Issue" refers to all drugs or pharmaceuticals that are the subject of claims asserted in any operative Complaint filed by You or on Your Behalf in this Action; namely, Doxycycline Hyclate Delayed Release (or, "Doxy DR"); Glyburide; Nimodipine; Zoledronic Acid; Meprobamate; Doxycycline Monohydrate; Acetazolamide; Fosinopril HCTZ; Glipizide-Metformin; Glyburide-Metformin; Leflunomide; Nystatin; Paromomycin; Theophylline ER; and Verapamil.

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19. “Entity(s)” means any natural person or any business, legal or governmental entity or association.

20. “EAC” means Estimated Acquisition Cost, or the estimate of the price generally paid by providers for a drug, as defined by Your state’s Medicaid agency.

21. “FUL” means Federal Upper Limit, or the price ceiling used by CMS to control prices for certain medications paid to pharmacies, as described by 42 C.F.R. § 447.514.

22. The term “including” is used to provide examples of certain types of information and should not be construed as limiting a request in any way.

23. “MAC” means Maximum Allowable Cost, or the price ceiling, similar to the FUL, as described in 42 C.F.R. § 50.504 or any analogous state statute or regulation.

24. “MCO” means any managed care organization, health care maintenance organization, and any other health plan provider wholly or partially responsible for providing, or assisting you in providing Medicaid benefits.

25. “Medicaid” means the jointly funded federal-state health insurance program enacted in 1965 under Title XIX of the Social Security Act to pay for the costs of certain healthcare expenses of eligible Beneficiaries.

26. “Meeting(s)” means any assembly, encounter, or contemporaneous presence (whether in person or via any other method of communication) of two or more Persons for any purpose, whether planned or arranged, scheduled or not.

27. “NADAC” means National Average Drug Acquisition Cost, as published by the Centers for Medicaid and Medicare Services.

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28. "NDC" means National Drug Code, the unique 11-digit code assigned to each prescription drug product sold in the United States by the U.S. Food and Drug Administration, which identifies the manufacturer, product, and package size of each drug product.

29. "Participant" or "Beneficiary" means a Person for whom You provide health insurance coverage, including policyholders and dependents, or any other health care or health benefits from any program You administer, monitor, or control.

30. "Person(s)" means any natural person or any business, legal or governmental entity or association.

31. "Pharmacy Benefit Manager" or "PBM" means any person or entity that has managed, administered, or has otherwise been responsible for providing pharmacy benefits to Plaintiff State Medicaid Recipients.

32. The terms "prices" and "pricing" shall be construed to mean "prices," "rebates," "discounts," "chargebacks," "fees," "price and/or unit adjustments," or any other adjustment to price.

33. "Private Plaintiff" means any person or entity that has filed a Complaint in this Action, but who is not a plaintiff in the above-captioned *State Attorneys General Litigation*, Civil Action No. 17-3768.

34. "Rebate period" shall have the meaning set forth in 42 C.F.R. § 447.502.

35. "Request(s) for Proposal" means requests to purchase of any kind, including, but not limited to, invitations to bid or submit proposals, and requests for quotation, both formal and informal.

36. "Trade Association(s)" means any group or association, formal or informal, relating to the market for generic pharmaceuticals, including, but not limited to the following

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organizations and any formal or informal committee or sub-unit: Association for Accessible Medicines (formerly Generic Pharmaceutical Association), National Association of Chain Drug Stores, Minnesota Multistate Contracting Alliance for Pharmacy, Efficient Collaborative Retail Marketing (including any Efficient Program; Planning Sessions, or EPPS), Healthcare Distribution Alliance (formerly Health Distribution Management Association), American Society of Health-System Pharmacists, National Pharmacy Purchasing Association, and Health Care Supply Chain Association.

37. "Utilization," as used to refer to "utilization data," means the information that each state agency is required to report to drug manufacturers pursuant to 42 U.S.C. § 1396r-8(b)(2)(A).

38. "WAC" means Wholesale Acquisition Cost, or the estimate of the manufacturer's list price of a drug to wholesalers or other direct purchasers, not including discounts or rebates.

INSTRUCTIONS

1. Defendants seek production of the Documents set forth in the numbered Requests below that are in each Plaintiff States' possession, custody, or control, or in the possession, custody, or control of any entity acting on Your behalf or subject to its control regardless of location, and include, unless otherwise specifically indicated, its employees, partners, agents, representatives, commissions, boards, divisions, departments, agencies, instrumentalities, administrators, attorneys, expert witnesses and other Personnel thereof. A Document is to be deemed in Your possession, custody, or control if You (a) own such document in whole or in part; (b) have a right, by contract, statute, or otherwise, to use, inspect, examine, or copy such document on any terms; (c) have an understanding, express or implied, that You may use, inspect, examine, or copy such document on any terms; or (d) have, as a practical matter, been able to use, inspect, examine or copy such document when You sought to do so. The Documents

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obtained by You pursuant to state authorized investigations are specifically excluded from this instruction.

2. These Requests are directed to each Plaintiff State and require a separate response from each individual Plaintiff State, separately for each entity on whose behalf that State and/or its Attorney General purports to bring claims.

3. The production of a Document by one Plaintiff State does not relieve another Plaintiff State from the obligation to produce its own copy of that Document, even if the two Documents are otherwise identical.

4. All electronically stored information shall be produced in a format mutually agreed upon by the parties or ordered by the Court.

5. Any alteration of a responsive Document, including any marginal notes, handwritten notes, underlining, date stamps, received stamps, endorsed or filed stamps, drafts, revisions, modifications, and other versions of a final Document is a separate and distinct Document and it must be produced.

6. If any responsive Document is believed to have existed but no longer exists or is otherwise unavailable, describe the Document, the reason for its loss, destruction, or unavailability, and provide the name of each Person believed by You to have present possession, custody, or control of the original and any copy thereof (if applicable).

a. In the event that any Document called for by any Request herein has been destroyed or discarded, that Document is to be identified by stating: (i) any addressor and addressee; (ii) any indicated or blind copy recipients; (iii) the Document's date, subject matter, number of pages, and attachments or appendices; (iv) all Persons to whom the Document was

AMERICAN OVERSIGHT

distributed, shown, or explained; (v) the Document's date of destruction or discard; and (vi) the Persons authorizing and carrying out such destruction or discard.

7. If production is requested of a Document that is no longer in Your possession, custody, or control, Your response should state when the Document was most recently in Your possession, custody, or control, how the Document was disposed of, and the identity of the person or entity, if any, that is presently in possession, custody, or control of such Document.

8. If no Document responsive to a request exists, please so state in Your response.

9. Each Document should be produced in the manner, form and position in which they are kept in the ordinary course of business, as required by the Federal Rules of Civil Procedure, including, where applicable, any index tabs, file dividers, designations, or other information as to the location of the Documents.

10. Whenever necessary to bring within the scope of the Requests responses that might be otherwise construed to be outside the scope, construe:

a. "include," "includes," and "including" to mean "without limitation;"

b. the use of the present tense as including the past tense and vice versa; and

c. the use of the feminine, masculine, or neuter genders as including all genders.

11. For each Document requested, produce the entire original Document, along with all attachments, appendices, enclosures and exhibits, and any copies that are not identical to the original (whether because of notes made on, or attached to, such copy or otherwise), regardless of whether You consider the attachments, appendices, enclosures and exhibits to be relevant or responsive to these Requests.

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12. No part of a Request may be left unanswered, or Documents not produced, merely because an objection is interposed as to any other part of a Request. Where an objection is made to any Request, or subpart thereof, the objection must state with specificity all grounds. All objections to the production of Documents requested herein must be made in writing and delivered to counsel of record for Defendants. If objection is made to any Request, the response shall state whether Documents are being withheld from inspection and production on the basis of such objection, or whether inspection and production of the responsive Documents will occur notwithstanding such objection.

13. For any Document withheld or redacted, in whole or in part, based on a claim of privilege or work product protection, the responding Plaintiff States shall comply with Rule 26 of the Federal Rules of Civil Procedure. Any privilege log shall be produced in a format and according to a schedule mutually agreed upon by the parties or ordered by the Court.

14. During the pendency of the stay ordered in Pretrial Order No. 44, You may redact or withhold Documents pursuant to paragraphs 3 and 4 of that Order.

15. If a portion of any Document responsive to any Request is withheld under claim of privilege pursuant to Instruction 12, any non-privileged portion of such Document must be produced with the portion claimed to be privileged redacted.

16. Each Request should be construed independently and is not to be referenced to any other Request herein for purposes of limitation, unless one Request specifically refers to another Request.

17. If, in responding to a Request, You claim any ambiguity in interpreting either the Document Requests, or an applicable definition or instruction, such claim shall not be used as a basis for refusing to respond, but You should set forth as part of Your response the language

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deemed to be ambiguous and the interpretation chosen or used in responding to the Document Requests.

18. Unless otherwise specified in a specific Request, the "Relevant Time Period" applicable to these Requests is January 1, 2012 through March 2, 2016, unless otherwise agreed by the parties and/or ordered by the Court or Special Master. Each request shall be interpreted to include all Documents that relate to the Relevant Time Period, even if such Documents were prepared or published outside of the Relevant Time Period. If a Document prepared before or after this period is necessary for a correct or complete understanding of any Document covered by a request, You must produce the earlier or later Document as well. If a Document is undated and the date of its preparation cannot be determined, the Document shall be produced if otherwise responsive to the request.

19. Each Plaintiff State's production shall be submitted with a transmittal letter that includes the production volume name, encryption method/software used, and passwords for any password protected files.

20. These Document Requests are continuing in nature. Any Documents or things created, discovered, obtained, or formulated by You, subsequent to Your production in response to these Requests and up to and including the time of trial, must be produced promptly to Defendants pursuant to Rule 26 of the Federal Rules of Civil Procedure. Additionally, in the event Plaintiff States further amend their Complaint and/or file new Complaints in this Action, Plaintiff States shall promptly supplement their productions as appropriate.

DOCUMENT REQUESTS

DOCUMENT REQUEST NO. 1

Documents sufficient to show the identity of each State Entity that purchased pharmaceuticals for which You seek to recover damages in this Action.

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DOCUMENT REQUEST NO. 2

Documents sufficient to show the identity of each State Entity that paid for pharmaceuticals dispensed to others for which You seek to recover damages in this Action.

DOCUMENT REQUEST NO. 3

Documents sufficient to show the identity of each State Entity that resold pharmaceuticals for which You seek to recover damages in this Action.

DOCUMENT REQUEST NO. 4

All Documents (including data) concerning utilization, reimbursement, or Medicaid Rebate information for the Drugs at Issue.

DOCUMENT REQUEST NO. 5

Documents sufficient to show Your agreements with manufacturers relating to their participation in the the Medicaid Drug Rebate Program and its standardized Rebate Agreement, and other agreements for other Medicaid rebates, discounts, or reimbursements, including additional Unit Rebate Amounts as calculated by changes in baseline AMPs and CPI-Us.

DOCUMENT REQUEST NO. 6

All Documents discussing the usage of CPI-U as a basis for determining additional Unit Rebate Amounts among and between Your employees, the federal government, and/or other Entities.

DOCUMENT REQUEST NO. 7

All documents (including data) related to any other allowances, discounts, rebates, or other promotions, reimbursements, or credits that You received in connection with Your reimbursements of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, or any other price concession You received or were offered in connection with Your reimbursements of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

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DOCUMENT REQUEST NO. 8

All Documents concerning cost savings associated with generic pharmaceuticals, including Your ability to purchase generic pharmaceuticals at a discounted rate.

DOCUMENT REQUEST NO. 9

Documents sufficient to show the location of Your purchases or sales of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, as well as the locations where You dispensed the Drugs at Issue or brand name or therapeutic equivalent of a Drug at Issue, if applicable.

DOCUMENT REQUEST NO. 10

All Documents concerning any requests by You or on Your behalf to any Entity, including but not limited to, physicians, retail pharmacies, wholesalers, manufacturers, other State agencies, and the federal government, for information on the price or cost of any Drug at Issue.

DOCUMENT REQUEST NO. 11

All Documents concerning communications between you and any other state government, including but not limited to that government's Medicaid program, officials, agents, employees, divisions, departments, or agencies, concerning usual and customary, AMP, AWP, MAC, NADAC, WAC, Direct Price, EAC, Best Price, FUL, CPI-U or other prices, costs, reimbursement rates, or other benchmarks for pharmaceutical drug pricing.

DOCUMENT REQUEST NO. 12

Documents sufficient to show Your membership or participation in any multi-state group purchasing organization or associations, including but not limited to National Medicaid Pooling Initiative, Top Dollar Program, Sovereign States Drug Consortium, and Minnesota Multistate Contracting Alliance for Pharmacy.

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DOCUMENT REQUEST NO. 13

All Documents concerning communications between you and any group purchasing organization, including multi-state group purchasing organizations or associations, relating to usual and customary, AMP, AWP, MAC, NADAC, WAC, Direct Price, EAC, Best Price, FUL, CPI-U or other prices, costs, reimbursement rates, or other benchmarks for pharmaceutical drug pricing, including negotiation for any of these prices, and contracts.

DOCUMENT REQUEST NO. 14

All Documents concerning communications between you and the federal government, including but not limited to the Office of Inspector General, the Government Accountability Office, Congressional Budget Office, CMS, the House Subcommittee on Health Care, Benefits, and Administrative Rules, the Senate Committee on Health, Education, Labor & Pensions, and the Department of Health and Human Services, and their predecessor agencies, concerning:

a.) the pricing of prescription drugs, including AWP, AMP, MAC, WAC, Direct Price, EAC, Best Price, FUL, CPI-U, or other prices, costs, reimbursement rates, or other benchmarks for pharmaceutical drug pricing;

b.) proposed alternative reimbursement methodologies;

c.) reimbursement methodologies considered or used by other states or state agencies;

d.) the processing of prescription drug reimbursement claims submitted by Your healthcare providers; and

e.) regular reporting of pricing information, including CMS utilization summaries, to CMS.

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DOCUMENT REQUEST NO. 15

To the extent that You seek restitution, all Documents sufficient to show the identities of the Entities for which You seek restitution.

DOCUMENT REQUEST NO. 16

To the extent that You seek restitution, all Documents relating to or reflecting Your calculation of or methodology for calculating such amount.

DOCUMENT REQUEST NO. 17

To the extent that You seek disgorgement, all Documents sufficient to show the identities of the Entities for which You seek disgorgement.

DOCUMENT REQUEST NO. 18

To the extent that You seek disgorgement, all Documents relating to or reflecting Your calculation of or methodology for calculating such amount.

DOCUMENT REQUEST NO. 19

To the extent that You seek civil penalties and/or statutory damages, all Documents sufficient to show the identities of the Entities for which You seek civil penalties and/or statutory damages.

DOCUMENT REQUEST NO. 20

To the extent that You seek civil penalties and/or statutory damages, all Documents relating to or reflecting Your calculation of or methodology for calculating such amounts.

DOCUMENT REQUEST NO. 21

To the extent that You seek any other damages, costs, or fees as a result of the actions alleged in the Complaint, all Documents sufficient to show the identities of the Entities for which You seek that relief.

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DOCUMENT REQUEST NO. 22

To the extent that You seek any other damages, costs, or fees as a result of the actions alleged in the Complaint, including, but not limited to, Your calculation of or methodology for calculating these amounts.

DOCUMENT REQUEST NO. 23

Documents sufficient to show the identity, location, and organizational structure, including organizational charts, for each of Your agencies, programs, sub-units, divisions, affiliates, or any other state-run Entity that has the authority to make decisions regarding the purchase, sale, distribution, reimbursement of, and reimbursement for any Drug at Issue.

DOCUMENT REQUEST NO. 24

All Documents concerning all factors that You consider or have considered when determining whether to purchase, sell, distribute, reimburse for, or seek reimbursement for generic pharmaceuticals, including the Drugs at Issue, including, but not limited to:

a) The price, quantity, strength, dosage, form, brand name or therapeutic equivalent, or package of a Drug at Issue;

b) Any statutory, regulatory considerations or requirements;

c) Strategies, policies, techniques or practices relating to Your purchase of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including, but not limited to, strategic or exclusive alliances with sellers, buying consortia, aggregating or consolidating purchasing requirements, switching or threatening to switch suppliers, and contract provisions;

d) All analyses, studies, or reports on prices for a Drug at Issue or any brand name equivalents of any Drugs at Issue;

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e) All annual budgets or annual analyses of business or market conditions with respect any Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue; and

f) Instructions, internal communications, guidelines or policies, either formal or informal, including without limitation, those related to budgets and costs, and any mathematical models, that You used with respect to potential or actual purchases, or potential or actual reimbursements, of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 25

If any outside association, PBM, or Group Purchasing Organization is responsible for negotiating contracts and/or purchasing generic pharmaceuticals on Your behalf, all Documents identifying such Entities and those that concern all factors those groups consider or have considered when determining whether to purchase Drugs at Issue.

DOCUMENT REQUEST NO. 26

All Documents relating to Your process, whether formal or otherwise, for making decisions regarding the purchase, sale, distribution, or reimbursement of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including but not limited to:

a) Purchasing methods or procedures relating to requests for bids/quotes, formularies, negotiation of contracts or agreements with sellers, and any other ways in which You purchase a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue;

b) Reimbursement methods or procedures You maintain and/or consider in determining reimbursement rates use regarding a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue including, but not

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limited to AMP, AWP, MAC, NADAC, WAC, CPI-U, or any other pricing basis You maintain and consider, including but not limited to, any operative statutes or regulations that set reimbursement levels or formulas.

DOCUMENT REQUEST NO. 27

All Documents containing Your internal communications concerning a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 28

Documents sufficient to show the name, date, and location of each Trade Association meeting of which You or Your employees with substantive involvement in the decision-making process for the purchase or reimbursement of any Drugs at Issue or brand name or therapeutic equivalent of a Drug at Issue attended, and Documents sufficient to show the name and title of the employee who attended such meetings.

DOCUMENT REQUEST NO. 29

All Documents, including but not limited to, meeting invitations, meeting agendas, transcripts, minutes, notes, summaries, attendance lists, handouts, presentations, or correspondence related to meetings of Trade Associations that either (a) were attended by Your employees with substantive involvement in the decision-making process for the purchase or reimbursement of any Drugs at Issue or their brand name or therapeutic equivalent, or (b) concern any Drugs at Issue or their brand name or therapeutic equivalent.

DOCUMENT REQUEST NO. 30

All Documents concerning Your purported relevant market definitions in this Action.

DOCUMENT REQUEST NO. 31

All Documents concerning the alleged market share of each Defendant in each purported relevant market You allege in this Action.

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DOCUMENT REQUEST NO. 32

All Documents (including data) concerning the purchase of any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, upon which You base any claim, including, but not limited to, all Documents concerning and/or identifying:

a) The identity, type, nature, and capacity of all Persons that sold a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, to You;

b) The characteristics of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You purchased (including, but not limited to, strength, dosage, form, and packaging);

c) The NDC of each of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue You purchased;

d) The date (of invoice, credit memo, accrual or other appropriate date) of all of Your purchases of a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;

e) The prices You paid for each purchase of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, and, if different, the list prices, including, but not limited to, AMP, AWP, MAC, NADAC, WAC, CPI-U or any other pricing basis You maintained or considered in connection with any such purchase;

f) The quantities, in unit sales, of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You purchased; and

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g) Any contracts, agreements, terms and conditions, invoices, or memoranda of understanding for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You purchased.

DOCUMENT REQUEST NO. 33

Documents sufficient to show the identity, location, and organizational structure, including organizational charts, for each of Your agencies, programs, sub-units, divisions, affiliates, or any other state-run Entity that purchased any Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 34

All Documents concerning communications between You and any manufacturer, supplier, seller or purchaser of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including, but not limited, to all communications with any Defendant.

DOCUMENT REQUEST NO. 35

All Documents concerning Your Requests for Proposals, whether formal or otherwise, for Your purchase of a Drug at Issue or a brand name equivalent of a Drug at Issue, including all responses to such Requests, whether the Entity bid in response or declined to bid.

DOCUMENT REQUEST NO. 36

Documents sufficient to show all of Your contracts and contract negotiations, including those that did not culminate in an agreement, whether formal or otherwise, for the purchase of a Drug at Issue or a brand name equivalent of a Drug at Issue, including:

a) The dates of the contract negotiations;

b) The drugs covered by the contract negotiations;

c) The counterparty to the negotiation or the Entities that participated in the contract negotiations;

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d) The proposed terms and conditions (including price or any exclusivity clauses, most favored nation clauses, price protection, penalties for unavailability of supply, preferred vendor, or other such clauses) of any agreement) of any agreement, whether consummated, including those that were considered or rejected, as well as Documents reflecting the reasons for rejecting any such proposed terms or conditions;

e) The start and end dates of any such consummated agreement; and

f) The withdrawal, amendment, termination, or rescission of any such agreements.

DOCUMENT REQUEST NO. 37

All documents (including data) related to any allowances, discounts, rebates, or other promotions, reimbursements, credits, or other price concession that You received in connection with Your purchases of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including those required by law or regulation.

DOCUMENT REQUEST NO. 38

All Documents (including data) concerning Your reimbursement (i.e., reimbursements made by You) for any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, upon which You base any claim, including, but not limited to, all Documents concerning and/or identifying:

a) The nature and capacity of all Persons for whom You reimbursed for a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;

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b) The characteristics of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which you provided reimbursement (including, but not limited to, strength, dosage, form, and packaging);

c) The NDC for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which you provided reimbursement;

d) The date (of invoice, credit memo, accrual or other appropriate date) of all of Your reimbursements for a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;

e) The amount of money You reimbursed for each purchase or distribution of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, and any pricing basis You maintained or considered in connection with any such reimbursement;

f) The quantities, in unit sales, of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which you provided reimbursement; and

g) Any contracts, agreements, terms and conditions, invoices, or memoranda of understanding for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which you provided reimbursement.

DOCUMENT REQUEST NO. 39

Documents sufficient to show the identity, location, and organizational structure, including organizational charts, for Your state Medicaid agencies, programs, sub-units, divisions, affiliates, or any other state-run Entity that provided reimbursement any Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue.

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DOCUMENT REQUEST NO. 40

Documents sufficient to show the identities of all MCOs, PBMs, physicians, healthcare centers, hospitals, and other healthcare providers for which You provided reimbursement, or funding for Medicaid-related expenditures.

DOCUMENT REQUEST NO. 41

All documents (including data) reflecting the nature of Your business or reimbursement relationship with PBMs, MCOs, and any other third-party healthcare administrators, related to a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including but not limited to any contracts, negotiations, or discussions regarding pricing or supply for a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 42

Documents sufficient to show the design of Your Medicaid program, including but not limited to, payment models, system for delivering coverage for benefits, covered benefits, waivers, and State Plan Amendments.

DOCUMENT REQUEST NO. 43

All Documents concerning insurance plan designs or reimbursement considerations related to a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including but not limited to Documents related to the determination of beneficiary deductibles, premiums, formularies, co-payments, and co-insurance.

DOCUMENT REQUEST NO. 44

All Documents reflecting requests or claims, formal or otherwise, seeking reimbursement from You for Drugs at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

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DOCUMENT REQUEST NO. 45

All Documents relating to any communication made or received by You regarding Medicaid prescription drug reimbursement, the Medicaid Drug Rebate Program, or other manufacturer drug rebates for a Drug at Issue or brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 46

All Documents sufficient to show the names of the Entities that administer Your Medicare plan.

DOCUMENT REQUEST NO. 47

All Documents concerning communications regarding Your reimbursements for a Drug at Issue or brand name or therapeutic equivalent of a Drug at Issue, including but not limited to communications regarding:

a) Reimbursement rates for a Drug at Issue or brand name or therapeutic equivalents of a Drug at Issue under Medicaid;

b) Changes or proposed changes to the rate of reimbursement for a Drug at Issue, or brand name or therapeutic equivalents of a Drug at Issue, under Medicaid;

c) Actual or wholesale costs of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 48

All Documents (including data) concerning reimbursements You received for any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, upon which You base any claim, including, but not limited to, all Documents concerning and/or identifying:

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a) The identity, type, nature, and capacity of all Persons that reimbursed You for a purchase of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, to You;

b) The characteristics of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which You received reimbursement (including, but not limited to, strength, dosage, form, and packaging);

c) The NDC of each of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which You received reimbursement;

d) The date (of invoice, credit memo, accrual or other appropriate date) of all of reimbursements made to You for purchases of a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;

e) The prices You were reimbursed for each purchase of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, and, if different, the list prices, including, but not limited to, AMP, AWP, MAC, NADAC, WAC, CPI-U, or any other pricing basis maintained or considered in connection with any such reimbursement;

f) The quantities, in unit sales, of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which You received reimbursement; and

g) Any contracts, agreements, terms and conditions, invoices, or memoranda of understanding for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which You received reimbursement.

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DOCUMENT REQUEST NO. 49

Documents sufficient to show all compensation or reimbursement You received in connection with the purchase of or reimbursement for a Drug at Issue, or a brand name or therapeutic equivalent of a Drug at Issue, from any third party, including but not limited to Documents reflecting federal, state, or private funding or donations for the purchase of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 50

All Documents reflecting Your requests or claims, formal or otherwise, seeking reimbursement for a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 51

All Documents (including data) concerning the sale or distribution of any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, upon which You base any claim, including, but not limited to, all Documents concerning and/or identifying:

a) The identity, type, nature, and capacity of all Persons to whom You sold or distributed a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;

b) The characteristics of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You sold or distributed (including, but not limited to, strength, dosage, form, and packaging);

c) The NDC of each of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You sold or distributed;

d) The date (of invoice, credit memo, accrual or other appropriate date) of all of Your sales or distributions of a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;

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e) The prices You charged for each sale of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, and, if different, the list prices, including, but not limited to, AWP, MAC, NADAC, WAC, CPI-U, or any other pricing basis You maintained or considered in connection with any such sale;

f) The quantities, in unit sales, of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You sold or distributed; and

g) Any contracts, agreements, terms and conditions, invoices, or memoranda of understanding for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You sold or distributed.

DOCUMENT REQUEST NO. 52

Documents sufficient to show the identity and location of any state-run Entity that sold or dispensed any Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue.

DOCUMENT REQUEST NO. 53

All Documents concerning the alleged price increases relating to the Drugs at Issue You allege in this Action.

DOCUMENT REQUEST NO. 54

All Documents discussing any Defendant in this Action.

DOCUMENT REQUEST NO. 55

All Documents concerning competition in the generic pharmaceutical industry, including externally prepared Documents or any conversations among or statements by Your officials or Entities.

DOCUMENT REQUEST NO. 56

All Documents concerning the supply or manufacture of any Drug at Issue.

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Dated: August 31, 2018

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Defendants' Liaison Counsel on Behalf of Named Defendants in *State Attorneys General Litigation*, No. 17-3768 (E.D. Pa.)

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FL-GOV-20-0899-A-000617

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: GENERIC PHARMACEUTICALS PRICING ANTITRUST LITIGATION	**MDL 2724** **16-MD-2724** **HON. CYNTHIA M. RUFE**
THIS DOCUMENT RELATES TO: *State Attorneys General Litigation*	Civil Action No. 17-3768

PLAINTIFF STATE OF FLORIDA'S RESPONSES AND OBJECTIONS TO DEFENDANTS' FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF STATES

The State of Florida, by its Attorney General (the "Attorney General" or "Plaintiff State"), pursuant to the Federal Rules of Civil Procedure and the Local Rules of this Court, submits these responses and objections to Defendants' First Set of Requests for Production of Documents to Plaintiff States, dated August 31, 2018 (the "Requests").

PRELIMINARY STATEMENT

1. These responses and objections are based on information presently available to the Attorney General, and are made without prejudice to, and are not a waiver of, the Attorney General's rights to rely on other facts or documents at trial.

2. The Attorney General will produce responsive documents only to the extent that such documents are in its possession, custody, or control. This action was brought by the Attorney General pursuant to the Attorney General's statutory authority to enforce state and

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federal antitrust laws. This action was not brought by any other public officials, state agencies, or governmental entities; such persons are not parties to this litigation. The Attorney General is seeking relief on behalf of certain entities in its proprietary capacity. To the extent Defendants want discovery from any non-parties, Defendants must seek such discovery pursuant to Rule 45 of the Federal Rules of Civil Procedure.

3. The Attorney General reserves the right to supplement, clarify, revise, or correct any or all of its responses and objections, and to assert additional objections or privileges, in subsequent supplemental response(s). Where privileged documents are protected by applicable state laws or rules, the fact that the Attorney General's response does not specifically delineate a state law or rule shall not be deemed to be a waiver of that privilege.

4. Any response or objection by the Attorney General to a document request is not a representation that documents exist, but only that documents will be produced if any documents: 1) exist, 2) can be located during a reasonable search, 3) can be searched and indexed in accordance with a Court order, and 4) are not privileged or otherwise protected from disclosure.

5. No response or objection should be construed as an admission or acknowledgment that a document request: calls for information that is relevant to the subject matter of this litigation, is proportional to the needs of the case, or that any responsive documents would be admissible at any trial.

6. Instruction 1, through which "Defendants seek production of the Documents set forth in the numbered Requests below," also states: "The Documents obtained by You pursuant to state authorized investigations are specifically excluded from this instruction." Consistent

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with that instruction, to the extent that potentially responsive documents in the possession, custody or control of the Attorney General were obtained pursuant to investigations that are authorized by state statute, any such documents will not be reviewed for potential production.

7. For any response where the Attorney General does not make an offer of production and does not state whether it is withholding documents based on its objections, then pursuant to Federal Rule of Civil Procedure 34(b)(2)(C), the Attorney General will meet and confer with Defendants regarding the request and the parameters of a search of reasonable scope and will, at an appropriate time, amend these responses and objections to state whether any responsive materials are being withheld.

8. Subject to the above statements, and the general and specific objections set forth below, the Attorney General will produce responsive, non-privileged documents following a meet and confer process in accordance with the schedule set forth by the Court or as agreed among the parties and pursuant to a reasonable search protocol, protective order, and agreement on production of electronically stored information.

GENERAL OBJECTIONS

9. The Attorney General objects to Defendants' Requests, including the Instructions and Definitions to the extent that they attempt to impose any obligation on the Attorney General State greater than those imposed or authorized by the Federal Rules of Civil Procedure, the Local Civil Rules of the United States District Court for the Eastern District of Pennsylvania, or any applicable order of the Court.

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10. The Attorney General objects to the Requests, including the Instructions and Definitions, to the extent they seek documents that are not relevant to this litigation. The Attorney General alleges a market allocation and price-fixing conspiracy that increased prices for generic drugs, thereby increasing the cost of generic drugs paid for by state agencies and Florida consumers represented by the Attorney General.

11. The Attorney General objects to Defendants' Instruction to the extent that they request premature production of expert materials, or production of expert materials not subject to discovery under any applicable order of the Court or Rule 26 of the Federal Rules of Civil Procedure.

12. The Attorney General objects to Defendants' Instructions to the extent they request production of documents that are protected from disclosure by the attorney-client privilege, the attorney work-product doctrine, the common interest privilege, or any other applicable privilege or any statute governing confidentiality of information.

13. The Attorney General objects to the Instructions to the extent that they request production of personally identifiable information or information subject to confidentiality by federal or state law.

14. The Attorney General objects to Instruction 2 to the extent it seeks a separate response for each entity on whose behalf the Attorney General purports to bring claims. This action was brought by the Attorney General pursuant to the Attorney General's statutory authority to enforce state and federal antitrust laws. The Attorney General is seeking relief on behalf of certain entities in its proprietary capacity and will respond once on their behalf.

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15. The Attorney General objects to Definition 1 ("You," "Your" or "Yours") as factually incorrect, overbroad and unduly burdensome, and to the extent it purports to enlarge, expand, or in any way alter the plain meaning and scope of the Federal Rules of Civil Procedure. The Attorney General is the entity that brought this action and is responding to this request, and is not comprised of "any entities, departments, subdivisions, officials, employees, representatives, or agents" other than the Attorney General. Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding the appropriate definition of "You," "Your" or "Yours."

16. The Attorney General objects to Definition 15 ("Document") as overbroad and unduly burdensome, and to the extent it purports to enlarge, expand, or in any way alter the plain meaning and scope of the Federal Rules of Civil Procedure.

17. The Attorney General objects to Instruction 1 to the extent that documents are "deemed" to be in its possession, custody or control as factually incorrect, overbroad and unduly burdensome, and to the extent it purports to enlarge, expand, or in any way alter the plain meaning and scope of the Federal Rules of Civil Procedure.

18. The Attorney General objects to the Requests to the extent they seek documents and data concerning pharmaceutical products other than the Drugs at Issue as defined in the Requests. Requests calling for the production of documents relating to brand name or therapeutic equivalents of a Drug at Issue are not relevant, not proportional to the needs of the case, overbroad, more burdensome than beneficial to collect and produce, and available to Defendants

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from a source that is more convenient, less burdensome, and less expensive to collect and produce.

19. The Attorney General objects to Defendants' Requests for such "other drug" information and, in particular, Defendants' requests concerning relevant market and brand product(s) are overly broad, unduly burdensome, and not proportional to the needs of the case.

20. The Attorney General objects to the definition of "Relevant Time Period" to the extent that it seeks to limit the Attorney General's relief to the time period January 1, 2012 through March 2, 2016.

21. The Attorney General expressly incorporates these General Objections into each response below. A response may repeat any of the aforementioned Objections for emphasis or otherwise. The failure to repeat any of the aforementioned Objections in a particular response does not waive any objection of those general objections.

22. The Attorney General objects to the Requests, including the Instructions and Definitions to the extent they call for legal conclusions.

23. The Attorney General objects to the Requests to the extent that they impermissibly seek the premature and non-reciprocal disclosure of trial experts and expert information, or that require the Attorney General to set forth factual analyses or theories that may be subject to expert testimony. In accordance with the Federal Rules of Civil Procedure and applicable Court orders, the Attorney General reserves the right to introduce evidence not yet identified herein supporting the allegations. The Attorney General will disclose trial experts and produce expert information at a time agreed to by the parties or ordered by the Court.

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24. The Attorney General objects to the Requests to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

25. The Attorney General objects to the Requests, including the Instructions and Definitions, to the extent that they seek information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

SPECIFIC OBJECTIONS AND RESPONSES

DOCUMENT REQUEST NO. 1

Documents sufficient to show the identity of each State Entity that purchased pharmaceuticals for which You seek to recover damages in this Action.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks any and all pharmaceuticals beyond the Drugs at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to the term "State Entity," on the grounds that it is vague and ambiguous as it is undefined in the Defendants' First Request for Production.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 2

Documents sufficient to show the identity of each State Entity that paid for pharmaceuticals dispensed to others for which You seek to recover damages in this Action.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks any and all "pharmaceuticals" beyond the Drugs at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "State Entity," on the grounds that it is vague and ambiguous as it is undefined in the Defendants' First Request for Production.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 3

Documents sufficient to show the identity of each State Entity that resold pharmaceuticals for which You seek to recover damages in this Action.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents relating to the reselling of any and all pharmaceuticals, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks any and all "pharmaceuticals" beyond the Drugs at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

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The Attorney General objects to the term "State Entity," on the grounds that it is vague and ambiguous as it is undefined in the Defendants' First Request for Production.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 4

All Documents (including data) concerning utilization, reimbursement, or Medicaid Rebate information for the Drugs at Issue.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents (including data) concerning utilization, reimbursement, or Medicaid Rebate information," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "Medicaid Rebate Information," on the grounds that it is vague and ambiguous as it is undefined in the Defendants' First Request for Production.

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Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 5

Documents sufficient to show Your agreements with manufacturers relating to their participation in the Medicaid Drug Rebate Program and its standardized Rebate Agreement, and other agreements for other Medicaid rebates, discounts, or reimbursements, including additional Unit Rebate Amounts as calculated by changes in baseline AMPs and CPI-Us.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks any and all "manufacturers," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "other agreements for other Medicaid rebates, discounts, or reimbursements," on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

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DOCUMENT REQUEST NO. 6

All Documents discussing the usage of CPI-U as a basis for determining additional Unit Rebate Amounts among and between Your employees, the federal government, and/or other Entities.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents discussing the usage of CPI-U," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 7

All documents (including data) related to any other allowances, discounts, rebates, or other promotions, reimbursements, or credits that You received in connection with Your reimbursements of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, or any other price concession You received or were offered in connection with Your reimbursements of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

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The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "credits" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 8

All Documents concerning cost savings associated with generic pharmaceuticals, including Your ability to purchase generic pharmaceuticals at a discounted rate.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants,

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including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents concerning cost savings associated with generic pharmaceuticals," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks all Documents relating to all generic pharmaceuticals beyond the Drugs at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 9

Documents sufficient to show the location of Your purchases or sales of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, as well as the locations where You dispensed the Drugs at Issue or brand name or therapeutic equivalent of a Drug at Issue, if applicable.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "location of Your purchases or sales," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject

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matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "locations where You dispensed," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 10

All Documents concerning any requests by You or on Your behalf to any Entity, including but not limited to, physicians, retail pharmacies, wholesalers, manufacturers, other State agencies, and the federal government, for information on the price or cost of any Drug at Issue.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents concerning any requests by You or on Your behalf to any Entity," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably

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limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as vague, ambiguous, unduly burdensome, and overly broad to the extent it seeks Documents between "You" and another State agency, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce. This Request is inconsistent with the definition of "You" as defined in the Defendants' First Set of Requests for Production that would capture "any entities, departments, subdivisions, officials, employees, or agents" of the State of Florida.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 11

All Documents concerning communications between you and any other state government, including but not limited to that government's Medicaid program, officials, agents, employees, divisions, departments, or agencies, concerning usual and customary, AMP, AWP, MAC, NADAC, WAC, Direct Price, EAC, Best Price, FUL, CPI-U or other prices, costs, reimbursement rates, or other benchmarks for pharmaceutical drug pricing.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

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The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents concerning communications between you and any other state government," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents on "other benchmarks for pharmaceutical drug pricing," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "usual and customary" on the grounds it is vague and ambiguous.

The Attorney General objects to the phrase "other benchmarks" on the grounds it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 12

Documents sufficient to show Your membership or participation in any multi-state group purchasing organization or associations, including but not limited to National Medicaid Pooling Initiative, Top Dollar Program, Sovereign States Drug Consortium, and Minnesota Multistate Contracting Alliance for Pharmacy.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "any multi-state group purchasing organization or associations," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

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DOCUMENT REQUEST NO. 13

All Documents concerning communications between you and any group purchasing organization, including multi-state group purchasing organizations or associations, relating to usual and customary, AMP, AWP, MAC, NADAC, WAC, Direct Price, EAC, Best Price, FUL, CPI-U or other prices, costs, reimbursement rates, or other benchmarks for pharmaceutical drug pricing, including negotiation for any of these prices, and contracts.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents concerning communications between you and any group purchasing organization" and "other benchmarks for pharmaceutical drug pricing," to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to the phrase "usual and customary" on the grounds it is vague and ambiguous.

The Attorney General objects to the phrase "other benchmarks" on the grounds it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request, from the entities listed in Request 12, to the extent they can be identified through a reasonable search of non-privileged documents.

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DOCUMENT REQUEST NO. 14

All Documents concerning communications between you and the federal government, including but not limited to the Office of Inspector General, the Government Accountability Office, Congressional Budget Office, CMS, the House Subcommittee on Health Care, Benefits, and Administrative Rules, the Senate Committee on Health, Education, Labor & Pensions, and the Department of Health and Human Services, and their predecessor agencies, concerning:

a. *the pricing of prescription drugs, including AWP, AMP, MAC, WAC, Direct Price, EAC, Best Price, FUL, CPI-U, or other prices, costs, reimbursement rates, or other benchmarks for pharmaceutical drug pricing;*
b. *proposed alternative reimbursement methodologies;*
c. *reimbursement methodologies considered or used by other states or state agencies;*
d. *the processing of prescription drug reimbursement claims submitted by Your healthcare providers; and*
e. *regular reporting of pricing information, including CMS utilization summaries, to CMS.*

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

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The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents concerning communications between You and the federal government," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents for all pharmaceutical drug pricing, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "alternative reimbursement methodologies" on the grounds it is vague and ambiguous.

The Attorney General objects to the phrase "other benchmarks" on the grounds it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 15

To the extent that You seek restitution, all Documents sufficient to show the identities of the Entities for which You seek restitution.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents sufficient to show the identities of the Entities," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon

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expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 16

To the extent that You seek restitution, all Documents relating to or reflecting Your calculation of or methodology for calculating such amount.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

The Attorney General objects to this request to the extent that this request is premature because it seeks documents which do not yet exist, and therefore are not in the Attorney General's possession, custody, and control.

Subject to and without waiving the above objections and general objections, the Attorney General will not produce any documents responsive to this request.

DOCUMENT REQUEST NO. 17

To the extent that You seek disgorgement, all Documents sufficient to show the identities of the Entities for which You seek disgorgement.

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The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

The Attorney General objects to this request to the extent that this request is premature because it seeks documents which do not yet exist, and therefore are not in the Attorney General's possession, custody, and control.

This action was brought by the Attorney General. No other state agency is seeking disgorgement and has no documents responsive to this request.

DOCUMENT REQUEST NO. 18

To the extent that You seek disgorgement, all Documents relating to or reflecting Your calculation of or methodology for calculating such amount.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents relating to or reflecting calculation of or methodology," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

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This action was brought by the Attorney General. No other state agency is seeking disgorgement and has no documents responsive to this request.

Subject to and without waiving the above objections and general objections, the Attorney General will not produce any documents responsive to this request.

DOCUMENT REQUEST NO. 19

To the extent that You seek civil penalties and/or statutory damages, all Documents sufficient to show the identities of the Entities for which You seek civil penalties and/or statutory damages.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents to show the identities of the Entities," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

The Attorney General objects to the term "statutory damages" on the grounds it is vague and ambiguous.

This action was brought by the Attorney General. No other state agency is seeking civil penalties and/or statutory damages in this Action and has no documents responsive to this request.

DOCUMENT REQUEST NO. 20

To the extent that You seek civil penalties and/or statutory damages, all Documents relating to or reflecting Your calculation of or methodology for calculating such amounts.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

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The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents relating to or reflecting calculation of or methodology," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

The Attorney General objects to the term "statutory damages" on the grounds it is vague and ambiguous.

This action was brought by the Attorney General. The state agencies are not seeking civil penalties and/or statutory damages and have no documents responsive to this request.

Subject to and without waiving the above objections and general objections, the Attorney General will not produce any documents responsive to this Request.

DOCUMENT REQUEST NO. 21

To the extent that You seek any other damages, costs, or fees as a result of the actions alleged in the Complaint, all Documents sufficient to show the identities of the Entities for which You seek that relief.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents sufficient to show the identities of the Entities," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon

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expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

The Attorney General objects to the phrase "other damages," on the grounds that it is vague and ambiguous.

The Attorney General objects to this request to the extent that this request is premature because it seeks documents which do not yet exist, and therefore are not in the Attorney General's possession, custody, and control.

DOCUMENT REQUEST NO. 22

To the extent that You seek any other damages, costs, or fees as a result of the actions alleged in the Complaint, including, but not limited to, Your calculation of or methodology for calculating these amounts.

This request does not, on its face, request documents. Accordingly, no documents will be produced in response to this request.

DOCUMENT REQUEST NO. 23

Documents sufficient to show the identity, location, and organizational structure, including organizational charts, for each of Your agencies, programs, sub-units, divisions, affiliates, or any other state-run Entity that has the authority to make decisions regarding the purchase, sale, distribution, reimbursement of, and reimbursement for any Drug at Issue.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks an Entity that has "authority to make decisions," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

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DOCUMENT REQUEST NO. 24

All Documents concerning all factors that You consider or have considered when determining whether to purchase, sell, distribute, reimburse for, or seek reimbursement for generic pharmaceuticals, including the Drugs at Issue, including, but not limited to:

a. *The price, quantity, strength, dosage, form, brand name or therapeutic equivalent, or package of a Drug at Issue;*
b. *Any statutory, regulatory considerations or requirements;*
c. *Strategies, policies, techniques or practices relating to Your purchase of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including, but not limited to, strategic or exclusive alliances with sellers, buying consortia, aggregating or consolidating purchasing requirements, switching or threatening to switch suppliers, and contract provisions;*
d. *All analyses, studies, or reports on prices for a Drug at Issue or any brand name equivalents of any Drugs at Issue;*
e. *All annual budgets or annual analyses of business or market conditions with respect any Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue; and*
f. *Instructions, internal communications, guidelines or policies, either formal or informal, including without limitation, those related to budgets and costs, and any mathematical models, that You used with respect to potential or actual purchases, or potential or actual reimbursements, of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.*

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks all Documents concerning "all factors that You consider," "reports on prices for a Drug at Issue," "market conditions," "any mathematical model," and "any brand name or therapeutic equivalent of a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This

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document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 25

If any outside association, PBM, or Group Purchasing Organization is responsible for negotiating contracts and/or purchasing generic pharmaceuticals on Your behalf, all Documents identifying such Entities and those that concern all factors those groups consider or have considered when determining whether to purchase Drugs at Issue.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all factors those groups consider or have considered," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all documents," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it seeks documents that are neither relevant to this litigation nor proportional to the needs of any party's claims or defenses in that it seeks all documents concerning any entities that concern all factors in determining whether to purchase Drugs at Issue.

The Attorney General objects to the term "outside association" as vague and ambiguous.

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Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 26

All Documents relating to Your process, whether formal or otherwise, for making decisions regarding the purchase, sale, distribution, or reimbursement of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including but not limited to:

a. *Purchasing methods or procedures relating to requests for bids/quotes, formularies, negotiation of contracts or agreements with sellers, and any other ways in which You purchase a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue;*
b. *Reimbursement methods or procedures You maintain and/or consider in determining reimbursement rates use regarding a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue including, but not limited to AMP, AWP, MAC, NADAC, WAC, CPI-U, or any other pricing basis You maintain and consider, including but not limited to, any operative statutes or regulations that set reimbursement levels or formulas.*

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents "relating to Your process, whether formal or otherwise," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "reimbursement methods or procedures," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this

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litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "any other pricing basis," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "otherwise" on the grounds that it is vague and ambiguous.

The Attorney General objects to the phrase "other pricing basis" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 27

All Documents containing Your internal communications concerning a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents containing Your internal communications concerning

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a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it seeks documents that are neither relevant to this litigation nor proportional to the needs of any party's claims or defenses in that it seeks all documents concerning all internal communication concerning a Drug at Issue that may or may not be part of any party's claim or defenses in the above-captioned case.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 28

Documents sufficient to show the name, date, and location of each Trade Association meeting of which You or Your employees with substantive involvement in the decision-making process for the purchase or reimbursement of any Drugs at Issue or brand name or therapeutic equivalent of a Drug at Issue attended, and Documents sufficient to show the name and title of the employee who attended such meetings.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "each Trade Association meeting of which You or Your employees…attended," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not

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reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "substantive involvement" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 29

All Documents, including but not limited to, meeting invitations, meeting agendas, transcripts, minutes, notes, summaries, attendance lists, handouts, presentations, or correspondence related to meetings of Trade Associations that either (a) were attended by Your employees with substantive involvement in the decision-making process for the purchase or reimbursement of any Drugs at Issue or their brand name or therapeutic equivalent, or (b) concern any Drugs at Issue or their brand name or therapeutic equivalent.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents related to Trade Associations, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this

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litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "substantive involvement" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

DOCUMENT REQUEST NO. 30

All Documents concerning Your purported relevant market definitions in this Action.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents concerning Your purported relevant market definitions," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

The Attorney General objects to this requests to the extent that it seeks information concerning relevant market definitions. The Attorney General alleges Defendants engaged in per

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se unlawful violations of Section 1 of the Sherman Act in which a relevant product market analysis is not typically required.

Subject to and without waiving the above objections and general objections, the Attorney General will not produce any documents responsive to this request.

DOCUMENT REQUEST NO. 31

All Documents concerning the alleged market share of each Defendant in each purported relevant market You allege in this Action.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents concerning the alleged market share of each Defendant in each purported relevant market," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent that it imposes obligations inconsistent with the terms of this Court's scheduling and case management orders and Federal Rules of Civil Procedure. Once the Plaintiff States have identified their experts, Defendants may seek discovery regarding those experts in accordance with an agreed upon expert discovery schedule. The Plaintiff States reserve all rights, including objections, to any future discovery requests.

The Attorney General objects to this requests to the extent that it seeks information concerning the relevant market. The Attorney General alleges Defendants engaged in per se unlawful violations of Section 1 of the Sherman Act in which a relevant product market analysis is not typically required.

Subject to and without waiving the above objections and general objections, the Attorney General will not produce any documents responsive to this request.

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DOCUMENT REQUEST NO. 32

All Documents (including data) concerning the purchase of any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, upon which You base any claim, including, but not limited to, all Documents concerning and/or identifying:

a. *The identity, type, nature, and capacity of all Persons that sold a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, to You;*
b. *The characteristics of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You purchased (including, but not limited to, strength, dosage, form, and packaging);*
c. *The NDC of each of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue You purchased;*
d. *The date (of invoice, credit memo, accrual or other appropriate date) of all of Your purchases of a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;*
e. *The prices You paid for each purchase of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, and, if different, the list prices, including, but not limited to, AMP, AWP, MAC, NADAC, WAC, CPI-Uor any other pricing basis You maintained or considered in connection with any such purchase;*
f. *The quantities, in unit sales, of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You purchased; and*
g. *Any contracts, agreements, terms and conditions, invoices, or memoranda of understanding for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You purchased.*

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

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The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks information on the "nature and capacity of all Persons that sold a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "characteristics" of the Drugs at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "nature and capacity of all Persons" on the grounds that it is vague and ambiguous.

The Attorney General objects to the term "characteristics" on the grounds that it is vague and ambiguous.

The Attorney General objects to this document request to the extent that it seeks documents that are neither relevant to this litigation nor proportional to the needs of any party's claims or defenses in that it seeks all documents concerning information unrelated to purchasing any of the Drugs at Issue.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 33

Documents sufficient to show the identity, location, and organizational structure, including organizational charts, for each of Your agencies, programs, sub-units, divisions, affiliates, or any other state-run Entity that purchased any Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

DOCUMENT REQUEST NO. 34

All Documents concerning communications between You and any manufacturer, supplier, seller or purchaser of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including, but not limited, to all communications with any Defendant.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal

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communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents concerning communications between You and any manufacturer, supplier, seller or purchaser of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning communications with "any manufacturer," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning communications with "any supplier," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning communications with "any Defendant," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce. The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 35

All Documents concerning Your Requests for Proposals, whether formal or otherwise, for Your purchase of a Drug at Issue or a brand name equivalent of a Drug at Issue, including all responses to such Requests, whether the Entity bid in response or declined to bid.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents concerning Your Requests for Proposals, whether formal or otherwise, for Your purchase of a Drug at Issue or a brand name equivalent of a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "otherwise" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

DOCUMENT REQUEST NO. 36

Documents sufficient to show all of Your contracts and contract negotiations, including those that did not culminate in an agreement, whether formal or otherwise, for the purchase of a Drug at Issue or a brand name equivalent of a Drug at Issue, including:

a. The dates of the contract negotiations;
b. The drugs covered by the contract negotiations;
c. The counterparty to the negotiation or the Entities that participated in the contract negotiations;

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d. The proposed terms and conditions (including price or any exclusivity clauses, most favored nation clauses, price protection, penalties for unavailability of supply, preferred vendor, or other such clauses) of any agreement) of any agreement, whether consummated, including those that were considered or rejected, as well as Documents reflecting the reasons for rejecting any such proposed terms or conditions;

e. The start and end dates of any such consummated agreement; and

f. The withdrawal, amendment, termination, or rescission of any such agreements.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents sufficient to show all "contract or contract negotiations, formal or otherwise," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning "a brand name equivalent of a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "otherwise" on the grounds that it is vague and ambiguous.

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Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 37

All documents (including data) related to any allowances, discounts, rebates, or other promotions, reimbursements, credits, or other price concession that You received in connection with Your purchases of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including those required by law or regulation.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to

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Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "credits" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 38

All Documents (including data) concerning Your reimbursement (i.e., reimbursements made by You) for any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, upon which You base any claim, including, but not limited to, all Documents concerning and/or identifying:

a. *The nature and capacity of all Persons for whom You reimbursed for a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;*
b. *The characteristics of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which you provided reimbursement (including, but not limited to, strength, dosage, form, and packaging);*
c. *The NDC for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which you provided reimbursement;*
d. *The date (of invoice, credit memo, accrual or other appropriate date) of all of Your reimbursements for a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;*
e. *The amount of money You reimbursed for each purchase or distribution of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, and any pricing basis You maintained or considered in connection with any such reimbursement;*
f. *The quantities, in unit sales, of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which you provided reimbursement; and*
g. *Any contracts, agreements, terms and conditions, invoices, or memoranda of understanding for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which you provided reimbursement.*

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

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The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks information relating to the "nature and capacity of all Persons" we reimbursed, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning the "characteristics" of the Drugs at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning the "appropriate date" of any reimbursements for a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning any "pricing basis" for a reimbursement, and to the extent that the documents are neither relevant to the current action nor proportional to

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Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "nature and capacity of all Persons" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 39

Documents sufficient to show the identity, location, and organizational structure, including organizational charts, for Your state Medicaid agencies, programs, sub-units, divisions, affiliates, or any other state-run Entity that provided reimbursement any Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents sufficient to show any Medicaid "programs," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents sufficient to show any Medicaid "affiliates," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in

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relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

DOCUMENT REQUEST NO. 40

Documents sufficient to show the identities of all MCOs, PBMs, physicians, healthcare centers, hospitals, and other healthcare providers for which You provided reimbursement, or funding for Medicaid-related expenditures.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents identifying "Medicaid-related expenditures," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents identifying "physicians, healthcare centers, hospitals and other healthcare providers," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 41

All documents (including data) reflecting the nature of Your business or reimbursement relationship with PBMs, MCOs, and any other third-party healthcare administrators, related to a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including but not limited to any contracts, negotiations, or discussions regarding pricing or supply for a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all documents (including data) reflecting the nature of Your business or reimbursement relationship with PBMs, MCOs, and any other third-party healthcare administrators, related to a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents "reflecting the nature of Your business or reimbursement relationship," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "reimbursement relationship" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

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DOCUMENT REQUEST NO. 42

Documents sufficient to show the design of Your Medicaid program, including but not limited to, payment models, system for delivering coverage for benefits, covered benefits, waivers, and State Plan Amendments.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning the "design of Your Medicaid program," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning "payment models" for "Your Medicaid program," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning the "system for delivering coverage for benefits," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning "waivers," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "system for delivering coverage for benefits," on the grounds that it is vague and ambiguous.

The Attorney General objects to the term "State Plan Amendments," on the grounds that it is vague and ambiguous as it is undefined in the Defendants' First Request for Production.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 43

All Documents concerning insurance plan designs or reimbursement considerations related to a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue, including but not limited to Documents related to the determination of beneficiary deductibles, premiums, formularies, co-payments, and co-insurance.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents concerning insurance plan designs or reimbursement considerations related to a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents relating to "insurance plan designs," "reimbursement considerations," and "any brand name or therapeutic equivalent of a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "Documents related to the determination of beneficiary deductibles, premiums, formularies, co-payments, and co-insurance," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "reimbursement considerations" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 44

All Documents reflecting requests or claims, formal or otherwise, seeking reimbursement from You for Drugs at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents reflecting requests or claims, formal or otherwise, seeking reimbursement from You for Drugs at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "otherwise" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 45

All Documents relating to any communication made or received by You regarding Medicaid prescription drug reimbursement, the Medicaid Drug Rebate Program, or other manufacturer drug rebates for a Drug at Issue or brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents relating to any communication," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all communications," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in

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relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 46

All Documents sufficient to show the names of the Entities that administer Your Medicare plan.

The Attorney General objects to this document request to the extent it seeks documents outside the possession, custody, or control of the Attorney General.

The Attorney General does not administer a Medicare plan. Accordingly, the Attorney General has no documents responsive to this request.

DOCUMENT REQUEST NO. 47

All Documents concerning communications regarding Your reimbursements for a Drug at Issue or brand name or therapeutic equivalent of a Drug at Issue, including but not limited to communications regarding:

a. Reimbursement rates for a Drug at Issue or brand name or therapeutic equivalents of a Drug at Issue under Medicaid;
b. Changes or proposed changes to the rate of reimbursement for a Drug at Issue, or brand name or therapeutic equivalents of a Drug at Issue, under Medicaid;
c. Actual or wholesale costs of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents concerning communications," and to the extent that

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the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 48

All Documents (including data) concerning reimbursements You received for any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, upon which You base any claim, including, but not limited to, all Documents concerning and/or identifying:

a. *The identity, type, nature, and capacity of all Persons that reimbursed You for a purchase of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, to You;*
b. *The characteristics of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which You received reimbursement (including, but not limited to, strength, dosage, form, and packaging);*
c. *The NDC of each of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which You received reimbursement;*
d. *The date (of invoice, credit memo, accrual or other appropriate date) of all of reimbursements made to You for purchases of a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;*
e. *The prices You were reimbursed for each purchase of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, and, if different, the list prices, including, but not limited to, AMP, AWP, MAC, NADAC, WAC, CPI-U, or any other pricing basis maintained or considered in connection with any such reimbursement;*
f. *The quantities, in unit sales, of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which You received reimbursement; and*
g. *Any contracts, agreements, terms and conditions, invoices, or memoranda of understanding for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, for which You received reimbursement.*

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The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and/or the attorney work product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning the "nature and capacity of all Persons" who reimbursed the state, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents concerning the "characteristics of the Drugs at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

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The Attorney General objects to the phrase "nature and capacity of all Persons" on the grounds that it is vague and ambiguous.

The Attorney General objects to the term "characteristics" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 49

Documents sufficient to show all compensation or reimbursement You received in connection with the purchase of or reimbursement for a Drug at Issue, or a brand name or therapeutic equivalent of a Drug at Issue, from any third party, including but not limited to Documents reflecting federal, state, or private funding or donations for the purchase of a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents" and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 50

All Documents reflecting Your requests or claims, formal or otherwise, seeking reimbursement for a Drug at Issue or a brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the term "otherwise" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 51

All Documents (including data) concerning the sale or distribution of any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, upon which You base any claim, including, but not limited to, all Documents concerning and/or identifying:

a. *The identity, type, nature, and capacity of all Persons to whom You sold or distributed a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;*
b. *The characteristics of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You sold or distributed (including, but not limited to, strength, dosage, form, and packaging);*
c. *The NDC of each of the Drugs at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You sold or distributed;*

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d. *The date (of invoice, credit memo, accrual or other appropriate date) of all of Your sales or distributions of a Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue;*
e. *The prices You charged for each sale of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, and, if different, the list prices, including, but not limited to, AWP, MAC, NADAC, WAC, CPI-U, or any other pricing basis You maintained or considered in connection with any such sale;*
f. *The quantities, in unit sales, of a Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You sold or distributed; and*
g. *Any contracts, agreements, terms and conditions, invoices, or memoranda of understanding for each Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue, You sold or distributed.*

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent that it seeks rebate information that is confidential pursuant to 42 U.S.C. 1396R-8. The Attorney General will withhold any documents that are confidential pursuant to 42 U.S.C. 1396R-8.

The Attorney General objects to the request to the extent that it seeks information related to third-party vendors, wholesalers, or manufacturers with which a state agency has contracts which provide that such information is confidential and/or proprietary.

The Attorney General objects to this document request to the extent that it seeks information that could lead to the identification of individual consumers, patients, or other persons, or to the disclosure of information protected by any state or federal privacy provisions, including but not limited to the Health Insurance Portability and Accountability Act. The Attorney General will withhold portions of any documents protected by state or federal privacy provisions.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents (including data) concerning the sale or distribution of any Drug at Issue, or any brand name or therapeutic equivalent of a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in

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relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks all documents concerning the "nature and capacity of all Persons to whom You sold or distributed a Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks documents relating to the "characteristics" of the Drugs at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to the phrase "nature and capacity of all Persons" on the grounds that it is vague and ambiguous.

The Attorney General objects to the term "characteristics" on the grounds that it is vague and ambiguous.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 52

Documents sufficient to show the identity and location of any state-run Entity that sold or dispensed any Drug at Issue or any brand name or therapeutic equivalent of a Drug at Issue.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "brand name or therapeutic equivalent" of a Drug at Issue, and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in

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relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 53

All Documents concerning the alleged price increases relating to the Drugs at Issue You allege in this Action.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents concerning the alleged price increases relating to the Drugs at Issue You allege in this Action," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, to the extent that any state agency purchases, sells, dispenses, or makes reimbursements for a Drug at Issue, and to the extent that the Attorney General is pursuing damages on behalf of that state agency, the Attorney General will produce documents responsive to this request to the extent they can be identified through a reasonable search of non-privileged documents.

DOCUMENT REQUEST NO. 54

All Documents discussing any Defendant in this Action.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents discussing any Defendant," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the

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common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

DOCUMENT REQUEST NO. 55

All Documents concerning competition in the generic pharmaceutical industry, including externally prepared Documents or any conversations among or statements by Your officials or Entities.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "All Documents concerning competition in the generic pharmaceutical industry," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "competition in the generic pharmaceutical industry," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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DOCUMENT REQUEST NO. 56

All Documents concerning the supply or manufacture of any Drug at Issue.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent that it calls for documents and information equally available to Defendants, including publicly available documents and information. The Attorney General will withhold any documents that are equally available to Defendants.

The Attorney General objects to this document request as unduly burdensome and overly broad to the extent it seeks "all Documents concerning the supply or manufacture of any Drug at Issue," and to the extent that the documents are neither relevant to the current action nor proportional to Defendants' needs in this litigation. This document request is not reasonably limited in scope in relation to the subject matter of this case and calls for irrelevant information that would be unduly burdensome to produce.

The Attorney General objects to this document request to the extent it calls for documents and information protected by the attorney-client privilege, the deliberative process privilege, the common interest privilege, and the attorney work-product doctrine, including internal communications and memoranda whose disclosure would reveal attorneys' thought processes, pre-decisional documents reflecting deliberative process, and protected communications with other states. The Attorney General will withhold any documents that are protected by any of the above privileges.

Subject to and without waiving the above objections and general objections, the Attorney General will meet and confer with Defendants regarding production of non-privileged documents.

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Dated: November 30, 2018

PAMELA JO BONDI
Attorney General of Florida

/s/ Rachel Michelle Steinman

Lizabeth A. Brady
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CERTIFICATE OF SERVICE

I hereby certify that on November 30, 2018, I caused a true and correct copy of the foregoing Responses and Objections to Defendants' First Set of Requests for Production of Documents to Plaintiff States to be served via email upon the following counsel of record:

Sheron Korpus, Esq.
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Dated: November 30, 2018

/s/ Rachel Michelle Steinman
Rachel Michelle Steinman

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: GENERIC PHARMACEUTICALS PRICING ANTITRUST LITIGATION	**MDL 2724** **16-MD-2724**
THIS DOCUMENT RELATES TO: ***ALL ACTIONS***	**HON. CYNTHIA M. RUFE**

PRETRIAL ORDER NO. 105
(CASE MANAGEMENT ORDER AND DISCOVERY SCHEDULE)

AND NOW, this 24th day of October 2019, upon consideration of the Report and Recommended Order of David Marion and the Objections thereto, and after oral argument, it is hereby **ORDERED** that the Objections are **OVERRULED**, the Report and Recommended Order is **APPROVED** as follows, and the Case Management Order is **ENTERED** with regard to the management and schedule for discovery, class certification, summary judgment, and *Daubert* motions, applicable to all cases pending in the MDL as of September 1, 2019; subject to modifications that may be set forth in future Pretrial Orders.[1] When responding to discovery requests under this Case Management Order, a producing party shall adhere to paragraphs 6 and 7 of PTO 96 or substantially similar provisions contained in any future Pretrial Order.

1. With respect to any new complaint or amended complaint filed after September 1, 2019, responsive pleadings and/or motions shall be filed as normally required or agreed. Discovery from new defendants may be guided by but will not be governed by this CMO. Discovery with respect to those defendants shall be governed by separate agreement(s) to be negotiated by the parties or separate order(s), recommended by the Special Master and/or as decided by the Court. However, discovery involving pre-existing parties may be expanded as appropriate to include newly added defendants and/or drugs.

2. All parties are required to preserve any and all communications in any potentially relevant custodial file including, but not limited to, (i) communications pertaining to any

[1] The Court has considered the Objections carefully, and has determined that the Recommended Order sufficiently balances the interests of the parties and, most importantly, provides a road map to move the litigation forward at this time.

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generic prescription drug with any other seller or manufacturer of any other generic prescription drug, or (ii) internal communications concerning (i).

3. **DISCOVERY OF DEFENDANTS' CUSTODIAL FILES**: Production from the files of all Defendants' Agreed Custodians (as defined in PTO 95, ¶ 1.5), or other Defendant custodian(s) as ordered, using search terms, established as follows:

    a. Search terms shall be established either by agreement reached among the parties in negotiations supervised by Special Master Marion and ESI Master Regard or as ordered by Special Master Marion or ESI Master Regard if not agreed to within 21 days from entry of this Order.

        i. Such terms shall include, but are not limited to, all drugs named in any complaint and all Defendants named in any complaint as of the date of September 1, 2019.

        ii. Any drug or drug manufacturer or seller defendant added hereafter in any new or amended complaint, shall be added to the search terms and searched on a reasonable schedule to be established by the parties with the assistance of Special Master Marion and ESI Master Regard, as necessary.

    b. Defendants shall apply the agreed search terms to the agreed custodial files and may review the identified documents for privilege, but may not withhold prior to production any documents based on relevance or responsiveness.

    c. The deadline for meeting and conferring on the proposed search terms is ten (10) days from entry of this Order.

        i. Any dispute arising out of the above provisions shall be brought to Special Master Marion and ESI Master Regard via simultaneous letter briefs within 30 days from the date of this Order, to be promptly resolved by them.

        ii. The briefs should include "hit" counts and suggested alternatives to the disputed search term(s).

        iii. Special Master Marion and/or ESI Master Regard will then meet and confer with the parties together or ex parte to discuss the proposals and will propose search terms to all parties for testing.

        iv. The parties shall have 14 days to test the search terms and submit objections to them.

        v. To the extent the parties do not reach agreement, any disputes shall be resolved pursuant to the Special Master Protocol, PTO 68.

    d. Production deadline: December 20, 2019; Privilege log deadline: January 15, 2020.

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e. Confidentiality:

i. All documents shall be stamped "Outside Counsel Eyes Only" for 120 days (as set forth in PTO 70).

ii. Confidentiality re-designation deadline: 120 days after production (as set forth in PTO 70).

iii. Request for Clawback: 120 days from production (as guided by PTO 70).

iv. Clawback disputes to be resolved promptly with assistance from Special Discovery Master Merenstein and Special Master Marion, as necessary.

4. **DISCOVERY OF DEFENDANTS' TARGETED DOCUMENTS** relevant to the claims regarding all drugs and all Defendants in the MDL.

a. Targeted documents include, but are not limited to:

i. Defendants' documents responsive to Plaintiffs' document requests that are regularly maintained in a known location, or in a location that is knowable upon reasonable inquiry of those with knowledge about Defendants' document management systems, departmental practices with respect to filing documents, and similar information, such that they do not require search terms. Such documents, which have previously been referred to as "go get" documents, may be found in custodial or non-custodial sources and include but are not limited to: e.g. calendars, travel and expense records, telephone records, board of directors' materials, forecasts, strategic sales databases, financial statements, accounting documents.

ii. Defendants' documents relevant to class certification, experts, and other economic or data-related issues, which may or may not require targeted search terms; and

iii. Additional targeted search terms based on review of documents and samples.

b. Deadline to complete meet and confers with respect to such documents:

i. Paragraph 4(a)(i): November 8, 2019.

ii. Paragraph 4(a)(ii) and (iii): February 7, 2020.

c. Any dispute arising out of these meet and confers shall be brought to Special Master Marion via simultaneous letter briefs on or before November 22, 2019 (for ¶ 4(a)(i)), or February 17, 2020 (for ¶ 4(a)(ii) and (iii)).

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d. Complete production of documents: December 1, 2019 (for ¶ 4(a)(i)) and March 13, 2020 (for ¶ 4(a)(ii) and (iii)); Privilege log deadline December 16, 2019 (for ¶ 4(a)(i)) and April 16, 2020 (for ¶ 4(a)(ii) and (iii)).

e. Confidentiality:

i. All documents stamped Outside Counsel Eyes Only for 120 days (as outlined in PTO 70).

ii. Confidentiality re-designation deadline 120 days after production (as outlined in PTO 70).

iii. Request for Clawback: January 16, 2020 (for ¶ 4(a)(i)), March 16, 2020 (for ¶ 4(a)(ii) and (iii)) (as guided by PTO 70).

iv. Clawback disputes to be resolved promptly with assistance from Special Discovery Master Merenstein and/or Special Master Marion, as necessary.

5. DEFENDANTS' TRANSACTIONAL DATA, COST INFORMATION, AND RELATED DOCUMENTS

a. No later than ten days after entry of this Order, samples of each Defendant's transaction-level sales data and cost information covering at least one year for one drug must be been produced. Disputes concerning these samples shall be brought to Special Master Marion promptly.

b. Meet and confers concerning transaction-level sales data, cost information, and related documents shall be completed within 45 days of the entry of this Order. Any dispute shall be brought to Special Master Marion via simultaneous letter briefs no later than December 13, 2019.

c. Deadline to produce Defendants' complete transaction-level sales data and cost information:

i. Drugs in the MDL as of September 1, 2019: January 16, 2020.

ii. For any new drugs involving an existing Defendant already in the MDL, added as of September 1, 2019: January 16, 2020 or within 60 days of a new or amended complaint, whichever is later.

6. **WRITTEN DISCOVERY**: On or before November 8, 2019, all outstanding signature(s) and/or verifications required by Rule 33 of the Federal Rules of Civil Procedure shall be produced by either party.

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7. PLAINTIFFS' DOCUMENT PRODUCTIONS AND TRANSACTIONAL DATA

a. The parties shall meet and confer regarding Plaintiffs'[2] custodians, ESI sources, outstanding discovery requests, search terms and methodology for unstructured data, shall be completed no later than November 22, 2019 (for Private Plaintiffs) and January 15, 2020 (for the States).

b. Any dispute arising out of this provision shall be brought to Special Master Marion, Special Master Merenstein and/or ESI Master Regard via letter briefs within 14 days of the applicable meet and confer deadlines.

c. Production deadline: December 20, 2019 (for Private Plaintiffs); March 2, 2020 (for the States); Privilege log deadline: 30 days thereafter.

d. Plaintiffs' production in response to Defendants' discovery requests shall otherwise proceed simultaneously and under the same procedures applicable to Defendants' production as set forth above in paragraphs 4-6.

8. FACT DEPOSITIONS

a. Depositions in all cases shall begin March 16, 2020 and continue through September 16, 2021.

b. Witnesses associated with bellwether case(s) or claims are to take priority.

c. Starting February 6, 2020, the parties shall meet and confer regarding the scheduling of depositions. Any dispute arising out of these meet and confers shall be submitted promptly to Special Master Marion via simultaneous letter briefs.

9. BELLWETHER SELECTIONS

a. Within 45 days of the entry of this Order, the parties shall meet and confer with the assistance of Special Master Marion to identify criteria for selecting bellwether claims or case(s) for class certification, expert discovery, summary judgment, *Daubert* motions, and/or trial(s).

b. Upon identification of the bellwether criteria, bellwether claims or case(s) shall be established either by agreement reached among the parties in negotiations supervised by Special Master Marion or as ordered by Special Master Marion if not agreed to within 30 days after the meet and confer.

c. The paragraphs below apply only to such cases.

---

[2] "Plaintiffs" here refers to Plaintiffs in operative complaints and already served with discovery as of September 1, 2019.

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FL-GOV-20-0899-A-000682

10. MERITS EXPERT DEPOSITIONS[3]

a. Plaintiffs shall serve expert reports no later than April 30, 2021. Plaintiffs' experts shall be made available for depositions no later than June 14, 2021.

b. Defendants shall serve expert reports no later than July 30, 2021. Defendants' experts shall be made available for depositions no later than August 16, 2021.

c. Plaintiffs shall serve rebuttal expert reports no later than October 15, 2021.

d. Unless good cause can be shown, each expert providing a merits report is to be deposed only one time. Any dispute arising from the scheduling of expert depositions shall be brought to Special Master Marion via simultaneous letter briefs.

11. CLASS CERTIFICATION AND RELATED *DAUBERT* MOTIONS

a. Motions for class certification for the bellwether case(s) or claims, if required, shall be filed by October 7, 2020. Plaintiffs in such cases shall simultaneously serve expert reports on which they rely for class certification.

b. Depositions of Plaintiffs class certification experts shall be completed by November 6, 2020. Unless good cause can be shown, each of Plaintiffs' class certification expert is to be deposed only one time.

c. Opposition to class certification and related *Daubert* motions for the bellwether case(s) or claims shall be filed by December 18, 2020. Defendants in such cases shall simultaneously serve expert reports on which they rely in opposition.

d. Depositions of Defendants' class certification experts shall be completed by January 8, 2021. Unless good cause can be shown, each of Defendants' class certification expert is to be deposed only one time.

e. Replies in support of class certification and related *Daubert* motions for the bellwether case(s) or claims shall be filed, and supporting expert reports served, by January 18, 2021.

f. The hearing on class certification shall be set on a date to be determined by the Court.

[3] Dates hereafter may be modified either by agreement or by Order of the Court, dependent on the selection of bellwether criteria.

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FL-GOV-20-0899-A-000683

12. **SUMMARY JUDGMENT MOTIONS AND MERITS *DAUBERT* MOTIONS** shall proceed as follows:

    a. Motions and supporting briefs for bellwether case(s) or claims shall be filed no later than 60 days after the later of close of merits expert discovery and disposition of motions for class certification.

    b. Oppositions shall be filed 60 days thereafter.

    c. Replies shall be filed 45 days after the filing of oppositions.

It is so **ORDERED**.

BY THE COURT:

/s/ Cynthia M. Rufe

CYNTHIA M. RUFE, J.

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FL-GOV-20-0899-A-000684

Contact Information
Agency for Health Care Administration 2727 Mahan Drive Tallahassee, FL 32308 Phone: (850) 412-3630
Florida Department of Children and Families 1317 Winewood Blvd. Building 2, Room 204 Tallahassee, FL 32399 Phone (850) 488-2381
Florida Department of Juvenile Justice Knight Building 2737 Centerview Drive Tallahassee, FL 32399 Phone: 850-921-4129
Florida Department of Management Services 4050 Esplanade Way Tallahassee, FL 32399 Phone (850) 488-2786
Florida Department of Corrections 501 South Calhoun Street Tallahassee, FL 32399 Phone: (850) 717-3605
Florida Department of Health 4052 Bald Cypress Way Tallahassee, FL 32399 Phone: (850) 245-4444

AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Jacquot, Joe; Lukis, Adrian
Subject: FW: HHS Waiver of HIPAA Sanctions
Date: Tuesday, March 17, 2020 2:11:18 PM
Attachments: image001.png
HIPAA Privacy Rule - COVID Limited Waiver.pdf

FYI

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Tuesday, March 17, 2020 1:01 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Grow, Stefan <stefan.grow@ahca.myflorida.com>; Enriquez, Javier <javier.enriquez@myflfamilies.com>; Carbone, Francis <Francis.Carbone@flhealth.gov>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Tritschler, Richard <tritschlerr@elderaffairs.org>
Subject: FW: HHS Waiver of HIPAA Sanctions

Good afternoon,
Not sure if you've already seen this, but wanted to pass along this helpful guidance related to privacy concerns and COVID-19.

Thanks!

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

From: Tendrich, Kimberly
Sent: Tuesday, March 17, 2020 11:41 AM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Medved, Daniel T <Daniel.Medved@flhealth.gov>
Cc: Bush, Amanda <Amanda.Bush@flhealth.gov>; Lamia, Christine E <Christine.Lamia@flhealth.gov>
Subject: HHS Waiver of HIPAA Sanctions

All,

I am passing along HHS' waiver of HIPAA sanctions and penalties for specified provisions of the HIPAA Privacy Rule:

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In response to President Donald J. Trump's declaration of a nationwide emergency concerning COVID-19, and Secretary of the U.S. Department of Health and Human Services (HHS) Alex M. Azar's earlier declaration of a public health emergency on January 31, 2020, Secretary Azar has exercised the authority to waive sanctions and penalties against a covered hospital that does not comply with the following provisions of the HIPAA Privacy Rule:

- the requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care. See 45 CFR 164.510(b).
- the requirement to honor a request to opt out of the facility directory. See 45 CFR 164.510(a).
- the requirement to distribute a notice of privacy practices. See 45 CFR 164.520.
- the patient's right to request privacy restrictions. See 45 CFR 164.522(a).
- the patient's right to request confidential communications. See 45 CFR 164.522(b).

Please see HHS' attached statement which includes the waiver as well as guidance on disclosures of PHI in emergency situations.

Be well.
k

Kimberly A. Tendrich, Esq.
Chief Privacy Officer
CMS Legal Counsel
Palm Beach County Health Department
800 Clemtis Street, Suite 5548
West Palm Beach, FL 33401
561.671.4011

AMERICAN OVERSIGHT

March 2020

COVID-19 & HIPAA Bulletin
Limited Waiver of HIPAA Sanctions and Penalties During a Nationwide Public Health Emergency

The Novel Coronavirus Disease (COVID-19) outbreak imposes additional challenges on health care providers. Often questions arise about the ability of entities covered by the HIPAA regulations to share information, including with friends and family, public health officials, and emergency personnel. As summarized in more detail below, the HIPAA Privacy Rule allows patient information to be shared to assist in nationwide public health emergencies, and to assist patients in receiving the care they need. In addition, while the HIPAA Privacy Rule is not suspended during a public health or other emergency, the Secretary of HHS may waive certain provisions of the Privacy Rule under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act.

In response to President Donald J. Trump's declaration of a nationwide emergency concerning COVID-19, and Secretary of the U.S. Department of Health and Human Services (HHS) Alex M. Azar's earlier declaration of a public health emergency on January 31, 2020, Secretary Azar has exercised the authority to waive sanctions and penalties against a covered hospital that does not comply with the following provisions of the HIPAA Privacy Rule:

- the requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care. See 45 CFR 164.510(b).
- the requirement to honor a request to opt out of the facility directory. See 45 CFR 164.510(a).
- the requirement to distribute a notice of privacy practices. See 45 CFR 164.520.
- the patient's right to request privacy restrictions. See 45 CFR 164.522(a).
- the patient's right to request confidential communications. See 45 CFR 164.522(b).

The waiver became effective on March 15, 2020. When the Secretary issues such a waiver, it only applies: (1) in the emergency area identified in the public health emergency declaration; (2) to hospitals that have instituted a disaster protocol; and (3) for up to 72 hours from the time the hospital implements its disaster protocol. When the Presidential or Secretarial declaration terminates, a hospital must then comply with all the requirements of the Privacy Rule for any patient still under its care, even if 72 hours have not elapsed since implementation of its disaster protocol.

More on HIPAA Privacy and Disclosures in Emergency Situations

Even without a waiver, the HIPAA Privacy Rule always allows patient information to be shared for the following purposes and under the following conditions.

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Treatment Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.

Public Health Activities The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

- ***To a public health authority***, such as the CDC or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR §§ 164.501 and 164.512(b)(1)(i). For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have COVID-19.

- ***At the direction of a public health authority, to a foreign government agency*** that is acting in collaboration with the public health authority. See 45 CFR 164.512(b)(1)(i).

- ***To persons at risk*** of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification A covered entity may share protected health information with a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).

- The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is

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incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

- For patients who are unconscious or incapacitated: A health care provider may share relevant information about the patient with family, friends, or others involved in the patient's care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient's adult child, but generally could not share unrelated information about the patient's medical history without permission.
- In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

Disclosures to Prevent or Lessen a Serious and Imminent Threat Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j). Thus, providers may disclose a patient's health information to anyone who is in a position to prevent or lesson the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient's permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health and safety. See 45 CFR 164.512(j).

Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification In general, except in the limited circumstances described elsewhere in this Bulletin, affirmative reporting to the media or the public at large about an identifiable patient, or the disclosure to the public or media of specific information about treatment of an identifiable patient, such as specific tests, test results or details of a patient's illness, may not be done without the patient's written authorization (or the written authorization of a personal representative who is a person legally authorized to make health care decisions for the patient). See 45 CFR 164.508 for the requirements for a HIPAA authorization. Where a patient has not objected to or restricted the release of protected health information, a covered hospital or other health care facility may, upon a request to disclose information about a particular patient asked for by name, release limited facility directory information to acknowledge an individual is a patient at the facility, and may provide basic information about the patient's condition in general terms (e.g., critical or stable, deceased, or treated and released). Covered entities may also disclose information when the patient is incapacitated, if the disclosure is believed to be in the best interest of the patient and is consistent with any prior expressed preferences of the patient. See 45 CFR 164.510(a).

Minimum Necessary For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the

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purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose, when that reliance is reasonable under the circumstances. For example, a covered entity may rely on representations from the CDC that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have COVID-19 is the minimum necessary for the public health purpose. In addition, internally, covered entities should continue to apply their role-based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties. See 45 CFR §§ 164.502(b), 164.514(d).

Safeguarding Patient Information

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

HIPAA Applies Only to Covered Entities and Business Associates

The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. Business associates also include subcontractors that create, receive, maintain, or transmit protected health information on behalf of another business associate. The Privacy Rule does not apply to disclosures made by entities or other persons who are not covered entities or business associates (although such persons or entities are free to follow the standards on a voluntary basis if desired). There may be other state or federal rules that apply.

Business Associates

A business associate of a covered entity (including a business associate that is a subcontractor) may make disclosures permitted by the Privacy Rule, such as to a public health authority, on behalf of a covered entity or another business associate to the extent authorized by its business associate agreement.

Other Resources

The COVID-19 Public Health Emergency declaration is available at: https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

For more information on COVID-19, please visit: https://www.coronavirus.gov

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For more information on HIPAA and Public Health, please visit: https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html

For more information on HIPAA and Emergency Preparedness, Planning, and Response, please https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

General information on understanding the HIPAA Privacy Rule may be found at: https://www.hhs.gov/hipaa/for-professionals/privacy/index.html

For information regarding how Federal civil rights laws apply in an emergency, please visit: https://www.hhs.gov/civil-rights/for-individuals/special-topics/emergency-preparedness/index.html

AMERICAN OVERSIGHT

From:	Jacquot, Joe
To:	Uthmeier, James; Primrose, Nicholas
Subject:	FW: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days
Date:	Monday, March 16, 2020 1:20:00 PM
Attachments:	image002.png image003.png image004.png image005.png image007.png 2020.03.16 DRAFT2 DBPR Emergency Order - COVID-19.docx

James / Nick – this looked fine on its face to me.

From: Treadwell, Ray <Ray.Treadwell@myfloridalicense.com>
Sent: Monday, March 16, 2020 1:16 PM
To: Uthmeier, James <James.Uthmeier@eog.myflorida.com>
Cc: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Subject: FW: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Hi James,
Attached is a draft brief of an emergency order for DBPR. The Secretary's Office decided to make it as broad as possible, for both business and professional licenses, so we omitted the details on which particular licenses are coming up for renewal. Please advise.
Thanks, Ray

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Philpot, Thomas
Sent: Monday, March 16, 2020 1:00 PM
To: Treadwell, Ray; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Cc: Beshears, Halsey
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

See attached.

TP

AMERICAN OVERSIGHT

THOMAS R. PHILPOT
CHIEF OF STAFF
Florida Department of Business and Professional Regulation
850.717.1579 Phone
850.921.4094 Fax
TP@myfloridalicense.com

From: Treadwell, Ray
Sent: Monday, March 16, 2020 12:02 PM
To: Philpot, Thomas; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Cc: Beshears, Halsey
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Chief, attached is the latest draft emergency order. As soon as you edit and/or approve it, I will forward it to EOG/OGC to review. Thanks, Ray

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

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The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Treadwell, Ray
Sent: Saturday, March 14, 2020 6:52 PM
To: Philpot, Thomas; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

I drafted the attached order for DBPR based on the order we issued for Hurrican Dorian. I can incorporate the information from the Deputy Secretaries when available.

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation

AMERICAN OVERSIGHT

Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Philpot, Thomas
Sent: Saturday, March 14, 2020 5:00 PM
To: Page, Tim; Johnston, Michael; Treadwell, Ray; Thomas, Tom; Parker, Alison; Marshman, Ross
Subject: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Team –

At the Governor's press conference re: COVID-19 response this afternoon, the Governor announced he is directing all agencies to suspend the state license and registration renewal requirements for all existing professional licenses for a period of 30 days. The Governor also gave specific direction to other agencies on similar license matters that do not impact DBPR.

DS Page and DS Johnston – will you please identify through your divisions any license renewal deadline that would occur in March or April and provide those for reference in a potential agency order and related planning/communications about the suspension?

GC Treadwell – will you please coordinate with your team on a draft agency order that would incorporate this action formally under authority of EO 20-52?

Thank you.

TP

THOMAS R. PHILPOT
CHIEF OF STAFF
Florida Department of Business and Professional Regulation
850.717.1579 Phone
850.921.4094 Fax
TP@myfloridalicense.com

AMERICAN OVERSIGHT

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EMERGENCY ORDER 2020-01

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of March 15, 2020, numerous counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida;

WHEREAS, the Governor issued Executive Order 20-52 on March 9, 2020, pursuant to the authority vested in him by Article IV, Section 1(a) of the Florida Constitution, the State Emergency Management Act, s. 252.31, Florida Statutes, *et al.*, as amended, and all other applicable laws, and declared a state of emergency for the State of Florida;

WHEREAS, the Governor, in Executive Order Number 20-52, authorized each State agency to suspend the provisions of any regulatory statute of that agency, if strict compliance with that statute would in any way prevent, hinder, or delay necessary action in coping with this emergency;

NOW, THEREFORE, I, HALSEY BESHEARS, Secretary of Florida's Department of Business and Professional Regulation, pursuant to the authority granted by Executive Order No. 20-52, find the timely execution of the mitigation, response, and recovery aspects of the State's emergency management plan, as it relates to COVID-19, is negatively impacted by the application of certain regulatory statutes related to the Department of Business and Professional Regulation. Therefore, I order the following:

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1. For the holder of any license, permit, registration, or certificate issued by the Department with an existing renewal deadline that occurs in the month of March or April, 2020, the existing renewal deadline is suspended and tolled for a period of 30 days from the existing renewal deadline, unless extended by subsequent order. No late fee shall be assessed on an eligible license renewal during this tolled period.
2. The existing condition of renewal related to the completion of required hours of continuing education for a license with an existing renewal deadline that occurs in the month of March or April, 2020, is suspended and tolled for a period of 30 days from the existing renewal deadline, unless extended by subsequent order.

Executed this _____ day of March, 2020, in Tallahassee, Leon County, Florida.

FLORIDA DEPARTMENT OF BUSINESS
AND PROFESSIONAL REGULATION

_____
Halsey Beshears, Secretary
2601 Blair Stone Road
Tallahassee, Florida 32399

Filed on this date, with
the designated Agency Clerk,
receipt of which is hereby
acknowledged.

_____
Agency Clerk's Office

Date: _____

AMERICAN OVERSIGHT

From: Mahon, Jason
To: Gambineri, Mara
Subject: FW: [EXTERNAL]
Date: Sunday, March 8, 2020 4:34:20 PM
Attachments: COVID_Daily.docx

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Thursday, March 5, 2020 1:59 PM
To: Vause, Tiffany <Tiffany.Vause@DEO.myflorida.com>; Mahon, Jason <Jason.Mahon@em.myflorida.com>
Cc: Feedback, NewsMedia <NewsMedia@flhealth.gov>; Dalton, Brad L <Brad.Dalton@flhealth.gov>
Subject: [EXTERNAL]

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Alberto Moscoso
Communications Director
Florida Department of Health
(850) 408-7687

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

AMERICAN OVERSIGHT

March 5, 2019

Department of Health COVID-19 Daily Update

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health (Department) is monitoring the novel coronavirus disease (COVID-19) situation very closely. In an effort to keep Florida residents and visitors safe and aware about the status of COVID-19, the department will issue an update each weekday. Updates will include a COVID-19 case count and other information to keep Floridians informed and prepared.

COVID-19 Testing Results

- 100 persons under investigation
- 31 negatives
- 7 cases in Florida residents
- 2 diagnosed in Florida
- 5 diagnosed and isolated in another state
- 1 confirmed positive (non-Florida resident)
- 69 tests in state results pending
- 948 people monitored to date
- 248 of that 948 are currently being monitored

The newly reported cases diagnosed in other states are Florida residents repatriated from China. Two of the cases have been released from isolation due to negative test results and two remain isolated in Nebraska. Isolated cases will remain in Nebraska until they test negative.

People who have tested positive for COVID-19 will remain in isolation until they test negative.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121.** The Call Center is available Monday through Friday, 8:00am to Midnight. Inquiries may also be emailed to COVID-19@flhealth.gov.

Department Activities

- Governor Ron DeSantis issued an Executive Order directing the State Surgeon General to declare a public health emergency.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Established an incident management team to coordinate response operations.

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- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Established a public call-center for questions regarding COVID-19.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

Prevention There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

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- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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From: Primrose, Nicholas
To: Jacquot, Joe
Subject: FW: [EXTERNAL] Coronavirus - Request to Governor re Sunshine Law Issue for Commission Meetings
Date: Saturday, March 14, 2020 12:53:17 PM
Attachments: Letter to Governor re Coronavirus.pdf
Sunshine Law Health Emergency Exemption 3.13.2020 2.53pm.pdf

FYI – this was sent to our senior attorney at DEM. Particularly interesting was the comment, "FYI the Coral Springs attorney John Hearn apparently spoke to Pat Gleason also today, and we heard through the grapevine that his city manager was saying that the state had blessed virtual meetings."

I have not heard from Pat or anyone in the AG's office regarding this guidance.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Kraig Conn <KConn@flcities.com>
Sent: Saturday, March 14, 2020 12:47 PM
To: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Cc: Susan L. Trevarthen <STrevarthen@wsh-law.com>; Rebecca O'Hara <rohara@flcities.com>
Subject: [EXTERNAL] Coronavirus - Request to Governor re Sunshine Law Issue for Commission Meetings

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Stephanie,
Attached is a memo sent out yesterday by the Weiss Serota law firm to its local government clients. The memo lays out the issue very well, along with a proposed course of action. If you have any questions, I'd suggest you contact Susan Trevarthen with the firm directly. The League also stands ready to assist DEM in anyway possible.
Thanks for your consideration.

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Kraig Conn

Sent from my iPad

Begin forwarded message:

> **From:** "Susan L. Trevarthen" <STrevarthen@wsh-law.com>
> **Date:** March 13, 2020 at 6:43:24 PM EDT
> **To:** Kraig Conn <KConn@flcities.com>
> **Subject: FW: Coronavirus - Request to Governor re Sunshine Law Issue for Commission Meetings**
>
> Kraig:
>
> Here is the opinion we have started sending around. Thanks again for your assistance and insight.
>
> FYI the Coral Springs attorney John Hearn apparently spoke to Pat Gleason also today, and we heard through the grapevine that his city manager was saying that the state had blessed virtual meetings. Of course, John indicated nothing like that had happened and we let him know so he could straighten out his manager. But given the rumor mill, it may be out there. Our relevant attorneys know that the discussion happened, but that we are not authorized to say that the state has taken any position on it.
>
> It has also been a hot topic on the City/County listserve today. I heard some people have been working the Department of Health also.
>
> Have a good weekend,
> Susan
>
> ---
>
> **From:** Susan L. Trevarthen
> **Sent:** Wednesday, March 04, 2020 3:57 PM
> **To:** Kraig Conn (kconn@flcities.com) <kconn@flcities.com>
> **Cc:** Edward G. Guedes <EGuedes@wsh-law.com>
> **Subject:** Coronavirus - Request to Governor re Sunshine Law Issue for Commission Meetings
>
> Hi Kraig.
>
> I hope all is well. I am writing to share a letter that my firm sent to the Governor this week, asking him to create a limited emergency exception to the Sunshine law related to the Coronavirus. The exception would allow

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local governing bodies to meet virtually if they are prevented from having an in-person meeting of a quorum due to quarantines, bans on public gatherings, or elected official illnesses. As our municipal attorneys discussed the many impacts the Coronavirus may have on cities, this seemed like one that was not yet getting attention.

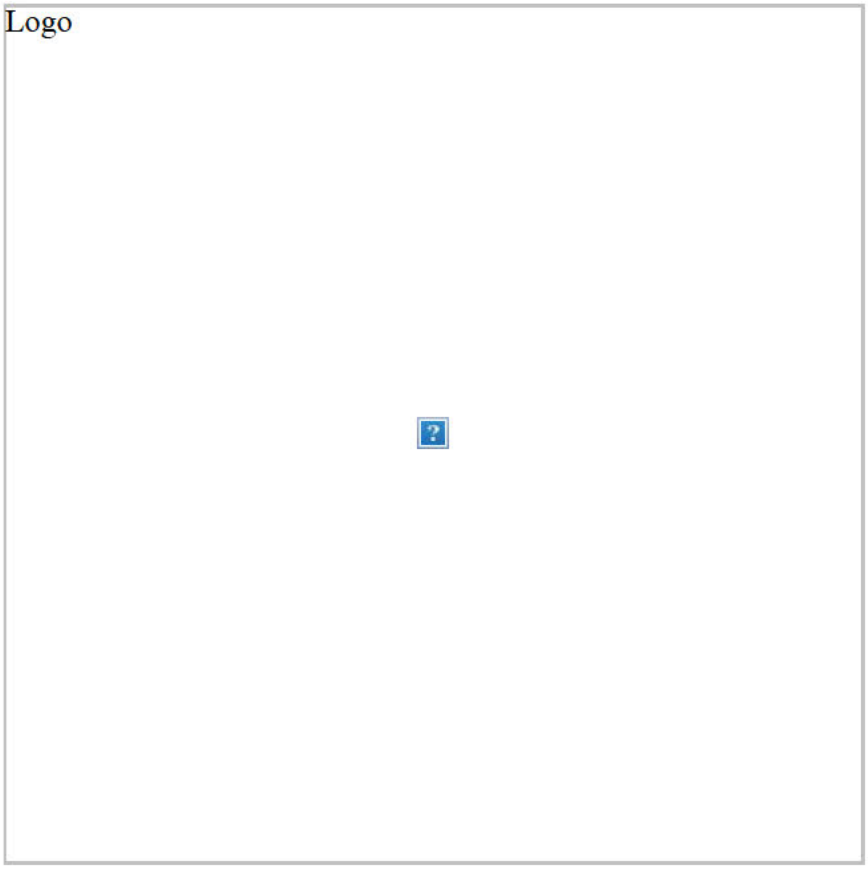
We invited the Governor to use us as a resource in addressing the issue, and we will let you know if we receive a response to this request. Hopefully, we will not need such measures, but better to be safe than sorry. And with the cases identified in Miami today and the potentially long-lasting nature of this threat, it appears that at least some of our cities may be facing this illness.

Please do not hesitate to call on us if we can be of any assistance to you on this or any other matter.

Thanks,
Susan

Susan Trevarthen, FAICP
Member, Board Certified in City, County and Local Government Law

Logo



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200 East Broward Blvd., Suite 1900 | Fort Lauderdale, FL 33301
P: (954) 763-4242 F: (954) 764-7770 wsh-law.com | vCard

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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WEISS SEROTA HELFMAN
COLE & BIERMAN
AT THE CROSSROADS OF BUSINESS, GOVERNMENT & THE LAW

JAMIE A. COLE
MEMBER
BROWARD MANAGING DIRECTOR
JCOLE@WSH-LAW.COM

March 3, 2020

The Honorable Governor Ron DeSantis
State of Florida
Executive Office of Governor Ron DeSantis
400 S Monroe St.
Tallahassee, FL 32399

RE: Emergency Response Recommendation to Address Coronavirus Disease 2019 ("COVID-19") – Section 286.011, Florida Statutes: Local Government Meeting Requirements in the Event of Quarantines, Isolation Directives, or Further Community Spread.

Dear Governor DeSantis:

Our law firm has the honor of serving as the City Attorney for nineteen municipalities, and as outside counsel for dozens of other local governments, throughout the State of Florida. We write to request your issuance of a limited emergency exemption from Section 286.011(1), Florida Statutes, which may serve as an obstacle to the proper and effective functioning and emergency response of local governments in the event of quarantines, isolation directives, and further community spread of COVID-19.

As of the writing of this letter, the CDC has reported community spread of the virus within the United States and the Florida Department of Health has announced there are three presumptive positive cases within Florida. The CDC's website currently states that "more cases of COVID-19 are likely to be identified in the coming days…It's also likely that person-to-person spread will continue to occur…and that at some point, widespread transmission of COVID-19 in the United States will occur."

On March 1, 2020, you issued Executive Order Number 20-51 designating the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments, and directed the State Health Officer to take any actions necessary to protect the public health. The Executive Order states in Section 8:

> "I hereby direct the Florida Department of Health to make its own determinations as to quarantine, isolation and other public health interventions as permitted under Florida law."

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Section 286.011, Florida Statutes, requires that all meetings of the governing boards of local governments at which official acts are to be taken be open to the public. The Florida Attorney General's Office (the "AGO") has consistently interpreted this statute to require the *physical* presence of a quorum of the local governing board in order to hold a local governing board meeting at which official acts are to be taken.[1] Specifically, the AGO has also opined that the participation of an absent member in a meeting by telephone conference should be permitted only in extraordinary circumstances and when a quorum of the board members is physically present at the meeting.[2] Further, the AGO has opined that local governments may not alter the quorum requirements to allow members who are participating through electronic means and not physically present to be counted toward the quorum,[3] and they are not authorized to provide that participation by a member of the board by electronic media technology constitutes his or her physical presence for purposes of establishing a quorum.[4]

We are concerned that future directives from Federal and State health officials declaring quarantines may prevent local governments from holding board meetings at which the physical attendance of local elected officials is required to conform with Section 286.011. Encouraging the public to attend such meetings may also conflict with such quarantines and could potentially promote further community spread. During this health emergency, permitting elected officials to participate telephonically or through electronic means, such as a webinar type meeting (with the public being able to either call or log in to listen and/or watch) would best serve the public interest and protect the health, safety and welfare of the citizens and residents of Florida.

In light of the expected spread of COVID-19 and the CDC's anticipation of possible widespread transmission, we respectfully urge you to order an emergency exemption for communities where community spread is occurring, a quarantine has been imposed, or health authorities are recommending isolation or the avoidance of public gatherings. We would request that these communities be exempt from Section 286.011(1), Florida Statutes, so that official acts may be taken during meetings where a quorum of the governing board is only telephonically or electronically present. This exemption will enable these local governments to continue to effectively operate and to timely address emergency situations affecting the public health, welfare or safety. Such an exemption is similar to the existing exemption in Section 286.0114, Fla. Stat., related to the public's opportunity to be heard. It would enable Florida's local governments to continue to hold governing body meetings in the event physically present public gatherings in their respective jurisdictions are banned by Federal, State or County directives to address COVID-19.

[1] See Florida AGOs 92-44, 98-28 and 2003-41.
[2] See AGO 2003-41.
[3] See AGO 2010-34.
[4] See AGO 2009-56.

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Thank you in advance for your consideration of this matter. Please consider our firm as a resource with your efforts to respond to this sunshine law issue, and feel free to contact me at (954) 763-4242 or JCole@wsh-law.com.

Weiss Serota Helfman Cole & Bierman, P.L.

By:_____
Jamie Alan Cole

cc: Ashley Moody, Esq.
Attorney General
Department of Legal Affairs
The Capital PL01
Tallahassee, Florida 32399-1050

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WEISS SEROTA HELFMAN COLE & BIERMAN

AT THE CROSSROADS OF BUSINESS, GOVERNMENT & THE LAW

MEMORANDUM

To: Clients, Colleagues and Friends

From: Local Government Practice Group
Weiss Serota Helfman Cole & Bierman, P.L.

Date: March 13, 2020

Re: Update on Sunshine Law Issues and Public Meetings

In light of the current public health emergency due to COVID-19, government and health officials are recommending that the public avoid any large public gatherings. It is possible that officials may recommend cancellation of all public gatherings. Notwithstanding the recommendation to restrict or cancel public gatherings, a local government's governing body may still need to hold public meetings to address essential public business.

In anticipation of this possible scenario, and to avoid any uncertainty, on March 3, 2020, our firm requested that Governor DeSantis grant an exemption from Section 286.011, Fla. Stat., so that official acts may be taken during meetings where a quorum of the governing body is only telephonically or electronically present. As of the date of this memorandum, Governor DeSantis has not responded to our request; however, discussions with his office and other state officials regarding this important issue are ongoing. This memo may be updated or revised if we receive further guidance from the state, or based on other developments. At this time, the Florida Legislature continues to meet in person.

In light of the uncertainty regarding a governing body's ability to meet at a public meeting, we are providing the following guidance to our municipal clients regarding the ability of a governing body to hold public meetings telephonically or electronically ("virtual public meetings"):

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Sunshine Law Requirements.

The Florida Constitution requires that public meetings be "open and noticed to the public." See Article I, Section 24(b) (the "Sunshine Law"). The Florida Legislature is empowered to provide by general law for an exemption of meetings from these requirements, if the law "states with specificity the public necessity justifying the exemption" and "is no broader than necessary to accomplish the stated purpose of the law." See Article I, Section 24(c).

The Florida Legislature adopted Section 286.011, Fla. Stat., echoing the requirements of the Florida Constitution and requiring meetings to be "open to the public at all times" following the provision of reasonable notice, and requiring the keeping of minutes of such meetings. It has created limited exemptions from the Sunshine Law for meetings related to litigation, security, and collective bargaining. It has not adopted any law addressing meetings during emergencies. Virtual public meetings are not specifically authorized or prohibited by the Florida Constitution or the Florida Statutes, and no caselaw has addressed this issue.

However, the Florida Attorney General has repeatedly opined that in order to comply with Section 286.011, Fla. Stat., a local governing body must have a physical quorum present in order to hold a public meeting at which action may be taken. *See, e.g.,* Attorney General Opinion 2010-34, August 25, 2010. These opinions, however, have been in a non-emergency context.

Restrictions on Public Gatherings.

The recommendation to limit public gatherings was issued in response to a public health emergency and state of emergency declared by Governor DeSantis for the State of Florida (Executive Orders 20-51 and 20-52), as well as an emergency declared by both Miami-Dade and Broward Counties during the week of March 9, 2020. The Governor's Executive Order 20-52 acknowledges that special duties and responsibilities placed on state, regional and local agencies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances and orders they administer. Section 4(D) of Executive Order 20-52 provides for political subdivisions within the State to "waive the procedures and formalities otherwise required . . . by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety and welfare of the community;
2) Entering into contracts . . .;
3) Incurring obligations;

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FL-GOV-20-0899-A-000710

4) Employment of permanent and temporary workers;
5) Utilization of volunteer workers;
6) Rental of equipment;
7) Acquisition and distribution, with or without compensation, of supplies, materials and facilities; and
8) Appropriation and expenditure of public funds."

The Executive Order thus authorizes a local government to take prudent action to ensure the health, safety, and welfare of the community, which could include holding virtual public meetings.

During this declared health emergency, compliance with the physical quorum and public attendance requirements could jeopardize the health of the governing body members and the general public. The declared emergency therefore impedes a governing body's ability to meet the Attorney General's guidance under the Sunshine Law. Literal compliance with both the health recommendations and the Attorney General Opinions could prevent the governing body from performing essential public business.

Recommendations For Substantial Compliance with the Sunshine Law During This Emergency.

Local governments vary greatly in their population and scope, and a meeting of a small city commission might involve the gathering of only a few dozen persons while a meeting of a larger government might routinely draw more than 100 persons together. The circumstances of these governments will also vary; some governments may have active and documented cases of COVID-19 in or near their jurisdiction while others may not. Technological abilities vary as well. In short, different cities may make different choices in this emergency.

Some cities may desire to hold virtual public meetings in this emergency. In light of the Attorney General opinions and the purpose of the Sunshine Law, in order to conduct essential public business and meet the conflicting demands of this emergency, we believe that a governing body should be allowed to hold a virtual public meeting (with no members physically present) by: (1) properly noticing the meeting, (2) taking minutes, and (3) making the meeting open to the public through technological means that are made available to the public, such as by teleconference or online video-conference.

Matters to be discussed or decided at such a meeting should be limited to essential matters that are related to the public health, safety and welfare. Findings and a record should be made of the specific public necessity justifying the virtual public meeting.

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The agenda items should be limited to those public necessities so that the meeting is, as indicated by Section 24(b) of the Florida Constitution, "no broader than necessary to accomplish the stated purpose" of having it as a virtual public meeting. At this time, we would also recommend that no land use or zoning matters requiring public hearings or quasi-judicial hearings should be handled in this manner. These recommended restrictions result in a narrowly tailored virtual public meeting that meets the intent of the Sunshine Law as fully as possible under the circumstances.

The governing body's steps to substantially comply with the Sunshine Law's requirements as stated above would allow for the public's essential business to continue, and provide the public with reasonable, safe access to such a public meeting in conformance with the recommendation to avoid public gatherings.

From: Mahon, Jason
To: Gambineri, Mara; Lukis, Adrian; Ferre, Helen; Beatrice, Meredith M.; Kopelousos, Stephanie
Subject: FW: [EXTERNAL] Florida Department of Health Announces New Positive COVID-19 Cases in Florida: TEST
Date: Wednesday, March 11, 2020 10:00:02 AM
Attachments: 3.10 DOH Announces New Cases of COVID-19.pdf

All,

Please see below. I have attached a PDF as well for convenience. This is the latest as of 10:39 last night.

From: FLSERT public govdelivery <FLSERT@public govdelivery com>
Sent: Tuesday, March 10, 2020 10:39 PM
To: Mahon, Jason <Jason.Mahon@em.myflorida com>
Subject: [EXTERNAL] Florida Department of Health Announces New Positive COVID-19 Cases in Florida: TEST

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Banner

FOR IMMEDIATE RELEASE
March 10, 2020

Contact: Joint Information Center on COVID-19 for the State of Florida
(850) 815-4940, ESF14@em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

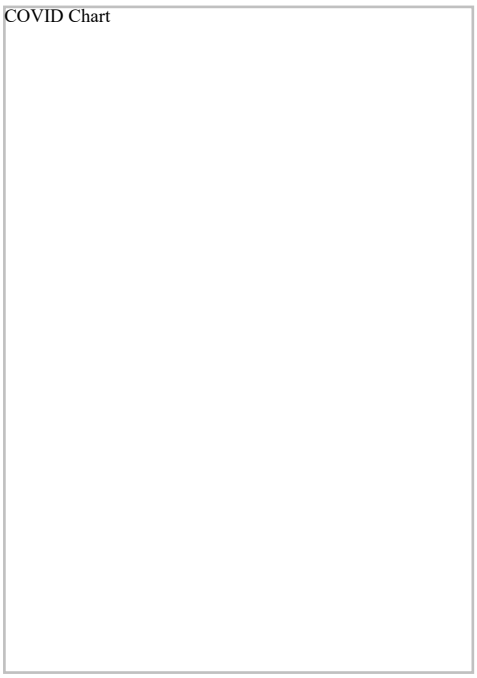
TALLAHASSEE — The Florida Department of Health has announced eight new positive cases of coronavirus disease (COVID-19) in Florida To keep Florida residents and visitors safe and aware about the status of the virus, the Department is issuing regular updates as information becomes available

New Positive Cases

- A 68-year old male in Nassau County has been identified as positive This person is isolated and will continue to remain isolated until cleared by public health officials This is a travel-related case
- A 68-year old female Georgia resident who is currently in Alachua County, Florida, has been identified as positive This person is isolated and will continue to remain isolated until cleared by public health officials The Georgia Department of Public Health is leading the epidemiological investigation for this individual
- A 73-year old male in Collier County has been identified as positive This person is isolated and will continue to remain isolated until cleared by public health officials This is a travel-related case
- A 68-year old female in Collier County has been identified as positive This person is isolated and will continue to remain isolated until cleared by public health officials This is a travel-related case
- A 64-year old female in Collier County has been identified as positive This person is isolated and will continue to remain isolated until cleared by public health officials This is a travel-related case
- A 67-year old male in Pinellas County has been identified as positive This person is isolated and will continue to remain isolated until cleared by public health officials This is a travel-related case
- A 64-year old male in Pinellas County has been identified as positive This person is isolated and will continue to remain isolated until cleared by public health officials This is a travel-related case
- A 46-year old male in Pasco County has been identified as positive This person is isolated and will continue to remain isolated until cleared by public health officials This is a travel-related case

COVID-19 Cases

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*A known history of exposure to COVID-19 outside of the state

International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to follow the **new Centers for Disease Control and Prevention (CDC) guidelines**, summarized below:

- **Level 3:** CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Department (CHD) or health care provider.
- **Level 2 and Cruises:** Travelers should monitor their health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and contact your CHD or health care provider.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Port Everglades Advisory

The Department, through an extensive epidemiological investigation, has identified three positive COVID-19 cases associated with Port Everglades in Broward County, Florida. All three cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

- The Florida Department of Health recommends all individuals experiencing symptoms who have recently traveled through Port Everglades to immediately contact their CHD or health care provider and self-isolate for 14 Days.
- The Department also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isolate at home.
- The Department is working to connect with all employees at Metro Cruise Services who may have come into contact with the three individuals who have tested positive for COVID-19 to provide the employees with the appropriate guidance and monitoring.
- The Department is working in close consultation with the CDC on this investigation.
- CDC recommends that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms, immediately self-isolate and contact their CHD or health care provider.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with COVID-19, including two positive cases in Florida.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact he Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121. The Call Center is available 24 hours a day**. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

Department Activities

- Governor Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
- Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19.
- Governor Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Emergency.
- State Surgeon General Dr. Scott Rivkees declared a Public Health Emergency for the novel coronavirus in Florida.
- Established an Incident Management Team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.

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- Conducted three public health and health care stakeholder conference calls to provide statewide updates on the current outbreak situation, response actions and guidance for pandemic planning. Over five hundred participants joined these calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities and hospitals.
- Established a public call center for questions regarding COVID-19.
- Developed and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
- Distributed CDC Interim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic close contacts of confirmed cases at their home or non-home residen ial settings to CHDs.
- Distributed the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a heal h care provider letter regarding Enhanced Surveillance and Preparedness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
- Implemented testing at all three State Public Health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local CHD and mention their recent travel or close contact.

If a person has had close contact wi h someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the CHD. The health care provider will work with the Department to determine if the person should be tested for COVID-19.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by he Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more informa ion please visit www.FloridaHealth.gov.

###

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FL-GOV-20-0899-A-000715

Joint Information Center on COVID-19 for the State of Florida

FOR IMMEDIATE RELEASE
March 10, 2020

Contact: Joint Information Center on COVID-19 for the State of Florida
(850) 815-4940, ESF14@em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

TALLAHASSEE — The Florida Department of Health has announced eight new positive cases of coronavirus disease (COVID-19) in Florida. To keep Florida residents and visitors safe and aware about the status of the virus, the Department is issuing regular updates as information becomes available.

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- A 68-year old male in Nassau County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.
- A 68-year old female Georgia resident who is currently in Alachua County, Florida, has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. The Georgia Department of Public Health is leading the epidemiological investigation for this individual.
- A 73-year old male in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.
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- A 46-year old male in Pasco County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.

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COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	Age	Sex	Travel Related*
1	Manatee	63	Male	No
2	Hillsborough	29	Female	Yes
3	Santa Rosa	71	Male	Yes
4	Broward	75	Male	No
5	Broward	65	Male	No
6	Lee	77	Female	Yes
7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No
13	Volusia	60	Female	Yes
14	Broward	69	Female	No
15	Nassau	68	Male	Yes
16	Collier	73	Male	Yes
17	Collier	68	Female	Yes
18	Collier	64	Female	Yes
19	Pinellas	67	Male	Yes
20	Pinellas	64	Male	Yes
21	Pasco	46	Male	Yes

*A known history of exposure to COVID-19 outside of the state.

International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to follow the **new Centers for Disease Control and Prevention (CDC) guidelines**, summarized below:

- **Level 3:** CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Department (CHD) or health care provider.

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- **Level 2 and Cruises:** Travelers should monitor their health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and contact your CHD or health care provider.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Port Everglades Advisory

The Department, through an extensive epidemiological investigation, has identified three positive COVID-19 cases associated with Port Everglades in Broward County, Florida. All three cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

- The Florida Department of Health recommends all individuals experiencing symptoms who have recently traveled through Port Everglades to immediately contact their CHD or health care provider and self-isolate for 14 Days.

- The Department also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isolate at home.
- The Department is working to connect with all employees at Metro Cruise Services who may have come into contact with the three individuals who have tested positive for COVID-19 to provide the employees with the appropriate guidance and monitoring.
- The Department is working in close consultation with the CDC on this investigation.
- CDC recommends that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms, immediately self-isolate and contact their CHD or health care provider.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with COVID-19, including two positive cases in Florida.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121. The Call**

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Center is available 24 hours a day. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

Department Activities

- Governor Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
- Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19.
- Governor Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Emergency.
- State Surgeon General Dr. Scott Rivkees declared a Public Health Emergency for the novel coronavirus in Florida.
- Established an Incident Management Team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and health care stakeholder conference calls to provide statewide updates on the current outbreak situation, response actions and guidance for pandemic planning. Over five hundred participants joined these calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities and hospitals.
- Established a public call center for questions regarding COVID-19.
- Developed and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
- Distributed CDC Interim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic close contacts of confirmed cases at their home or non-home residential settings to CHDs.
- Distributed the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enhanced Surveillance and Preparedness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
- Implemented testing at all three State Public Health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

What you Should Know

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COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local CHD and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the CHD. The health care provider will work with the Department to determine if the person should be tested for COVID-19.

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About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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AMERICAN OVERSIGHT

From: Mahon, Jason
To: Gambineri, Mara
Subject: FW: [EXTERNAL] Re: ***TALKING POINTS NEEDED MON (tomorrow) MORNING for Dr. Alonso in DOH-Palm Beach
Date: Sunday, March 8, 2020 3:23:15 PM
Attachments: COVID%20Daily%20Talking%20Points_8MAR20.docx

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Sunday, March 8, 2020 1:17 PM
To: Shaw, Alexander I <ALEXANDER.SHAW@flhealth.gov>; Mahon, Jason <Jason.Mahon@em.myflorida.com>; Feedback, NewsMedia <NewsMedia@flhealth.gov>; Tiffany.Vause@deo.myflorida.com; Dalton, Brad L <Brad.Dalton@flhealth.gov>; Payne, Wes <Wes.Payne@flhealth.gov>
Subject: [EXTERNAL] Re: ***TALKING POINTS NEEDED MON (tomorrow) MORNING for Dr. Alonso in DOH-Palm Beach

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Will call you.

Alberto Moscoso
Communications Director
Florida Department of Health
(850) 408-7687

From: Shaw, Alexander I <ALEXANDER.SHAW@flhealth.gov>
Sent: Sunday, March 8, 2020 12:45:06 PM
To: Jason.Mahon@em.myflorida.com <Jason.Mahon@em.myflorida.com>; Feedback, NewsMedia <NewsMedia@flhealth.gov>; Tiffany.Vause@deo.myflorida.com <Tiffany.Vause@deo.myflorida.com>; Dalton, Brad L <Brad.Dalton@flhealth.gov>; Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Payne, Wes <Wes.Payne@flhealth.gov>
Subject: ***TALKING POINTS NEEDED MON (tomorrow) MORNING for Dr. Alonso in DOH-Palm Beach

Alberto and DOH CO Team,

I assume you are all aware of this situation, but if you are not, in short, a women in Pennsylvania, confirmed with COVID-19, was displaying symptoms when she attended the ACTRIMS Conference (Americas Committee for Treatment and Research in Multiple Sclerosis) on **2/28 at the West Palm Beach Convention Center in Palm Beach County.**

Obviously this is going to cause a great deal of panic, and a huge amount of media attention as everyone is going to want to know details about this woman, who she interacted with at the

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conference, what hotel she stayed at, what restaurants she ate at, etc, etc. Who should be concerned, what should people do, etc, etc.

Dr. Alonso is having a closed meeting with Discovery of the Palm Beaches & ACTRIMS tomorrow **(Monday 3/9) at 1:30pm**. She expects the media could be waiting for her after this meeting, and she wants to know what she should be allowed to say / talking points. I also would like to be as prepared as possible for any answers we need to give about this.

Because this now makes the situation more of a community spread, she would like to say that this is not a concern for the general population, and that the Department of Health is only focused on people who this woman may have interacted with at the convention center on 2/28, and that what people should do to monitor for symptoms etc, until the contagious period has passed, etc, and be prepared to say why we are not concerned with anywhere else she was, etc, etc.

Please see below for more info.

Dr. Alonso and I will both have our cells nearby today if you need to speak with me or her. Otherwise, please get back to me by sometime tomorrow morning.

Thanks

Alex

From: Alonso, Alina M <Alina.Alonso@flhealth.gov>
Sent: Sunday, March 8, 2020 8:39 AM
To: Thomas, Karen A; Kopit, Russell; Lutchman, Shamilla N
Subject: Fwd: ACTRIMS

I received this email from Ms Cooksey just now. There was an attendee at the Actrims Confrence that took place at the Palm Beach County Convention Center who had symptoms while attending the Booth on 2/28. The Pennsylvania Health Departmnt contact our State Department to notify us. The email below is our suggestion to have them send out an email to their attendees of possible exposure and how to report to their health departments if they have symptoms. I have contacted The County to inform them about the event. I will follow up after we discuss further as to any other further action to be taken.
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From: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>
Sent: Sunday, March 8, 2020 8:04 AM
To: Alonso, Alina M
Subject: ACTRIMS

From: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>
Sent: Saturday, March 7, 2020 5:12 PM
To: Lynda Patterson (ACTRIMS) <lpatterson@actrims.org>
Subject: RE: Important Follow-up Contact Needed with the Florida Department of Health

Ms. Patterson,

Below is suggested language for notification to their attendees. Thank you for your help.

Good Afternoon – We appreciate your attendance at the recent ACTRIMS Conference in West Palm Beach, Florida.

It has come to our attention that one of our conference attendees was diagnosed with COVID-19 after returning home and may have had symptoms while they were at the conference. In light, of the seriousness of this disease and the impact it has on individuals who are elderly and individuals with compromised immune systems, we felt it imperative that we inform you as soon as possible since many of work with this population. This individual was at the Biogen Booth on February 28 and would have been infected with COVID-19 while they were at the ACTRIMS Conference.

If you are experiencing fever, cough and/or shortness of breath you should contact your healthcare provider as soon as possible. You should call them before seeking care when possible.

For more information about COVID-19 in Florida, we recommend you visit www.FlHealth.gov/COVID-19.

We apologize for this inconvenience and wanted to provide you the most up-to-date information as soon as possible.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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COVID-19 Daily Talking Points
March 8, 2020

The Florida Department of Health's highest priority at this time is controlling the spread of COVID-19 and ensuring anyone who is likely to spread it is appropriately identified, treated and isolated.

While the risk for infection remains relatively low, with confirmed cases of Coronavirus Disease 2019 (COVID-19) in Florida, the Department is urging residents to stay informed on how to protect themselves and their communities from COVID-19.

The Department encourages everyone to seek medical attention and diagnosis if they suspect they have contracted COVID-19 or come into contact with someone who has COVID-19.

The Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19 remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

Governor DeSantis is working closely with state agencies and the Department to monitor, prepare and prevent the spread of this virus.

The Department of Health updates Florida's COVID-19 information page daily. Please visit FloridaHealth.gov/ COVID-19/ for the latest information.

Yesterday and today, March 7, the Department announced 4 new presumptive positive Florida COVID-19 cases. The individuals are isolated and being appropriately cared for.

To date, the Department has released the following information on COVID-19 cases and testing:

- 108 tests in state results pending
- 118 negatives
- 17 Florida cases (16 Florida residents)
    - 11 diagnosed in Florida
    - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 1038 people monitored to date
- 280 of that 1038 are currently being monitored

The Florida Department of Health is actively involved in enhanced surveillance for respiratory illness that may be COVID-19. Epidemiologists will follow up on any suspected cases that meet criteria for COVID-19 to arrange for testing when needed and monitor contacts of any confirmed cases, if they occur.

The Florida Department of Health will communicate regularly with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

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Everyone plays a part in lowering the impact within our communities and workplaces – taking every day preventative actions helps to impede the spread of respiratory diseases such as COVID-19. Preventative actions include:

- **Washing your hands frequently with soap and water for at least 20 seconds**, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- **Avoiding close contact** with people who are sick.
- **Staying home when you are sick**. **This message cannot be emphasized enough.**
- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- **Before traveling take certain steps**:
    - Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel.
    - Employees who become sick while traveling must understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

The Department of Health's has set up a dedicated COVID-19 Call Center for questions about this virus. Anyone with questions may call **1-(866) 779-6121** or email COVID-19@flhealth.gov**.** The Call Center is available **24 hours a day, seven days a week**.

If Asked:

"What is the number of patients tested in my county?"

-We appreciate the desire to understand how many Floridians in each community have been tested, received a negative test or are under public health monitoring as a result of suspicion they may have COVID-19 or has been in contact with someone who have COVID-19. Balancing the privacy of the individuals being tested and monitored and the confidentiality of the epidemiological investigations with the responsibility to Floridians to disclose information to protect the public is a vital role of the Florida Department of Health. Due to the nature of a unique virus, such as COVID-19, to share how many people in each community that have been tested or are under public health monitoring could potentially release identifying information, especially in Florida's smaller communities.

As such, in order to protect personally identifiable health information (PHI) of Floridians, the Florida Department of Health is unable to break down the number of individuals who have received a negative test, have pending test results or are under public health monitoring by community.

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Floridians can view the aggregate state level information at www.FLHealth.gov/COVID-19. This information is updated daily.

Additionally, the Florida Department of Health is encouraging all Floridians to be aware. Floridians should practice good hand hygiene and wash their hands with soap and water for a minimum of 20 seconds, use a tissue when they sneeze or cough and immediately dispose of it in the trash and stay home if they are sick."

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From: Mahon, Jason
To: Gambineri, Mara
Subject: FW: [EXTERNAL] *APPROVED* COVID-19 Roll-up
Date: Wednesday, March 11, 2020 3:16:16 PM
Attachments: 3.11 COVID-19 Daily Press Release.docx

From: Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>
Sent: Wednesday, March 11, 2020 1:16 PM
To: McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Mahon, Jason <Jason.Mahon@em.myflorida.com>; Vause, Tiffany <Tiffany.Vause@DEO.myflorida.com>
Cc: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Subject: [EXTERNAL] *APPROVED* COVID-19 Roll-up

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Team,

Please see attached.

Best,

Jonas

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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Joint Information Center on COVID-19 for the State of Florida

FOR IMMEDIATE RELEASE
March 11, 2020

Contact: Joint Information Center on COVID-19 for the State of Florida
(850) 815-4940, ESF14@em.myflorida.com

The State of Florida Issues Updates on COVID-19

TALLAHASSEE — The State of Florida is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aware regarding the status of the virus, the Florida Department of Health will issue this update every day, seven days per week.

On March 9, Governor Ron DeSantis issued Executive Order 20-52, declaring a State of Emergency for COVID-19. By declaring a State of Emergency, Governor DeSantis is ensuring that state and local governments have the resources and flexibility they need to prepare and respond.

COVID-19 UPDATE

Last night, the Department of Health announced eight new cases of COVID-19 in Florida, seven of which are Florida residents:

New Positive Cases

- A 68-year old male in Nassau County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.
- A 68-year old female Georgia resident who is currently in Alachua County, Florida, has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. The Georgia Department of Public Health is leading the epidemiological investigation for this individual.
- A 73-year old male in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.
- A 68-year old female in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.

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- A 64-year old female in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.
- A 67-year old male in Pinellas County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.
- A 64-year old male in Pinellas County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.
- A 46-year old male in Pasco County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by public health officials. This is a travel-related case.

COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	**Age**	**Sex**	**Travel Related***
1	Manatee	63	Male	No
2	Hillsborough	29	Female	Yes
3	Santa Rosa	71	Male	Yes
4	Broward	75	Male	No
5	Broward	65	Male	No
6	Lee	77	Female	Yes
7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No
13	Volusia	60	Female	Yes
14	Broward	69	Female	No
15	Nassau	68	Male	Yes
16	Collier	73	Male	Yes
17	Collier	68	Female	Yes
18	Collier	64	Female	Yes
19	Pinellas	67	Male	Yes
20	Pinellas	64	Male	Yes
21	Pasco	46	Male	Yes

*A known history of exposure to COVID-19 outside of the state.

Port Everglades Advisory

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On March 10th, the Department announced a new positive case of COVID-19 in Broward County. The Department, through an extensive epidemiological investigation, identified this new case as the third positive case of COVID-19 associated with Port Everglades in Broward County, Florida. All three cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

- The Florida Department of Health recommends that all individuals experiencing symptoms who have recently traveled through Port Everglades immediately contact their County Health Department or health care provider and self-isolate for 14 days.
- The Department also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isolate at home.
- The Department is working to connect with all employees at Metro Cruise Services who may have come into contact with the three individuals who have tested positive for COVID-19 to provide the employees with the appropriate guidance and monitoring.
- The Department is working in close consultation with the Centers for Disease Control and Prevention (CDC) on this investigation.
- CDC recommends that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms, immediately self-isolate and contact their County Health Department or health care provider.

International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to follow **CDC guidelines**, summarized below:

- **Level 3:** CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Department or health care provider.
- **Level 2 and Cruises:** Travelers should monitor their health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider or local County Health Department (CHD) and mention their recent travel or close contact.

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If a person has had close contact with someone showing these symptoms who has recently traveled from areas or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the County Health Department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or March 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with COVID-19, including 10 positive cases in Florida.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **(866) 779-6121. The Call Center is available 24 hours per day**. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;

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- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

Actions the State has Taken to Prepare for and Respond to COVID-19

DEPARTMENT OF HEALTH

- Governor Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
- Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Governor Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a public health emergency.
- The Florida Department of Health (DOH) established an incident management team to coordinate response operations.
- DOH activated a dedicated incident command post for on-site response activities.
- DOH conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 ET.
- DOH participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities and hospitals.
- DOH established a public call-center for questions regarding COVID-19.
- DOH developed and distributed the communications-approved COVID-19 Presentation to CHDs for use at community meetings.
- DOH developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- DOH established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.

AMERICAN OVERSIGHT

- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, Health Care Coalitions (HCCs) and County Health Departments (CHD).
- Implemented testing at all three State Public Health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

AGENCY FOR HEALTHCARE ADMINISTRATION

- The Agency for Healthcare Administration (AHCA) opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- AHCA expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- AHCA shared key guidance including CDC and the Department information regarding the importance of screening visitors, infection control protocol and hygiene best practices with all licensed healthcare facilities regulated by the Agency. The Agency is continuing to provide updates on recommendations and best practices from the CDC and Centers for Medicare and Medicaid Services regarding COVID-19.
- AHCA, in coordination with the Florida Division of Emergency Management and the Department of Health, is hosting statewide calls for nursing homes, assisted living facilities, intermediate care facilities, and Agency for Persons with Disabilities group homes, and adult family care homes in conjunction with the Florida Health Care Association. Secretary Mayhew and Surgeon General Rivkees are continuing to address critical issues impacting these providers such as restricting and screening visitors and providing updates.
- AHCA, in coordination with the Florida Division of Emergency Management and the Department, is hosting statewide calls for hospitals in conjunction with the Florida Hospital Association. Secretary Mayhew and Surgeon General Rivkees to provide the most up-to-date information to hospital partners and residential facilitates caring for aging and vulnerable populations.
- This week, AHCA Secretary Mary Mayhew visited nursing homes and hospital facilities in Tampa, Jacksonville and Orlando to discuss COVID-19 preparations and response and address to any concerns and questions from local partners.

AGENCY FOR PERSONS WITH DISABILITIES

- The Director of the Agency for Persons with Disabilities (APD), and members of the Senior Leadership Team participated in the conference call related to

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vulnerable populations hosted by the Surgeon General. The call provided the most up-to-date information to APD partners who are caring for vulnerable populations.

- APD implemented a visitor questionnaire at its two state centers in Gainesville and Marianna.
- APD is developing a visitor questionnaire for Adult Day Training facilities and group homes across the state.
- APD continues to provide additional best practices, preventative tips and CDC guidance to APD providers, Waiver Support coordinators and APD employees.

DEPARTMENT OF ELDER AFFAIRS

- The Department of Elder Affairs (DOEA) Secretary Richard Prudom stood with Governor Ron DeSantis and other agency heads during a press conference on Monday, March 9th, to address Florida's recent actions and issue a State of Emergency for COVID-19.
- DOEA Secretary Richard Prudom and executive staff participated in a conference call with the Administration for Community Living (ACL) and ACL administrator Lance Robertson and the Centers for Disease Control and Prevention (CDC). Other state units on aging also participated to discuss issues on the implementation of prevention protocols for prevention of spread of COVID-19.
- DOEA Program directors provided guidance to Area Agencies on Aging and statewide Comprehensive Assessment and Review for Long-term Care Services (CARES) offices on how to protect clients and staff during a conference call and provided follow-up emails.
- DOEA participated in the Aging and Vulnerable Populations Call hosted by the Florida Department of Health (DOH). All of the state's Area Agencies on Aging (AAA) were on this call, and DOEA staff followed up with them on an individual basis for questions and answers for COVID-19.

DEPARTMENT OF CHILDREN AND FAMILIES

- The Department of Children and Families (DCF) Office of Child Welfare sent communication about COVID-19, to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare and Respond to Coronavirus Disease 2019.
- DCF Secretary Chad Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.
- DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run

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by Wellpath Recovery Solutions, a contracted partner. They are reporting weekly updates and to ensure compliance with virus prevention.

VOLUNTEER FLORIDA

- Volunteer Florida is coordinating with the Florida Department of Elder Affairs to see how the agency can assist with distributing information to seniors.
- Volunteer Florida's Emergency Management Department is having initial conversations with partners to determine what could be needed and what safety precautions need to be considered if volunteers are utilized.

FLORIDA DEPARTMENT OF EDUCATION

- Florida Virtual School (FLVS) is offering virtual teacher training to up to 10,000 teachers to accommodate Florida school districts that wish to train their teachers in the FLVS online platform in the event teachers need to temporarily move to an online environment.
- Education Commissioner Corcoran is in constant communication with Florida Superintendents and districts to provide guidance on COVID-19 preparedness and response and will be holding weekly calls to update districts on preparation efforts.
- FDOE has sent weekly memos providing updates to school districts, superintendents, Florida Colleges, parents, teachers and stakeholders.
- FDOE launched a survey to school districts and public charter schools about their preparations, policies, their capacity to serve their students virtually to help meet and determine any preparedness needs.

FLORIDA DEPARTMENT OF CORRECTIONS

- Florida Department of Corrections (FDC) has no known or suspected cases of COVID-19 within its correctional institutions at this time.
- FDC's Office of Health Services coordinates with the department for guidance on any type of outbreak and is closely monitoring new information as it is disseminated from Florida Department of Health and the CDC.
- FDC has a plan in place and dedicated staff members trained in the prevention and containment of infectious diseases.
- FDC stood up its Incident Command System in response to COVID-19.
- Education has been provided to staff, inmates and visitors to prevent the spread of any infectious disease, including COVID-19.
- Precautions are in place at facilities to protect inmates and staff from exposure to flu, COVID-19 or any other respiratory illness and are being followed per CDC recommendations.

FLORIDA DEPARTMENT OF STATE

- The Florida Department of State (DOS) has been in contact with the Supervisors of Elections for Hillsborough, Lake, Leon, Manatee, Palm Beach and Sarasota Counties to determine their needs specifically as it relates to supplies. The

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supervisors have been encouraged to connect with their county emergency management department for meeting these resource needs.

- DOS is in constant communication with Supervisors of Elections regarding readiness for elections and any anticipated needs related to COVID-19.
- DOS is sharing information with the public regarding voting options for the upcoming election, including vote-by-mail and early voting options.
- DOS is actively wiping down public spaces including all DOS maintained properties, reception areas and restrooms with bleach or disinfectant wipes to mitigate the spread of germs.
- DOS is assessing departmental stakeholder lists, including museums, cultural facilities and libraries to evaluate if any stakeholders provide services to at-risk populations and determining the most suitable ways the department can provide information about COVID-19 to those populations.

FLORIDA DEPARTMENT OF TRANSPORTATION

- At the direction of Governor DeSantis, Florida Department of Transportation (FDOT) Secretary Kevin J. Thibault, along with Surgeon General Dr. Scott Rivkees, hosted a conference call with all Florida ports and their governing bodies as well as all public use airports to discuss Florida's ongoing response to the COVID-19 virus.
- FDOT Secretary Thibault and staff from the department will host weekly conference calls with all passenger seaports and public use airports to provide updates related to COVID-19.
- COVID-19 educational materials are being posted in FDOT facilities, which include welcome centers, service plazas and rest areas across the state.
- SunRail has posted COVID-19 educational materials inside all trains and on all platforms, focusing on areas near entrances and bathrooms.
- SunRail trains are being cleaned and sanitized daily and SunRail staff have been provided sanitizing towelettes and encouraged to wash their hands frequently throughout the day.
- FDOT is providing hand sanitizer and posting COVID-19 educational materials at its public meetings across the state.

DEPARTMENT OF ECONOMIC OPPORTUNITY

- The Florida Department of Economic Opportunity (DEO) continues to encourage businesses to follow the "Interim Guidance for Businesses and Employers" issued by the Center for Disease Control and Prevention (CDC). This information is being provided to statewide business partners, local Chambers of Commerce and Economic Development Councils throughout the sate.
- The Florida Restaurant and Lodging Association (FRLA) and Florida Retail Federation and the Florida Chamber of Commerce, in coordination with DEO, are working to provide health safety information and coordination with partners, including how to address potential local supply issues.
- DEO is coordinating with CareerSource Florida, local workforce boards, and other public-private partners. DEO is also working closely with our local, state

AMERICAN OVERSIGHT

and federal partners to explore potential resources for employers, businesses and impacted workforce.

VISIT FLORIDA

- On January 24, VISIT FLORIDA ceased all Florida tourism marketing in China. VISIT FLORIDA redirected the savings from China and invested this funding into a domestic campaign that launched on March 2.
- VISIT FLORIDA has provided the state's three highway welcome centers with the latest information and resources on COVID-19 to help keep the traveling public informed.
- VISIT FLORIDA is tracking traveler sentiment across online platforms and social media to monitor how COVID-19 may impact travel and travel booking to Florida.

DEPARTMENT OF REVENUE

- The Department of Revenue's Child Support Program is working to reduce when customers are required to visit a local child support office and is providing new connect/customer service options.
- Efforts include rescheduling genetic testing sample collection appointments and postponing other types of appointments. The Program will soon be implementing the ability for parents to enter into written agreements over the phone, and the Program will be providing new fax, email and form drop-off processes.

OFFICE OF INSURANCE REGULATION

- The Office of Insurance Regulation (OIR) Insurance Commissioner David Altmaier is actively engaged with insurers and key partners at the state and national level regarding COVID-19. Commissioner Altmaier is collaborating with other state insurance commissioners and the National Association of Insurance Commissioners to share information and resources.
- OIR has issued Informational Memorandum OIR-20-01M to all health insurers and health maintenance organizations, directing them to:
    - Use every channel available to them to communicate with their policyholders and share official CDC and Department of Health information;
    - Devote resources to inform consumers of available benefits, quickly respond to inquiries, and avoid and dispel misinformation;
    - Work with public health officials to do everything possible to prepare and respond; and
    - Consider all practicable options to reduce the barriers of cost-sharing for testing and treatment of COVID-19.
- OIR is reaching out to insurers regarding their response to COVID-19 and working with insurers to make sure they are properly communicating to consumers.
- OIR has activated its incident management team and has met to review disaster response procedures.

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- OIR has issued Informational Memorandum OIR-20-02M as a reminder to all health insurers, health maintenance organizations and other health entities to allow for early prescription refills following the Governor's Executive Order 20-52 declaring a state of emergency in Florida.
- OIR has spoken with multiple insurers who are voluntarily waiving cost-sharing for consumers in an effort to remove barriers to testing for COVID-19.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

- The Florida Department of Law Enforcement (FDLE) is coordinating ESF-16 providing updates and securing staffing while FDLE Regional Operations Centers are working with Regional Domestic Security Task Forces to prepare for any responses needed.
- FDLE's Office of Mutual Aid prepared and distributed a law enforcement guide on COVID-19 for law enforcement partners and state agencies and FDLE's General Counsel prepared a law enforcement guide for protocols in a quarantine.
- FDLE Commissioner Rick Swearingen sent an email to all members outlining simple ways to prevent the spread of COVID-19 as well as links to the Florida Department of Health and CDC websites. Signs have been posted in all FDLE Regions and at Headquarters with prevention information.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

###

AMERICAN OVERSIGHT

From: Jacquot, Joe
To: Primrose, Nicholas
Subject: FW: [EXT] RE: Chapter 560 Statute/Rules for Review
Date: Tuesday, March 17, 2020 4:14:00 PM
Attachments: image001.png
2020.03.17 OFR Emergency Order - COVID-19.Redline.docx

Nick – fine with me so you can run the traps. Thanks.

From: Cammarata, Anthony <Anthony.Cammarata@flofr.com>
Sent: Tuesday, March 17, 2020 4:01 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Pratt, Joshua <Joshua.Pratt@eog.myflorida.com>; Milnes, Michael <Michael.Milnes@LASPBS.STATE.FL.US>
Subject: RE: [EXT] RE: Chapter 560 Statute/Rules for Review

Please see the proposed Emergency Order for your review and EOG approval. The current draft includes redlines that show changes to the draft form I received from Josh.

I look forward to hearing from you soon.

Thanks,

Tony

Anthony Cammarata
General Counsel & Chief Ethics Officer
Florida Office of Financial Regulation
The Fletcher Building, Suite 118
101 E. Gaines Street
Tallahassee, Florida 32399-0370
Phone: (850) 410-9703 | Cell Phone: (850) 508-6586
www.flofr.com
Follow us! @FlFinancialReg

From: Pratt, Joshua [mailto:Joshua.Pratt@eog.myflorida.com]
Sent: Monday, March 16, 2020 6:27 PM
To: Cammarata, Anthony <Anthony.Cammarata@flofr.com>
Subject: [EXT] RE: Chapter 560 Statute/Rules for Review

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External Email

Dear Tony,

Please draft an emergency order along the lines of the attached and send it to Deputy General Counsel Nick Primrose (Nicholas.Primrose@eog.myflorida.com) and General Counsel Joe Jacquot (Joe.Jacquot@eog.myflorida.com) in our office for their initial legal review. Please CC me on the email. The draft emergency order will then be reviewed through the chain of command established with the Executive Office of the Governor. If the draft emergency order is approved by EOG, it will be subject to final approval by Nick. If you have any questions about the process, please feel free to reach out to me or Nick directly.

- Sincerely, Josh

- -
Joshua E. Pratt
Assistant General Counsel
Executive Office of the Governor
850-717-9267

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

From: Cammarata, Anthony <Anthony.Cammarata@flofr.com>
Sent: Monday, March 16, 2020 2:56 PM
To: Pratt, Joshua <Joshua.Pratt@eog.myflorida.com>
Subject: FW: Chapter 560 Statute/Rules for Review

Money Transmitter Licensure

560.141(2)(a)

A license issued under part II of this chapter shall expire on April 30 of the second year following the date of issuance of the license unless during such period the license is surrendered, suspended, or revoked.

560.142

If a license or declaration of intent to engage in deferred presentment transactions expires, the license or declaration of intent may be reinstated only if a renewal application or declaration of intent, all required renewal fees, and any applicable late fees are received by the office within 60 days after expiration. If not submitted within 60 days, the license or declaration of intent expires and a new license application or declaration of intent must be filed with the office pursuant to this chapter.

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69V-560.302

(1) Chapter 560, F.S., licenses must be renewed in accordance with the provisions of Section 560.142, F.S.

(2) If the Office does not receive the renewal fees required in Section 560.143(2), F.S., on or before the license expiration date, the license shall revert from active to inactive status. The inactive license may be reinstated within sixty (60) days after becoming inactive upon submission of the required renewal fees including late renewal fees required in Section 560.143(3), F.S. A license that is not reinstated within sixty (60) days after becoming inactive automatically expires and a new application must be filed with the Office pursuant to Chapter 560, F.S. For purposes of this rule, the fingerprint retention fees required in Section 560.143(2)(g), F.S, are $12.00 for each person currently listed in the records of the Office in question 5G of the Application for Licensure as a Money Services Business, OFR-560-01, which is incorporated by reference in Rule 69V-560.1012, F.A.C.

(3) All fees required to be filed under this rule shall be filed electronically through the Office's REAL System at www.flofr.com. Any person may request an exemption from the electronic filing requirements of this rule due to a technological or financial hardship by submitting Form OFR-560-08, Request for Exemption from Electronic Filing Requirements, to: Office of Financial Regulation, Division of Consumer Finance, Bureau of Registration, 200 East Gaines Street, Tallahassee, FL 32399-0376. The Office will provide any person granted an exemption from the electronic filing requirement with instructions on how to file the renewal fees in paper format. Form OFR-560-08 is incorporated by reference in Rule 69V-560.1012, F.S.

(4) If any date established in accordance with Section 560.142, F.S., falls on a Saturday, Sunday, or legal holiday pursuant to Section 110.117, F.S., the required renewal fees and any applicable late fees must be received by the Office by the close of business on the next business day.

External Email: Please do not click on links or attachments unless you know the content is safe.

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STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

EMERGENCY ORDER 2020-01

WHEREAS, ~~N~~novel ~~C~~coronavirus ~~D~~disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of March 15, 2020, numerous counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida;

WHEREAS, the Governor issued Executive Order 20-52 on March 9, 2020, pursuant to the authority vested in him by Article IV, Section 1(a) of the Florida Constitution, the State Emergency Management Act, s. 252.31, Florida Statutes, *et al.*, as amended, and all other applicable laws, and declared a state of emergency for the State of Florida;

WHEREAS, the Governor, in Executive Order Number 20-52, authorized each State agency to suspend the provisions of any regulatory statute of that agency, if strict compliance with that statute would in any way prevent, hinder, or delay necessary action in coping with this emergency;

NOW, THEREFORE, I, RUSSELL C. WEIGEL, III, Commissioner of Florida's Office of Financial Regulation ("Office"), pursuant to the authority granted by Executive Order No. 20-52, and s. 252.46, Florida Statutes, as amended, find the timely execution of the mitigation, response, and recovery aspects of the State's emergency management plan, as it relates to COVID-19, is negatively impacted by the application of certain regulatory statutes and administrative rules related to the Office. Therefore, I order the following:

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For the holder of any license, permit, registration, or certificate issued by the Office ~~Department~~ with an existing renewal deadline that occurs in the month of March or April, 2020, including, but not limited to, Chapter 560, Florida Statutes, the existing renewal deadline is suspended and tolled for a period of 30 days from the existing renewal deadline, unless extended by subsequent order. No late fee shall be assessed on an eligible license renewal during this tolled period.

~~1. The existing condition of renewal related to the completion of required hours of continuing education for a license with an existing renewal deadline that occurs in the month of March or April, 2020, is suspended and tolled for a period of 30 days from the existing renewal deadline, unless extended by subsequent order.~~

Executed this _____ day of March, 2020, in Tallahassee, Leon County, Florida.

FLORIDA OFFICE OF FINANCIAL REGULATION

Russell C. Weigel, III
Commissioner
200 E. Gaines Street
Tallahassee, Florida 32399

Filed on this date, with
the designated Agency Clerk,
receipt of which is hereby
acknowledged.

Agency Clerk's Office

Date: _____

AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Jacquot, Joe; Lukis, Adrian
Subject: FW: draft for signature
Date: Sunday, March 1, 2020 4:37:58 PM
Attachments: DRAFT PHE covid19 3.1.20 FINAL DRAFT.docx

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Sunday, March 1, 2020 4:37 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: draft for signature

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.
R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please note:
Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public

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disclosure.
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that appears to occur through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of February 29, 2020, COVID-19 has spread throughout China and to 31 other countries and territories, including 62 cases within the United States; and

WHEREAS, the Centers for Disease Control and Prevention recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

WHEREAS, on January 30, 2020, the World Health Organization declared a public health emergency of international concern related to COVID-19; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services declared that a public health emergency exists nationwide as a result of confirmed cases of COVID-19 in the United States; and

WHEREAS, on March 1, 2020, two persons in Hillsborough and Sarasota counties tested positive for COVID-19; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order 20-51, declaring that appropriate measures to control the spread of COVID-19 in the state of Florida are necessary, and that as a consequence, directed that a Public Health Emergency be declared in the state of Florida; and

WHEREAS, implementation of basic precautions of infection control and prevention, including staying at home when ill and practicing respiratory and hand hygiene are necessary to slow or prevent the spread of COVID-19; and

WHEREAS, COVID-19 is a communicable disease with significant morbidity and presents a severe danger to public health; and

WHEREAS, COVID-19 is a threat to public health in Florida.

NOW, THEREFORE, I, Scott A. Rivkees, M.D., State Surgeon General and State Health Officer, by virtue of Executive Order Number 20-51 issued by Governor Ron DeSantis, the authority vested in me by section 381.00315, Florida Statutes, and after consultation with

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Governor Ron DeSantis and public health officials within the Department of Health, do hereby declare that a public health emergency exists in the State of Florida. In order to respond to this emergency, the following shall commence:

Section 1. In order to protect public health, I find it is necessary for the Florida Department of Health to request assistance from the Centers for Disease Control and Prevention to address this public health emergency.

Section 2. In order to protect public health, I find it is necessary to advise individuals in the state of Florida that have traveled to an area that the Centers for Disease Control and Prevention has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or have been in close contact with an individual that has traveled to such an area, that develop symptoms of fever, cough, shortness of breath, or difficulty breathing within 14 days of such travel or close contact should immediately contact the Florida Department of Health in their current county and self-isolate until cleared by the Florida Department of Health.

Section 3. In order to protect public health, I find it is necessary to advise any individuals who believe they may have been exposed to COVID-19 to contact their local county health department **prior to** travelling to any physician's office, emergency department, hospital, or urgent care center, to ensure proper protective measures are taken to prevent further risk of spread to others.

Section 4. In order to protect public health, I find it is necessary to remind health care providers, hospitals, and labs that they are required to immediately report all suspected cases of COVID-19 to the local county health department to ensure a prompt public health response to prevent disease among close contacts.

Section 5. In order to protect public health, the Florida Department of Health will maintain an Incident Management Team to coordinate the public health response for the State of Florida.

Section 6. In order to protect public health, the Florida Department of Health, at such time when necessary, may take actions to protect the public health, pursuant to the authority of section 381.00315, Florida Statutes, including quarantine, isolation and other interventions.

Issued this _____ day of March 2020, in Department of Health offices, Tallahassee, Leon County, Florida.

_____
Scott A. Rivkees, M.D.
State Surgeon General

AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Jacquot, Joe
Subject: FW: draft work product v3
Date: Sunday, March 1, 2020 4:16:09 PM
Attachments: DRAFT 3.1.20 V3.docx

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Sunday, March 1, 2020 4:15 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: draft work product v3

Louise St. Laurent
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E excellence: We promote quality outcomes through learning & continuous performance improvement.
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STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-51
(Declares a State of Emergency and Establishes COVID-19 Disease Response Protocol)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available, and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

DRAFT

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WHEREAS, two individuals in the state of Florida tested presumptively positive for COVID-19 on February 29, 2020, including a resident of Manatee County that was hospitalized in Sarasota County and a resident of Hillsborough County with recent travel to Italy; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, the CDC currently recommends community mitigation measures to be implemented by local authorities in communities where COVID-19 is occurring, including, temporary closures or dismissals of childcare facilities and schools, and other social distancing measures that increase the physical space between people including modifying, postponing, or cancelling mass gatherings; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I direct the State Health Officer and Surgeon General, Dr. Scott Rivkees, to declare a public health emergency the state of Florida,

DRAFT

AMERICAN OVERSIGHT

pursuant to his authority in section 381.00315, Florida Statutes. The State Health Officer is authorized and directed to use his judgment as to the duration of this public health emergency.

Section 2. In accordance with section 381.0011(7), Florida Statutes, I direct the State Health Officer and Surgeon General to take any action necessary to protect the public health.

Section 3. The State Health Officer is directed to follow the guidelines established by the CDC in establishing protocols to control the spread of COVID-19 and educate the public on prevention.

Section 4. In accordance with section 381.0011(7), Florida Statutes, I designate the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. The State Health Officer, or his designee, shall advise the Executive Office of the Governor on the implementation of these emergency response activities.

Section 5. All activities taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified.

Section 6. The Florida Department of Health will actively monitor at a minimum, all persons meeting the definition of a Person Under Investigation ("PUI") as defined by the CDC for COVID-19 for a period of at least 14 days or until the PUI tests negative for COVID-19. Active monitoring by the Florida Department of Health will include at least the following:

A. Risk assessment within 24 hours of learning an individual meets the criteria for a PUI.

B. Twice-daily temperature checks of the individual meeting the requirement of a PUI reported to the Florida Department of Health.

DRAFT

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Section 7. The Florida Department of Health, pursuant to its authority in section 381.00315, Florida Statutes, will ensure that all individuals meeting the CDC's definition of a PUI are quarantined for a period of 14 days or until the person tests negative for COVID-19.

Section 8. I hereby direct the Florida Department of Health to make its own determinations as to quarantine, isolation and other necessary public health interventions as permitted under Florida law.

Section 9. All agencies under the direction of the Governor are directed to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order. Agencies not under the direction of the Governor are requested to provide such assistance as is required.

DRAFT

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Marquez, Jonas
Subject: FW: forum club talkers
Date: Thursday, March 5, 2020 7:48:00 PM
Attachments: 3.6 Forum Club of Southwest Florida TPs.docx

From: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>
Sent: Thursday, March 5, 2020 7:46 PM
To: Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject: forum club talkers

Scan for typos

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Forum Club of Southwest Florida, Inc.

Speaking Order

1. **Governor DeSantis**

Talking Points

[Introduction]

- Thank you for inviting me to speak at the Forum Club today.

- This organization provides a great service to the community by bringing in speakers from a wide range of backgrounds: Supreme Court justices, business leaders, former governors—the list is long and distinguished.

- As Governor, I am excited to share with you the great things we are doing in Florida to that will bring about a brighter future for all Floridians.

[COVID-19]

- Before I get into some of my initiatives and policy priorities, I will briefly address the state's response to COVID-19.

- On the first of this month, I issued an Executive Order directing the Department of Health to declare a public health emergency to better equip our state with the resources needed to handle this threat.

- I also asked the state legislature and federal government for additional funds to ensure the state has the means to test for COVID-19 as quickly as possible and ability to effectively communicate with the public about how to stay healthy.

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- Our state Surgeon General, Dr. Scott Rivkees and his public health team have been working with our local County Health Departments and the CDC to ensure we are doing all we can to mitigate any spread of the virus.

- I've also met with Vice President Pence and he has assured me that we have the full support of the federal government.

- While we're doing everything we can to prepare, the public should know that the virus still poses a low threat to the United States.

[Economy]

- **Aside from the COVID-19 distraction, Florida is a state on the ascent.**

- Florida's recent job reports give us a snapshot of a strong economy:

    - **Our unemployment rate recently dropped to 3.0 percent – the lowest recorded unemployment in Florida's history; and**

    - **The state's annual private-sector job growth rate of 2.5 percent continues to outpace the national job growth rate of 1.5 percent.**

[Business Recruitment]

- Florida is attracting people and companies from around the country and world.

- And my administration is assisting companies with their move.

- In particular, we are selling Florida to major companies dealing with the inhospitable politics and high taxes. So far, I've made three economic development trips--two to New York and one to Chicago—and look forward to more in the near future.

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- For me, the sales pitch for Florida is easy, and for companies, the decision to relocate is even easier:
    - Low taxes vs high taxes;
    - Low cost of living vs high cost of living;
    - Good weather vs bad weather;
    - An education system focused on the student vs an education system focused on the administrator;
    - A healthy environment vs. a polluted environment.
- And they're taking us up on it. It seems like every day I am announcing a new company is relocating to or expanding in Florida.
- Two industries in particular are worth highlighting for their recent growth.

[Commercial Space]

- The first is the commercial space industry.
- Just recently, I announced that a company called "Made In Space," which is on the cutting edge of aerospace manufacturing and innovation, decided to relocate their corporate headquarters and satellite manufacturing operations from the highly-taxed, highly-regulated state of California, to the business friendly environment of Florida.
- Made In Space's move just builds on other exciting announcements in the aerospace industry I've been able to make since taking office.
- **Last year:**

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- **Firefly Aerospace Inc.** announced a multi-year, $52 million launch and development project that is expected to generate over 200 jobs;

- **Boeing** announced that it is moving its Space and Launch Headquarters from Arlington, Va. to Titusville;

- **Lockheed Martin** announced the establishment of its new Fleet Ballistic Missile Program Headquarters on the Space Coast; **and**

- **One Web Satellites** opened the doors to its new 105,500 square foot production facility, which has two production lines capable of producing two satellites a day, creating 250 new high-tech jobs and 3,000 indirect jobs through the supply chain.

- And mega companies like Space X and Blue Origin continue to grow their footprints in Florida.

- To assist the industry, I am constantly looking for areas to make infrastructure and workforce investments though my Job Growth Grant Fund. **So far:**

    - I made significant infrastructure investments in both the **Melbourne Airport and Pensacola Airport**.

    - Both airports will now be able to attract and support major new developments. The **Pensacola airport** will be the site of one of the biggest maintenance overhaul and repair operations in the world.

- I will continue to look for ways to support commercial space; I think Florida is just beginning to scratch the surface of our potential in this very exciting industry.

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[Financial Industry and FinTech]

- The second industry I'd like to highlight is the financial services industry.

- Banks and private equity funds, hedge funds and venture capital firms are all moving to Florida in droves to escape the high taxes and political demagoguery of the northeast.

- My administration has placed a priority on supporting the financial industry because it offers high paying jobs, fuels innovation and attracts growth.

- To that end, in 2019, I announced my initiative to grow and recruit the future of financial technology in Florida by creating a FinTech regulatory sandbox.

- In the past, state regulatory structures have impeded transformative and innovative technology development.

- The "regulatory sandbox" will ease regulatory burdens for innovators in the financial services technology sector in ways that are not contemplated in our current regulations and provide them with the ability to test a product's market viability without extensive regulatory hurdles.

- To complement that initiative, I also announced my objective to create "FinTech" academies at our state colleges and technical centers through the award of grants from the Florida Job Growth Grant Fund.

- FinTech academies will offer students the ability to grow with the continuously evolving world of technology and its intersection with finance.

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- I was proud to announce the first Fin Tech academy in Jacksonville just a few weeks ago.

[*Legislative session: Budget, Environment, Education*]

- Beyond diversifying our economy and supporting new and exciting industries, we are nearing the end of our Legislative Session, where I think we will be able to put a lot of wins on the board for Floridians.

- **Three areas in particular are worth noting.**

[Budget]

- **First**, Florida is constitutionally required to pass a balanced budget. My Bolder, Brighter, Better Future budget called on the Legislature to place **$5.6 billion be in reserves and** provide Floridians with **$300 million** in tax relief.

- I'm confident the Legislature will deliver a fiscally sound product, but I look forward to closely reviewing each line with my veto pen to make sure of it.

[Environment]

- **Second**, I am hoping to build on my administration's efforts to protect and preserve Florida's environment.

- In my first year as Governor, with the help of the Florida Legislature, we were able to make significant progress for the environment.

    - In my first budget as Governor I secured well over $625 million for Everglades restoration and the protection of our water resources.

    - This $625 million not only gave us an encouraging start to achieve our goal of $2.5 billion over four years, it also included

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the largest investment in the Everglades in a single year in Florida's history.

  - This session, I'm asking the Legislature to make the $625 million recurring for the next three years to ensure we meet the $2.5 billion goal.

- Additionally, I appointed the state's first Chief Science Officer, Dr. Thomas Frazer, to help ensure the state adheres to science when determining how to best utilize the state's limited resources on water quality and other initiatives.

- I created the Blue Green Algae Task Force and re-established the Red Tide Task Force to help address the terrible algal blooms that plagued communities around the state in 2017 and 2018, including the Indian River Lagoon.

- We also recently reached an agreement to purchase **20,000 acres of critical wetlands in the heart of the Everglades**.

  - **The purchase will permanently save the land from oil drilling, which was the landowner's plan. The purchase will also be the largest wetland acquisition in a decade.**

- Further, we continue to work closely with the Army Corps of Engineers to limit harmful discharges from Lake Okeechobee to the east and west.

- So far, the Corps has significantly limited discharges compared to previous years, and estuaries are largely algae-free.

- I also worked with President Trump to confirm he would include $250 million for South Florida Ecosystem Restoration in his 2021 budget – one of the biggest requests for Everglades funding by any president.

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- The $250 million follows his previous request of $200 million and would fulfill the Army Corps' maximum capacity for restoration projects.

- To complement all of these efforts, we're spending the last days of session pushing for **two** more major pieces of legislation in addition to my ask for continued funding:

    - comprehensive water quality legislation that incorporates recommendations from the Blue-Green Algae Task force;

    - and a bill that will increase fines associated with environmental penalties by 50 percent across the board.

- I feel confident on both fronts and hope to have them on my desk soon.

[Education]

- **Lastly**, like last session, I am pursuing a bold education agenda.

- In 2019 for K-12, my administration secured the highest ever per pupil spending at $7,672, and by creating the Family Empowerment Scholarship and securing $147 million for the Gardiner Scholarship, we accomplished more for school choice than has been accomplished in decades.

- **This year on K-12:**

    - We're seeking to increase the minimum salary for public school teachers to $47,500, bringing Florida from the bottom half to number 2 in the nation;

    - We're continuing record investments in educational choice programs so parents, particularly low-income parents, can place their child in a good school;

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- We're measuring results through accountability by replacing Common Core with the B.E.S.T. Standards; and

- We're placing a renewed emphasis on American Civics education.

- On the higher education front, U.S. News and World Report has-- for the third year in the row-- ranked Florida as having the best public higher education system in the country:

  - UF is ranked 7th, heading for the top 5;

  - FSU is ranked 18th, heading for the top 15; and

  - USF is ranked 44th, heading for the top 25.

- I will continue to support our universities, but I am also leaning in on career and technical education.

- A four-year degree from a brick and ivy university is not for everyone. Some students are far better off learning a trade than incurring insurmountable debt for a useless degree.

- We are pursuing additional funds for workforce development to continue on our path to making Florida the number one state in the nation for career and technical training programs by 2030.

- There is a large and growing demand for jobs in education, health services, trade, transportation and technology, and Florida's education options should be able to match it.

[Close]

- From COVID-19 to education and everything in between, my administration will continue moving aggressively to serve the people of this great state.

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- Thank you all for having me here at the Forum Club.
- I look forward to returning to see you all again soon.
- Thank you.

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From:	Smith, Susan
To:	Moulton, Diane
Subject:	FYI - UNSIGNED Copy of EO Just in Case you Need. Will send when signed/sealed
Date:	Monday, March 9, 2020 4:59:24 PM
Attachments:	DRAFT - COVID EO (3.9.20) - NP (003).docx

Susan L. Smith
Office of the Governor
Criminal Justice Liaison
Victims' Rights Coordinator
Room 209, The Capitol
Tallahassee, FL 32399
Phone: 850.717.9310

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STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-52

(Emergency Management - COVID-19 Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy, Japan and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 7, 2020, I directed the Director of the Division of Emergency Management to activate the State Emergency Operations Center to Level 2 to provide coordination and response to the COVID-19 emergency; and

WHEREAS, as of March 9, 2020, eight counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida; and

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WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, using of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, as Governor, I am responsible for meeting the dangers presented to this state and its people by this emergency.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I declare a state of emergency exists in the State of Florida.

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Section 2. I designate the Director of the Division of Emergency Management ("Director") as the State Coordinating Officer for the duration of this emergency and direct him to execute the State's Comprehensive Emergency Management Plan and other response, recovery, and mitigation plans necessary to cope with the emergency. Additionally, I designate the State Health Officer and Surgeon General as a Deputy State Coordinating Officer and State Incident Commander.

Pursuant to section 252.36(1)(a), Florida Statutes, I delegate to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes, which he shall exercise as needed to meet this emergency, subject to the limitations of section 252.33, Florida Statutes. In exercising the powers delegated by this Order, the State Coordinating Officer shall confer with the Governor to the fullest extent practicable. The State Coordinating Officer shall also have the authority to:

A. Seek direct assistance and enter into agreements with any and all agencies of the United States Government as may be needed to meet the emergency.

B. Designate additional Deputy State Coordinating Officers, as necessary.

C. Suspend the effect of any statute, rule, or order that would in any way prevent, hinder, or delay any mitigation, response, or recovery action necessary to cope with this emergency.

D. Enter orders as may be needed to implement any of the foregoing powers; however, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such orders issued by the State Coordinating Officer; however, no such order shall remain in effect beyond the expiration of this Executive Order, to include any extension.

Section 3. I order the Adjutant General to activate the Florida National Guard, as needed, to deal with this emergency.

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Section 4. I find that the special duties and responsibilities resting upon some State, regional, and local agencies and other governmental bodies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances, and orders they administer. Therefore, I issue the following authorizations:

A. Pursuant to section 252.36(1)(a), Florida Statutes, the Executive Office of the Governor may suspend all statutes and rules affecting budgeting to the extent necessary to provide budget authority for state agencies to cope with this emergency. The requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such suspension issued by the Executive Office of the Governor; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extension.

B. Each State agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency. This includes, but is not limited to, the authority to suspend any and all statutes, rules, ordinances, or orders which affect leasing, printing, purchasing, travel, and the condition of employment and the compensation of employees. For the purposes of this Executive Order, "necessary action in coping with the emergency" means any emergency mitigation, response, or recovery action: (1) prescribed in the State Comprehensive Emergency Management Plan ("CEMP"); or (2) ordered by the State Coordinating Officer. The requirements of sections 252.46 and 120.54, Florida Statutes, shall not apply to any such suspension issued by a State agency; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extensions.

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C. In accordance with section 465.0275, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under this Executive Order and to emergency personnel who have been activated by their state and local agency but who do not reside in an area or county covered by this Executive Order.

D. In accordance with section 252.38, Florida Statutes, each political subdivision within the State of Florida may waive the procedures and formalities otherwise required of the political subdivision by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;

2) Entering into contracts; however, political subdivisions are cautioned against entering into time and materials contracts without ceiling as defined by 2 CFR 200.318(j) or cost plus percentage contracts as defined by 2 CFR 200.323(d);

3) Incurring obligations;

4) Employment of permanent and temporary workers;

5) Utilization of volunteer workers;

6) Rental of equipment;

7) Acquisition and distribution, with or without compensation, of supplies, materials, and facilities; and,

8) Appropriation and expenditure of public funds.

E. All State agencies responsible for the use of State buildings and facilities may close such buildings and facilities in those portions of the State affected by this emergency, to the extent necessary to meet this emergency. I direct each State agency to report the closure of any State

AMERICAN OVERSIGHT

building or facility to the Secretary of the Department of Management Services. Under the authority contained in section 252.36, Florida Statutes, I direct each County to report the closure of any building or facility operated or maintained by the County or any political subdivision therein to the Secretary of the Department of Management Services. Furthermore, I direct the Secretary of the Department of Management Services to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

Section 5. I find that the demands placed upon the funds appropriated to the agencies of the State of Florida and to local agencies are unreasonably great and the funds currently available may be inadequate to pay the costs of coping with this emergency. In accordance with section 252.37(2), Florida Statutes, I direct that sufficient funds be made available, as needed, by transferring and expending moneys appropriated for other purposes, moneys from unappropriated surplus funds, or from the Budget Stabilization Fund.

Section 6. All State agencies entering emergency final orders or other final actions in response to this emergency shall advise the State Coordinating Officer contemporaneously or as soon as practicable.

Section 7. Medical professionals and workers, social workers, and counselors with good and valid professional licenses issued by states other than the State of Florida may render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered to such persons free of charge, and with the further condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health.

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Section 8. All activities taken by the Director of the Division of Emergency Management and the State Health Officer and Surgeon General with respect to this emergency before the issuance of this Executive Order are ratified. This Executive Order shall expire sixty days from this date unless extended.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 9th day of March, 2020.

_____
RON DESANTIS, GOVERNOR

ATTEST:

_____
SECRETARY OF STATE

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Clark, David
Subject: FYI: Hackers are jumping on the COVID-19 pandemic to spread malware
Date: Friday, March 13, 2020 9:16:00 AM

Hackers are jumping on the COVID-19 pandemic to spread malware

Zack Whittaker@zackwhittaker / 5:41 pm EDT • March 12, 2020

Comment

If there's one thing certain during a pandemic, it's that hackers will use it for their own gain.

Don't be too surprised. Every time there's a major news story, a world event or even regular national events like tax preparation season, hackers jump at the chance to take advantage of the uptick in chatter to launch attacks against unsuspecting victims.

As it turns out, the COVID-19 pandemic isn't any different.

Several cybersecurity firms are reporting an uptick in attacks against a range of targets, all using the ongoing COVID-19 pandemic as a hook to hoodwink their victims into running malware. It comes as large portions of the globe are on lockdown amid the outbreak of the coronavirus strain. The World Health Organization said as of Thursday's situation report that the coronavirus has resulted in 125,000 confirmed cases and 4,613 deaths.

FireEye said it has seen an uptick in targeted spearphishing campaigns from hackers in China, North Korea and Russia, to deliver malware. Ben Read, a senior manager in FireEye's intelligence analysis unit, said all of the campaigns it has witnessed have leveraged the coronavirus as a lure to compromise their victims' computers.

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Recorded Future has also observed a number of cybercriminals using the coronavirus to spread a number of different types of malware against targets in the U.S., Europe and and Iran — three areas most affected by the COVID-19 outbreak outside of China, where the new coronavirus strain first emerged. The researchers found that some of these campaigns imitate "trusted" organizations like the World Health Organization and the U.S Centers for Disease Control and Prevention to infect their victims.

And Check Point, which last month found a number of coronavirus-themed disinformation campaigns, now says it has found a new malware campaign leveraging the fear of the outbreak to surreptitiously install a powerful remote access trojan designed to take full control of a victim's computer.

But researchers say that attackers aren't just using the coronavirus as a cover for spreading malware.

Email security firm Agari told TechCrunch that it has evidence of what appears to be the first case of a coronavirus-themed business email compromise attack, designed to trick businesses into turning over money.

While Agari said it has seen several coronavirus-related emails used to deliver spam, steal credentials and infect victims with malware, the company said it has seen a threat group it calls Ancient Tortoise using spoofed emails in an effort to trick a victim company's customers to pay an outstanding balance but to a different bank than usual, "due to the coronavirus outbreak." The different bank is a mule account based in Hong Kong, said Agari researchers.

As governments and companies scramble to contain the pandemic, security researchers are trying to better understand and

AMERICAN OVERSIGHT

detect the current spike in malware. And as long as the threat from the coronavirus remains, so will the risk from hackers.

Mara Gambineri
Director of External Affairs
Governor Ron DeSantis
407-575-4966
Mara.Gambineri@EOG.myflorida.com

AMERICAN OVERSIGHT

From: Castellanos, Silvia
To: Gambineri, Mara
Cc: Meiner, Drew
Subject: Field report 3/2
Date: Saturday, March 7, 2020 8:52:58 AM
Attachments: Week of 3.2.docx

Good morning,

Please see attached.

Silvia Castellanos
Regional Representative
Governor Ron DeSantis
786-531-9842

AMERICAN OVERSIGHT

Field Report

Silvia Castellanos
3/2-3/7

Events Attended on behalf of the EOG:

- Miami-Dade County Board of Commissioners Meeting
  - Spoke to some of the Commissioners, staffers and the Deputy Mayor. There were a lot of people in this meeting, they were discussing the building of a new jail near a residential area. Chair Edmonson recognized me at the meeting. They spoke about the coronavirus and had DOH available for questions, however they decided to have a special meeting this upcoming Tuesday to thoroughly address this issue.

- Mid-Beach Neighborhood Association Meeting
  - I met Commissioner Meiner and Commissioner Richardson from Miami Beach. I was recognized at the meeting. The President of the Association addressed two major issues that they believe the State can help with. They're having an issue with a street that has the highest mortality rate on Miami Beach. They have reached out to FDOT to try and solve the issue, which to my understanding is a matter of moving the crosswalk over. Commissioner Higgins office is currently working with FDOT on this issue. A study has already been conducted but FDOT has informed them that they will have to do another study. They want help prioritizing this issue. I am waiting to obtain more information from Commissioner Higgins office. They are also upset about the seaweed issue throughout the coastline. Residents are claiming that the excess seaweed is posing a health issue to residents and tourists. Last year when the issue became really bad they claimed to have reached out to the local DOH office so they would investigate health issues caused by the seaweed and they refused and referred them to Tallahassee. They spoke about a possible lawsuit against DOH for negligence.

- Meeting with Miami-Dade Mayor and municipalities
  - The Mayor called for a meeting with all the municipalities regarding Coronavirus. The messaging from the Mayor was to continue life as usual just be aware of surroundings and be cautious. The municipalities are concerned about finding out information through the media. They would like to be made aware from the authorities before information is released to the media. Mayor of Bal Harbour and Surfside expressed concerns over the one case that flew in from New York.

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Meetings taken on behalf of the EOG:

- Meeting with Chris Hudtwalker, Commissioner Higgins office
    - The Commission is concerned about language in the tax package in the House that puts a sunset date to the half-penny sales tax in Miami-Dade County. They are currently seeking federal funds to build out corridors of their Smart Plan project and this can hinder their plans. They recently received a high rating from the federal government to receive funds. Having a sunset date 20 years out will hinder their ability to take bonds out, being that most bonds are taken out for at least 30 years. They would like to see this language removed or at the minimum push the sunset date back.

State Events managed:

- Miami Press Conference and roundtable for Coronavirus
- Meeting with VPOTUS

Requests for the EOG:

- Deacon Gazitua is requesting that the Governor meet with Archbishop Thomas Wenski in Miami. He's going to try and identify some events down here that they can invite the Governor too.

Upcoming Meetings & Events:

- Miami-Dade Commission Special meeting on Coronavirus
- Meeting with Chief of Staff to Mayor Dan Gelber (Miami Beach)

Notes/Issues for the EOG: N/A

AMERICAN OVERSIGHT

From: Nesheiwat, Julia EOP/NSC
To: Strum, Shane; Lukis, Adrian
Cc: Moulton, Diane; Keaton, Amelia; Russo, Katherine
Subject: Follow up/Contact info
Date: Monday, March 2, 2020 4:05:41 PM

Dear Shane and Adrian,

I was with VP Pence today for the Governor's VTC/call on COVID-19 (we had 52 Governors online) and will be traveling with POTUS to CDC later this week. My directorates have Amb Debbie Birx with us as well who just joined the task force.

Here is my direct contact info if you all need anything. I am always here for Florida!

Best,
Julia

Dr. Julia Nesheiwat
Deputy Asst. to the President for Homeland Security & Resilience
Executive Office of the President
202-456-1793

AMERICAN OVERSIGHT

From:	Pottebaum, Nic D. EOP/WHO
To:	Pottebaum, Nic D. EOP/WHO
Cc:	Hoelscher, Douglas L. EOP/WHO; Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO
Subject:	Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President
Date:	Monday, March 16, 2020 3:27:24 PM
Attachments:	image001.png The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread.pdf

THE WHITE HOUSE

Governors and Governors' Senior Staff,

In follow up to today's Governor-Only Briefing with the President & Vice President today (Monday, March 16), attached is the guidance referenced in the briefing being released today, "**The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread**."

Additionally, below you will find additional information referenced on today's briefing call/VTC.

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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UPDATES
President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19

- Presidential Proclamation Here

- Letter from President Donald J. Trump on Emergency Determination Under the Stafford Act to U.S. Department of Homeland Security, Department of Treasury, U.S. Department of Health & Human Services, and Federal Emergency Management Agency. The letter includes specific recommendation to governors including:

    - "In order to meet the challenges caused by this emergency pandemic, **I have encouraged all State and local governments to activate their Emergency Operations Centers and to review their emergency preparedness plans.** In the meantime, I expect FEMA to continue to review

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all ways in which it can provide assistance to States consistent with the authorities provided to it by this letter and by statute."

- "I **encourage all governors and tribal leaders to consider requesting Federal assistance under this provision of the Stafford Act, pursuant to the statutory criteria**. I stand ready to expeditiously consider any such request."

- President Donald J. Trump Has Mobilized the Full Resources of the Federal Government to Respond to the Coronavirus

- FEMA Fact Sheet

Expanding Testing & State-Approved Diagnostic Testing Resources

- **Technical Assistance for State Labs:** 24/7 Technical Assistance for Labs: 1-888-463-6332.

- **Questions or Inquiry for Mobile Testing (primarily for healthcare workers, first responders, and those over the age of 65 year of age)**: Please have your team or emergency manager reach out to your FEMA regional manager found here for more information.

- **Helpful Guidance for Your State Health Officer & State Health Lab**: FAQs on Diagnostic Testing (more here).

- FDA gives flexibility to New York State Department of Health, FDA issues Emergency Use Authorization Diagnostic

- HHS Funds Development of COVID-19 Diagnostic Tests

Framework Mitigation Strategies for Communities with Local COVID-19 Transmission

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.

- A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission *(more* here*; 10-page frame work for States, localities, and communities).*
- CDC mitigation strategies for Santa Clara (CA), Seattle (WA), New Rochelle (NY), Florida, and Massachusetts.

Centers for Medicare & Medicaid Services (CMS) Resources for States

On Friday, the Trump Administration announced aggressive actions and regulatory flexibilities to help healthcare providers and states respond to and contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is taking several actions following President Trump's declaration of a national emergency due to COVID-19. A press release outlining CMS announcement can be found here. A fact sheet outlining these actions can be

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found here.

- **Flexibility and Relief for State Medicaid Agencies**: The national emergency declaration also enables CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under section 1135 waivers. States and territories are now encouraged to assess their needs and request these available flexibilities, which are outlined in the Medicaid and CHIP Disaster Response Toolkit. Examples of flexibilities available to states under section 1135 waivers include the ability to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, allow providers to provide care in alternative settings, waive prior authorization requirements, and temporarily suspend certain pre-admission and annual screenings for nursing home residents. For more information and to access the toolkit, visit here.
- **Waivers and Flexibilities for Hospitals and other Healthcare Facilities**: CMS will temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements. CMS will also issue several blanket waivers, listed on the website below, and the CMS Regional Offices will review other provider-specific requests. These waivers provide continued access to care for beneficiaries. For more information on the waivers CMS has granted, visit here.
- **Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance**: As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here and all CMS guidance related to COVID-19 can be found here.

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The President's Coronavirus Guidelines for America
15 Days to Slow the Spread

1. Listen to and follow the directions of your state and local authorities.
2. If you feel sick, stay home. Do not go to work. Contact your medical provider.
3. If your children are sick, keep them at home. Do not send them to school. Contact your medical provider.
4. If someone in your household has tested positive for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.
5. If you are an older person, stay home and away from other people.
6. If you are a person with a serious underlying health condition that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.
7. Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to stop the spread of the coronavirus:
   - Work or engage in schooling from home whenever possible.
   - If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.
   - Avoid social gatherings in groups of more than 10 people.
   - Avoid eating or drinking in bars, restaurants, and food courts – use drive-thru, pickup, or delivery options.
   - Avoid discretionary travel, shopping trips, and social visits.
   - Do not visit nursing homes or retirement or long-term care facilities unless to provide critical assistance.
   - Practice good hygiene:
     - Wash your hands, especially after touching any frequently used item or surface.
     - Avoid touching your face.

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- Sneeze or cough into a tissue, or the inside of your elbow.
- Disinfect frequently used items and surfaces as much as possible.

* School operations can accelerate the spread of the coronavirus. Governors of states with evidence of community transmission should close schools in affected and surrounding areas. Governors should close schools in communities that are near areas of community transmission, even if those areas are in neighboring states. In addition, state and local officials should close schools where coronavirus has been identified in the population associated with the school. States and localities that close schools need to address childcare needs of critical responders, as well as the nutritional needs of children.

** Older people are particularly at risk from the coronavirus. All states should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.

*** In states with evidence of community transmission, bars, restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate should be closed.

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From: Wagner, Maureen
To: Nunez, Jeanette
Cc: Colucci, Monica
Subject: Fw:
Date: Tuesday, March 17, 2020 10:34:42 AM
Attachments: COVID-19 Data - Daily Report 2020-03-17 0959.pdf

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Daily Report.

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Tuesday, March 17, 2020 10:32 AM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Beaubien, Beau <Beau.Beaubien@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject:

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,792
Total persons of high, medium, or unknown risk	1,322
High/medium/unknown risk still being monitored	558

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,004
Tested positive	192
Tested negative	940
Currently awaiting testing	872

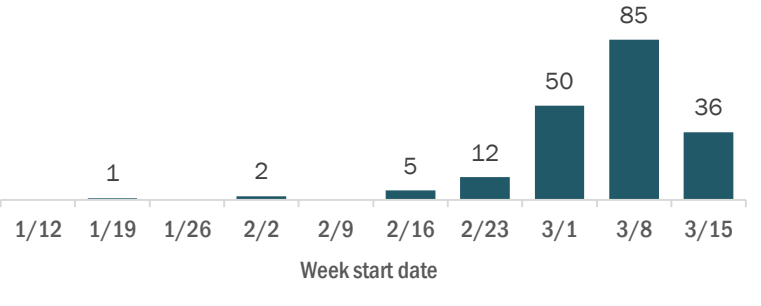
Confirmed cases

Confirmed cases in Florida residents	173
Confirmed by BPHL/CDC	119
Positive by commercial/hospital lab	54
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Deaths	5
Cases in non-Florida residents	19
Confirmed by BPHL/CDC	18
Positive by commercial/hospital lab	1
Total cases	192
Traveled	51
Contact with confirmed case	39
Traveled and contact with confirmed case	53
Neither	49
Travel is unknown*	34
Contact is unknown*	10
Contact is pending*	27

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



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Coronavirus: characteristics of 192 cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

29 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	43	22%	0	8	51
Dade	32	17%	1	2	35
Palm Beach	9	5%	1	0	10
Volusia	9	5%	0	0	9
Hillsborough	7	4%	0	1	8
Collier	6	3%	0	1	7
Lee	5	3%	0	2	7
Osceola	6	3%	0	1	7
Alachua	4	2%	0	2	6
Duval	6	3%	0	0	6
Manatee	6	3%	0	0	6
Orange	5	3%	1	0	6
Clay	4	2%	0	0	4
Pinellas	4	2%	0	0	4
Sarasota	3	2%	0	1	4
Seminole	4	2%	0	0	4
Okaloosa	2	1%	1	0	3
St. Johns	2	1%	0	1	3
Citrus	2	1%	0	0	2
Pasco	2	1%	0	0	2
Brevard	1	1%	0	0	1
Charlotte	1	1%	0	0	1
Escambia	1	1%	0	0	1
Gadsden	0		1	0	1
Lake	1	1%	0	0	1
Leon	0		1	0	1
Nassau	1	1%	0	0	1
Santa Rosa	1	1%	0	0	1
Total	167		6	19	192

Gender	Count	Percent
Male	106	55%
Female	85	44%
	1	1%

Age group	Count	Percent
10-19 years	9	5%
20-29 years	25	13%
30-39 years	12	6%
40-49 years	27	14%
50-59 years	27	14%
60-69 years	52	27%
70-79 years	29	15%
80+ years	11	6%

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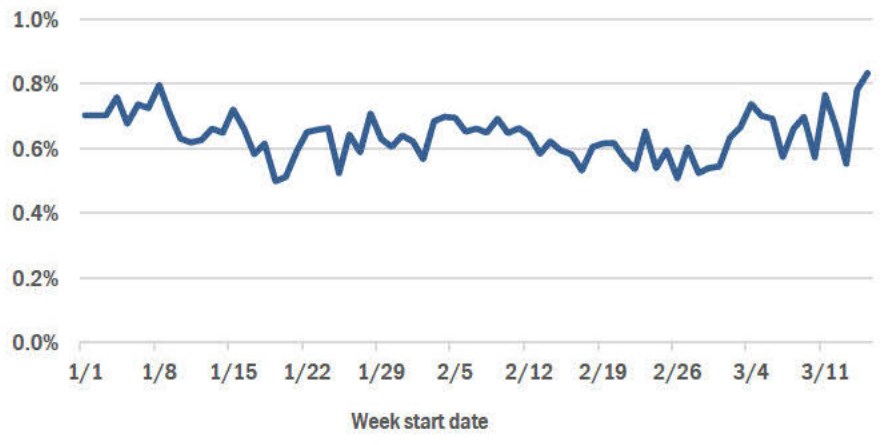
Coronavirus: additional surveillance information

Mar 17, 2020 at 9:59 AM

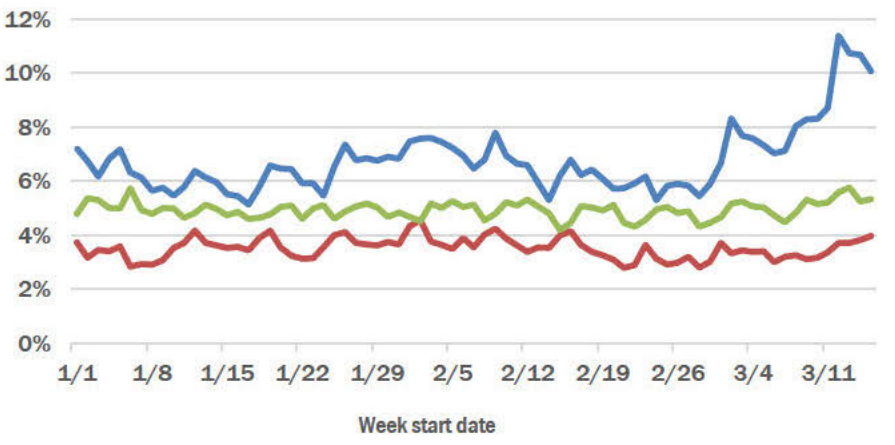
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

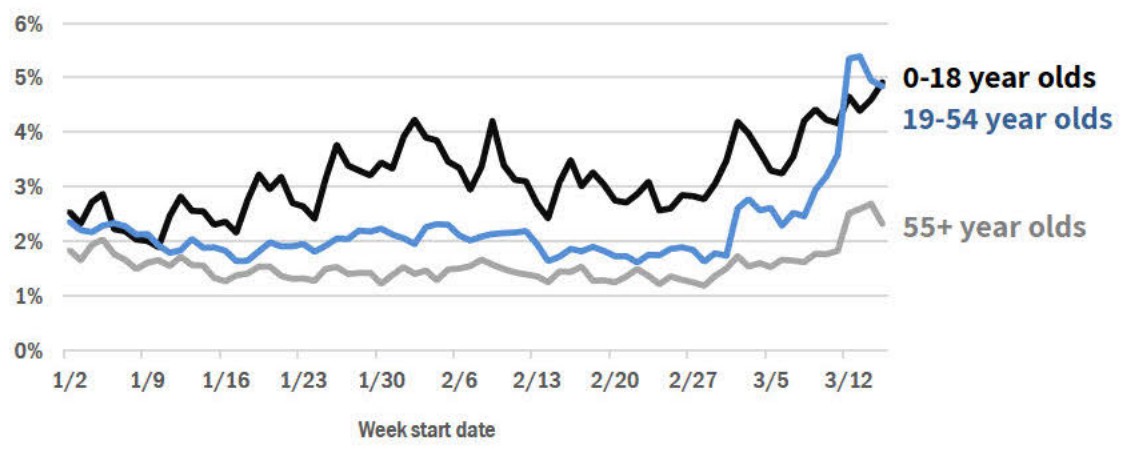
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

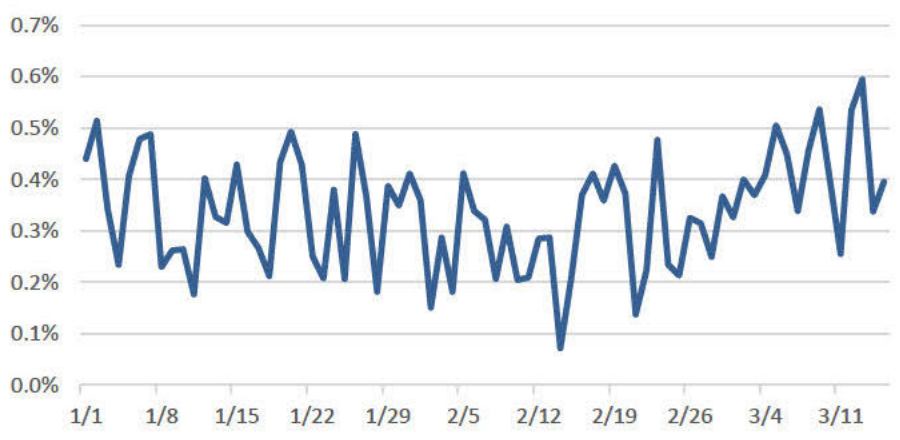


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

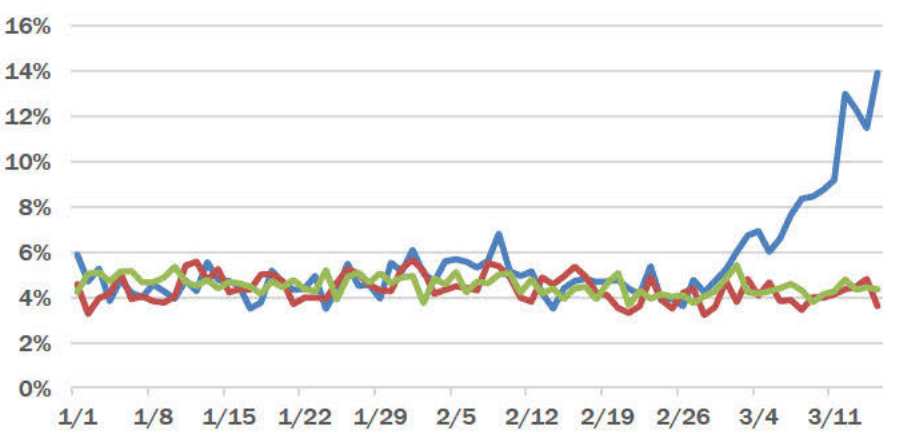


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

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Coronavirus: PUI testing by county

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	231	183	51	11%	465
Dade	168	114	35	11%	317
Palm Beach	15	25	10	20%	50
Volusia	6	21	9	25%	36
Hillsborough	20	32	8	13%	60
Collier	43	32	7	9%	82
Lee	16	28	7	14%	51
Osceola	27	14	7	15%	48
Alachua	36	38	6	8%	80
Duval	28	23	6	11%	57
Manatee	6	18	6	20%	30
Orange	6	17	6	21%	29
Clay	3	7	4	29%	14
Pinellas	77	34	4	3%	115
Sarasota	28	120	4	3%	152
Seminole	20	8	4	13%	32
Okaloosa	6	20	3	10%	29
St. Johns	21	40	3	5%	64
Citrus	2	1	2	40%	5
Pasco	10	18	2	7%	30
Brevard	1	6	1	13%	8
Charlotte	5	4	1	10%	10
Escambia	4	11	1	6%	16
Gadsden	0	0	1	100%	1
Lake	1	7	1	11%	9
Leon	2	4	1	14%	7
Nassau	1	6	1	13%	8
Santa Rosa	3	10	1	7%	14
Baker	0	3	0	0%	3
Bay	1	3	0	0%	4
Bradford	1	3	0	0%	4
Columbia	2	5	0	0%	7
Desoto	0	4	0	0%	4
Dixie	0	2	0	0%	2
Flagler	3	6	0	0%	9
Franklin	1	0	0	0%	1
Gulf	0	1	0	0%	1
Hardee	0	1	0	0%	1
Hendry	1	1	0	0%	2
Hernando	4	0	0	0%	4
Indian River	5	7	0	0%	12
Jackson	3	1	0	0%	4
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	11	13	0	0%	24
Martin	2	0	0	0%	2
Monroe	16	5	0	0%	21
Okeechobee	3	3	0	0%	6
Polk	9	15	0	0%	24
Putnam	2	8	0	0%	10
St. Lucie	3	2	0	0%	5
Sumter	12	9	0	0%	21
Suwannee	1	2	0	0%	3

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Coronavirus: PUI testing by county

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Union	1	1	0	0%	2
Unknown	2	0	0	0%	2
Walton	2	1	0	0%	3
Washington	1	0	0	0%	1
Total	872	940	192	**10%**	2,004

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Coronavirus: testing by laboratory

Mar 17, 2020 at 9:59 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	483	75	13%	558
DOH-JACKSONVILLE	312	33	10%	345
DOH-TAMPA (SPECTRUM BLVD)	305	24	7%	329
ADVENT HEALTH LAB	283	19	6%	302
MEMORIAL REGIONAL HOSPITAL SOUTH	238	15	6%	253
LABORATORY CORPORATION OF AMERICA	214	8	4%	222
QUEST DIAGNOSTICS - TAMPA	203	8	4%	211
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	53	0	0%	53
CDC	17	7	29%	24
FLORIDA HOSPITAL WATERMAN LABORATORY	15	0	0%	15
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	12	1	8%	13
VIRACOR-EUROFINS LABORATORIES	9	0	0%	9
WESTSIDE REGIONAL MED CTR	3	5	63%	8
CLEVELAND CLINIC HOSPITAL LAB	7	1	13%	8
UNIVERSITY OF MIAMI HOSPITAL	0	5	100%	5
TAMPA GENERAL HOSPITAL	0	5	100%	5
FLORIDA HOSPITAL FISH MEMORIAL	4	0	0%	4
JFK MEDICAL CENTER LAB	1	2	67%	3
TENNESSEE DOH - NASHVILLE	2	1	33%	3
QUEST DIAGNOSTICS	2	0	0%	2
ADVENTHEALTH DAYTONA BEACH	2	0	0%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
LABCORP BURLINGTON (ELR)	2	0	0%	2
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
PLANTATION GENERAL HOSPITAL	1	0	0%	1
LABCORP BURLINGTON (LPP)	0	1	100%	1
UNIVERSITY HOSPITAL AND MEDICAL CENTER	0	1	100%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
LAB CORP	0	1	100%	1
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
FLORIDA HOSPITAL FLAGLER	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
LAKEWOOD RANCH MEDICAL CENTER	1	0	0%	1
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
NORTHWEST MEDICAL CENTER	1	0	0%	1
MANATEE MEMORIAL HOSPITAL	1	0	0%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1

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Coronavirus: testing by laboratory

Mar 17, 2020 at 9:59 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
MHS LAB	1	0	0%	1

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Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
1	Volusia	60	Female	No	FL resident		Yes	03/17/20
2	Dade	45	Male	Unknown	FL resident			03/17/20
3	Duval	84	Male	Unknown	FL resident			03/17/20
4	Alachua	22	Male	Unknown	FL resident			03/17/20
5	Dade	80	Female	Unknown	FL resident			03/17/20
6	Manatee	75	Male	Unknown	FL resident			03/17/20
7	Hillsborough	28	Male	Unknown	FL resident			03/17/20
8	Osceola	20	Female	Yes	FL resident	SPAIN	No	03/17/20
9	Citrus	64	Male	No	FL resident		Yes	03/17/20
10	Dade	44	Male	Yes	FL resident	France	No	03/17/20
11	Broward	53	Male	Unknown	FL resident			03/17/20
12	Clay	66	Female	Unknown	FL resident		Yes	03/17/20
13	Osceola	29	Male	Unknown	FL resident			03/17/20
14	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
15	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	Unknown	03/17/20
16	Alachua	21	Female	Unknown	FL resident			03/17/20
17	Hillsborough	24		Unknown	FL resident			03/17/20
18	Broward	46	Female	Unknown	FL resident			03/17/20
19	Dade	57	Female	Unknown	FL resident			03/17/20
20	Broward	19	Female	Unknown	FL resident			03/17/20
21	Dade	57	Male	Unknown	FL resident			03/17/20
22	Dade	52	Male	Unknown	FL resident			03/17/20
23	Volusia	37	Female	No	FL resident		Yes	03/16/20
24	Sarasota	87	Male	No	FL resident		No	03/16/20
25	Dade	43	Female	Unknown	FL resident		Yes	03/16/20
26	Palm Beach	66	Male	Unknown	FL resident		Unknown	03/16/20
27	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
28	Broward	65	Male	No	FL resident		Yes	03/16/20
29	Manatee	70	Male	Unknown	FL resident		No	03/16/20
30	Alachua	64	Female	Yes	FL resident	FL; NY		03/16/20
31	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
32	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
33	Dade	66	Male	Unknown	FL resident			03/16/20
34	Pinellas	58	Male	Unknown	FL resident		No	03/16/20
35	Dade	67	Female	Unknown	FL resident			03/16/20
36	Collier	49	Female	No	FL resident		No	03/16/20
37	Sarasota	80	Male	No	FL resident		No	03/16/20
38	St. Johns	49	Male	Yes	FL resident	EUROPE	No	03/16/20
39	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20
40	Dade	30	Female	Unknown	FL resident			03/16/20
41	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
42	Broward	51	Female	Yes	FL resident	COLOMBIA	Yes	03/16/20
43	Orange	51	Male	Unknown	FL resident			03/16/20
44	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
45	Dade	56	Male	Unknown	FL resident			03/16/20
46	Duval	91	Female	No	FL resident		Yes	03/16/20
47	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
48	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
49	Broward	54	Female	No	FL resident		No	03/16/20
50	Orange	40	Female	No	FL resident		Unknown	03/16/20
51	Osceola	47	Female	No	FL resident		No	03/16/20
52	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
53	Palm Beach	25	Male	Unknown	FL resident			03/16/20
54	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
55	Duval	88	Male	No	FL resident		Yes	03/15/20
56	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
57	Dade	62	Male	No	FL resident		Unknown	03/15/20
58	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
59	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20
60	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
61	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
62	Broward	66	Male	No	FL resident		Yes	03/15/20
63	Dade	66	Female	Unknown	FL resident			03/15/20
64	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
65	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
66	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
67	Duval	66	Male	No	FL resident		Yes	03/15/20
68	Dade	28	Male	No	FL resident		Yes	03/15/20
69	Dade	39	Male	Unknown	FL resident			03/15/20
70	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
71	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
72	Orange	79	Female	Unknown	FL resident		No	03/15/20
73	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
74	Broward	60	Male	No	FL resident		Yes	03/15/20
75	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
76	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
77	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
78	Dade	58	Female	Yes	FL resident	ITALY; SPAIN		03/15/20
79	Broward	74	Male	No	FL resident		Yes	03/15/20
80	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
81	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
82	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
83	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
84	Broward	63	Male	No	FL resident		Yes	03/14/20
85	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
86	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
87	Clay	70	Male	No	FL resident		Yes	03/14/20
88	Manatee	62	Female	No	FL resident		Yes	03/14/20
89	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
90	Osceola	48	Male	Yes	FL resident	SWITZERLAND	No	03/14/20
91	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
92	Broward	83	Female	No	FL resident		Yes	03/14/20
93	Dade	77	Female	Yes	FL resident	EGYPT; IRAN (ISLAMIC REP. OF); UNITED A	No	03/14/20
94	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
95	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20
96	Seminole	47	Male	Unknown	FL resident			03/14/20
97	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
98	Broward	58	Male	No	FL resident		Yes	03/14/20
99	Dade	20	Male	Yes	FL resident	SPAIN	Yes	03/14/20
100	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
101	Hillsborough	17	Male	No	FL resident		No	03/14/20
102	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
103	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
104	Dade	18	Male	Unknown	FL resident		Yes	03/14/20
105	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
106	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
107	Clay	55	Female	No	FL resident		Yes	03/14/20
108	St. Johns	64	Female	No	FL resident		No	03/14/20
109	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
110	Dade	42	Female	Unknown	FL resident			03/14/20
111	Dade	73	Male	No	FL resident		Unknown	03/14/20
112	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
113	Broward	59	Male	No	FL resident		Yes	03/14/20
114	Seminole	43	Female	Unknown	FL resident			03/14/20
115	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
116	Dade	42	Male	Yes	FL resident	FRANCE	Yes	03/14/20
117	Manatee	67	Female	No	FL resident		Unknown	03/14/20
118	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
119	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
120	Volusia	89	Female	No	FL resident		Yes	03/14/20
121	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
122	Clay	57	Male	No	FL resident		Yes	03/13/20
123	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
124	Orange	48	Female	No	FL resident		Yes	03/13/20
125	Broward	27	Female	No	FL resident		Yes	03/13/20
126	Dade	45	Female	No	FL resident		Yes	03/13/20
127	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
128	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
129	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
130	Lee	77	Male	No	FL resident		Unknown	03/13/20
131	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
132	Orange	41	Male	No	FL resident		Yes	03/13/20
133	Palm Beach	73	Male	Yes	FL resident	Egypt; Germany	No	03/13/20
134	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
135	Broward	68	Female	No	FL resident		Yes	03/13/20
136	Dade	51	Male	No	FL resident		Unknown	03/13/20
137	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
138	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
139	Duval	83	Male	No	FL resident		Yes	03/13/20
140	Osceola	54	Male	No	FL resident		No	03/13/20
141	Broward	36	Male	No	FL resident		Yes	03/13/20

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Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
142	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
143	Broward	65	Male	No	FL resident		Yes	03/12/20
144	Dade	56	Male	Yes	FL resident	IRAN (ISLAMIC REP. OF)	Yes	03/12/20
145	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
146	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
147	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
148	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
149	Pinellas	64	Male	Yes	FL resident	EGYPT	Yes	03/11/20
150	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
151	Pasco	46	Male	No	FL resident		Yes	03/11/20
152	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
153	Broward	68	Female	No	FL resident		Yes	03/10/20
154	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
155	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
156	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
157	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
158	Broward	67	Male	No	FL resident		Yes	03/09/20
159	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
160	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20
161	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
162	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
163	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
164	Broward	75	Male	No	FL resident		Yes	03/07/20
165	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
166	Manatee	63	Male	No	FL resident		Yes	03/02/20
167	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20
168	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
169	Lee	65	Female	Unknown	Non-FL resident			03/15/20
170	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
171	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
172	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
173	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
174	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
175	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
176	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
177	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
178	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
179	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
180	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
181	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
182	Broward	20	Female	Yes	Non-FL resident	Ireland	Yes	03/13/20
183	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
184	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
185	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
186	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
187	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
188	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20

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Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
189	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
190	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
191	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
192	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20

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From:	Wagner, Maureen
To:	Nunez, Jeanette
Subject:	Fw:
Date:	Friday, March 13, 2020 10:54:47 AM
Attachments:	Confidential COVID Case Rollup 031220.docx EMT COVID Rollup 031220 PM.docx

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From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Friday, March 13, 2020 10:54 AM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject:

Early data. Please let me know if you have questions.

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Thursday, March 12, 2020 at 11:00 p.m.

CASES TO DATE

- 750 persons under investigation
- 478 negatives
- 51 total cases reported
    - 45 in Florida residents
        - 40 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 6 confirmed positive (non-Florida resident)
- 2 deaths
- 221 tests in state results pending
- 1413 people monitored to date
- 365 of that 1413 are currently being monitored

Of the 17 new cases identified today (4) were in Broward, (2) Palm Beach, (1) Lee, (1) Miami-Dade, Seminole (1), Alachua (1), Duval (1), Volusia (1), Clay (1), Hillsborough (1) and (3) out-of-state residents.

****** THERE IS A DELAY IN PRIVATE LAB TESTING BEING INCORPORATED INTO OFFICIAL REPORTING SYSTEMS*****

Call Center hotline hours are 24 hours a day, seven days a week

KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.

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- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education

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    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General

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Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.

- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19
- Secretary Mayhew participated in a press conference with Governor DeSantis, Lieutenant Governor Nunez, Miami-Dade leadership and health care leaders to provide COVID-19 updates, including information on the new screening requirements at nursing homes, assisted living facilities and other long-term care facilities per a recent emergency order.
- Sent Policy Transmittal (PT 2020-12) to all SMMC health plans on guidance on how to proceed with provision of Medicaid services in accordance with Governor DeSantis's Executive Order Number 20-52
- Sent e-blast regarding CMS guidance on Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications
- Sent e-blast regarding CMS guidance for Home Health Agencies
- Sent e-blast regarding CMS guidance for Hospice Agencies
- Sent e-blast regarding CMS guidance for Dialysis Facilities
- Sent e-blast regarding CMS guidance for use of Certain Industrial Respirators by Health Care Personnel

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.
- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.

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- Facility in Gainesville has cancelled community events on campus and is cancelling large trips for residents going off-site.
- Started twice-weekly conferences with the Superintendents of APD-owned facilities to discuss coronavirus updates and needs.
- Forensic Facility in Chattahoochee needs guidance on admitting individuals who have been court-ordered to reside at this facility.
- APD has issued an advisory to all group home providers & owners and all Adult Day Training facilities regarding Emergency Order 20-002
- APD is reviewing its own rules, policies and procedures for potential wavers needed
- APD has established daily meetings with its executive management and incident management team
- APD is developing reporting tools for employees and clients who are isolated or quarantined
- APD's forensic Facility in Chattahoochee needs guidance on admitting individuals across the state who have been court-ordered to reside at this facility.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.
- Uploaded WHO Technical Guidance information to WebEOC
- Coordination call with UF College of Veterinary Medicine, DOH State Public Health Veterinarian, 3/12/20

Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

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- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.
- On March 11, Guidance and preventative measures, including screening questions, was sent statewide to Adult Protective Services staff

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.
- Centurion will stage a minimum of 25 PPE's at each facility; supplies should be delivered Friday, March 13th. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.

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- Informed visitors and volunteers if you are feeling sick with a fever, persistent cough, or find it difficult to breathe – please do not enter a correctional institution.
- Restrict inmate transfers to mission critical needs
- New commitments will remain at reception centers at least 14-days prior to transfer. quarantine dorm at reception centers for.
- Initiating screening process.
- Staff are temporarily permitted to enter secured perimeters with alcohol-based hand sanitizer.
- Tracking staff who report flu-like symptoms and their work availability.
- Established a trigger matrix for presumptive positive & positive COVID-19 inmates.
- Verify Staff who have VPN Access
- Suspended visitation for 30-days and initiated active screening process at all entrance/exit points.
- Drafting communication to inmate population about visitation cancelation.
- Procurement: Review with vendors J-pay credits and free Securus minutes is visitation if suspended.
- OIT: Coordinate emergency alternative for visitor services call center.
- Considering expanding the institutional restrictions to include volunteer programs, community work squads.
- Communications: Expand inmate tracking graphic to include how many inmates were referred to DOH and how many were tested for COVID-19.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)
- Santa Fe College is requesting hand sanitizer due to vendor indicating their request is on back order. Request has been provided to ESF 6.
- Closures
    - Hillsborough County - Farnell Middle School will be closed Thursday and Friday.
    - Okaloosa County - Rocky Bayou Christian School's campuses in Niceville and Crestview will be closed for March 9 - March 23.
    - College of the Florida Keys is closing for 21 days following spring break

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.

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- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff
- Meetings with the Statewide Cares offices, Area Agencies on Aging, Directors, ECO's and Alternate to discuss any needs. We will continue to have this 2-3 times a week or as needed if the event elevates.

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.
- A press release is expected to be distributed informing the public that the Blue-Green Algae Task Force meeting will be postponed. This will be issued upon receipt of the pending DMS guidance.

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- DEP is evaluating events and travel within the next 30 days, based on pending DMS guidance to determine if cancellations or rescheduling is required.
- DEP's South District placed DOH precaution sheets in all bathrooms.
- DEP's Southeast District sent an internal message to all staff this morning reminding them: to familiarize themselves with the resources the District has made available to them, the importance of taking preventative measures, and the availability of hand sanitizing stations throughout the District Office.

Department of Financial Services and Office of Financial Regulation

- OFR - prepared draft proclamations for external stakeholders on proper notice to the Office regarding office closures of financial institutions
- Authorized purchase of hand sanitizer and disinfecting wipes for all offices
- Informed employees of proper procedures for workspace cleanliness/mitigation of spread of illnesses
- Monitoring guidance from DMS regarding office closures; annual leave, sick leave, admin. Leave policies
- Pulling back on out-of-state travel and minimizing in-state travel for employees
- Social distancing

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.

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- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.
- Visitor sign translated in Spanish to post at the entrance in their offices, centers and facilities
- Provided to our law enforcement partners statewide our modified screening protocols and procedures for youth taken into custody at Juvenile Assessment Centers (JAC) and Detention Screening Units (DSU). DJJ Secretary and leadership team held conference calls with the following entities to discuss our COVID-19 protocols: Detention Regional Directors and Superintendents; Residential Regional Directors and Residential Contracted Provider CEOs; and Probation Regional Directors and Probation Contracted Providers including the Florida Network, Children-in Need of Services/Families-in-Need of Services (CINS/FINS) providers
- Distributed four documents via email to the listed groups: Protocols at Juvenile Assessment Centers and Detention Screening Units; Visitor Screening Tools; Notice to Family Members and Guardians of Youth in our programs and a Coronavirus (COVID-19) Precautions STOP signage which is also translated in Spanish. Provided notice to family members and guardians of youth in our programs requesting not to visit youth in our facilities if they have or had within the last 48 hours any symptoms of respiratory illness, or recently spent time with anyone exhibiting these symptoms.
- Provided notice to vendors, guests, volunteers and business partners the same message and requested if there are problems providing critical services for our youth, please contact us to discuss alternatives.
- We have developed a visitor screening tool which is now mandatory to use inside of our juvenile detention centers and residential commitment programs.
- We are sending a notice to parents and guardians of youth in programs regarding the new visitor screening protocol. This information will be included within the admission packet for new youth admitted.
- We have sent a notice to the vendors, guests, volunteers and business partners that come into our juvenile detention centers and residential commitment programs asking that they limit visiting any of these facilities if they are exhibiting flu-like symptoms or have traveled outside of the U.S., including cruise ship travel. The department will work with these entities on alternatives to visiting programs to ensure critical services are not interrupted

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities, ordered an increase in bandwith and additional VPN licenses creating additional capacity for members to work remotely.
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls

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- RDSTF meetings
- State partners providing immediate needs list to ESF-16 in reference to PPE
- Providing situational uppdates to partners about cyber/malware sites for COVID-19

Department of Lottery

- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.

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- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 500 ventilators; awaiting approval
- DMS has activated more personnel to the EOC to research and secure commodities as the needs arise. Lead time for out-of-stock items is also being assessed for possible
- HRM continues to provide guidance as needed to HR Directors on leave policies.
- HRM/DSGI will continue to provide guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management continues to update Facility Managers as needed to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination
- DMS' Division of Real Estate Development and Management will continue to provide updated guidance to the Capitol facility manager, Sergeant of Arms, Capitol Police, and Earley's Kitchen to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.
- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.

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- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Emailed information and FAQ's to employees related to the Department's response to COVID 19 with links to the Florida Department of Health and the Centers for Disease Control
- Communicated with supervisors' additional details in reference to leave and travel requests.
- The Department has increased messaging on preventative measures through the deployment of DOH/CDC posters, ensured hand sanitizer is available, and increased cleaning of high-traffic areas in our public areas of our service centers.

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in

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your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.
- The Department of State met via conference call today with all 67 county Supervisors of Elections to discuss COVID-19 as it relates to election polling places. On the call were representatives from The Florida Department of Health, Florida Division of Emergency Management and Volunteer Florida. Supervisors were updated about COVID-19 and the precautions to take regarding polling places from DOH and provided options for assistance from Volunteer Florida. Supervisors were also reminded to work with their county Emergency Management offices for available resources to combat the COVID-19 emergency
- The Museum of Florida History has implemented the following, in addition to regular cleaning tasks:
    - Removed guest sign in book; Education Staff to record the visitor information.
    - Added to the list of opening cleaning chores: (Disinfecting wipes are preferred over spray to minimize possible damage to artifacts.)
    - Clean all push buttons for life casts, dioramas, and other touchables in exhibits as identified and approved with disinfecting wipes.
    - Clean wheelchairs after every use with disinfecting wipes.
    - Clean surfaces of benches with disinfecting wipes.
    - Clean surface of survey podium with disinfecting wipes.
    - Placed additional hand sanitizer dispensers at entrance and exit of Museum.
    - Turned off touchscreen survey and rely on paper surveys.
- Staff using disinfecting wipes on phones and keyboards.
- COVID-19 general prevention signs from the Florida Department of Health have been posted in shared staff spaces

Department of Veteran Affairs

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- Florida Department of Veterans' Affairs (FDVA) resources are currently focused on our network of state veterans' homes. FDVA operates state veterans' homes in Panama City, Lake City, St. Augustine, Daytona Beach, Pembroke Pines, Port Charlotte and Land O' Lakes.
- Effective March 11, 2020, the Florida Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and Domiciliary until further notice, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care.
- The U.S. Department of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living center facilities to only essential visitors until further notice.
- All VA Medical Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics are also implementing enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional time for the screening process.
- Veterans who are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. The service is available at no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
- All FDVA and VA facilities remain fully operational.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Office of Attorney General

- Activated the Price Gougin Hotline is response
- Monitoring staff travel and continuing internal staffing calls in preparation of potential staffing/telework situations in the coming weeks

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"
- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.
- VF coordinated latest messaging with FLVOAD and discussed scheduling a call for next week with all FLVOAD partners. FLVOAD pushed out messaging via social media and will be scheduling a call for next week.

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- VF participated in a statewide call with Supervisors of Elections to discuss Volunteer Connect (Florida's official volunteer opportunity platform) and how it can be used by offices to help recruit volunteers for Tuesday's upcoming election to due to COVID-19 fears at some poling sites.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.
- Installed hand sanitizer and distributed sanitary wipes throughout facilities
- Instituted regular sanitary wipe-downs of common areas and meeting rooms
- The District has suspended all official travel and meetings
- Preparing resources for staff to work remotely as needed
- Provided staff education
- Conducted public Governing Board meeting
- Purchasing thermometers, alcohol wipes, gloves
- Finance began tracking costs under separate codes

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

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March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.
March 11, 2020	• MCM Coordinator discussed Point of Collection contingency plan strategies with her workgroup • Supporting 3 missions • Coordinated contingency planning for nursing home PUI • ASPR notified ESF8 there will be a portion of requested cache delivered • Coordinated with Dr. Schepke on validation of resource request
March 12, 2020	• Participated in calls with Corrections and LEO • Conducted call with Senior hospital leadership and clinical lab directors regarding testing for COVID • Contracted with Poison Control to take over COVID-19 call center on 3/13/20 at noon • Received six trucks of requested SNS order • Purchased 10,000 test kits • Continue to fill resources request as supplies allow •

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From:	Wagner, Maureen
To:	Nunez, Jeanette
Subject:	Fw:
Date:	Tuesday, March 10, 2020 9:27:56 AM
Attachments:	Confidential COVID Case Rollup 030820.docx COVID-19 Data - Daily Report 2020-03-09 1045PM.pdf EMT COVID Rollup 030920 PM.docx

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From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Tuesday, March 10, 2020 8:51 AM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; Strum, Shane <Shane.Strum@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject:

Some or all of the information contained within this message may be confidential pursuant to sections 381.003 and 381.0031(6), Florida Statutes, Rule 64D-3.036, Florida Administrative Code, or other applicable state or federal privacy laws.

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Monday, March 9, 2020 at 11 p.m.

CASES TO DATE

- 397 persons under investigation
- 222 negatives
- 20 total cases reported
    - 19 in Florida residents
        - 14 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 2 deaths
- 155 tests in state results pending
- 1161 people monitored to date
- 319 of that 1161 are currently being monitored

New cases in Volusia and Broward county identified today.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

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Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones

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- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.

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- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.

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- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.

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- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.

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Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"
- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

AMERICAN OVERSIGHT

March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

DRAFT

AMERICAN OVERSIGHT

From:	Wagner, Maureen
To:	Nunez, Jeanette
Cc:	Colucci, Monica
Subject:	Fw:
Date:	Tuesday, March 17, 2020 5:44:17 PM
Attachments:	COVID-19 Data - Daily Report 2020-03-17 1718.pdf

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From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Tuesday, March 17, 2020 5:32 PM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Beaubien, Beau <Beau.Beaubien@eog.myflorida.com>
Subject:

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	**2,097**
Total persons of high, medium, or unknown risk	1,614
High/medium/unknown risk still being monitored	832

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,294
Tested positive	216
Tested negative	1,017
Currently awaiting testing	1,061

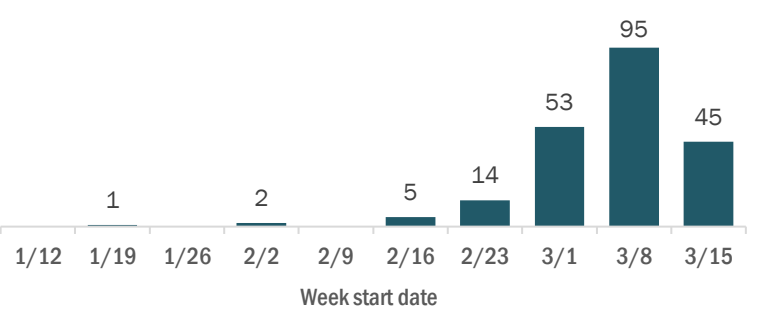
Confirmed cases

Confirmed cases in Florida residents	**195**
Confirmed by BPHL/CDC	129
Positive by commercial/hospital lab	66
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Hospitalized	49
Deaths	7
Cases in non-Florida residents	**21**
Confirmed by BPHL/CDC	19
Positive by commercial/hospital lab	2
Total cases	**216**
Traveled	58
Contact with confirmed case	42
Traveled and contact with confirmed case	56
Neither	60
Travel is unknown*	41
Contact is unknown*	11
Contact is pending*	35

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



AMERICAN OVERSIGHT

Coronavirus: characteristics of 216 cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

30 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	48	22%	0	7	55
Dade	40	19%	1	3	44
Palm Beach	12	6%	1	0	13
Duval	10	5%	0	0	10
Hillsborough	7	3%	0	2	9
Volusia	9	4%	0	0	9
Collier	6	3%	0	1	7
Lee	5	2%	0	2	7
Manatee	7	3%	0	0	7
Orange	6	3%	1	0	7
Osceola	6	3%	0	1	7
Alachua	4	2%	0	2	6
Clay	4	2%	0	0	4
Pinellas	4	2%	0	0	4
Sarasota	2	1%	0	2	4
Seminole	4	2%	0	0	4
Okaloosa	2	1%	1	0	3
St. Johns	2	1%	0	1	3
Citrus	2	1%	0	0	2
Pasco	2	1%	0	0	2
Brevard	1	0%	0	0	1
Charlotte	1	0%	0	0	1
Escambia	1	0%	0	0	1
Gadsden	0		1	0	1
Lake	1	0%	0	0	1
Leon	0		1	0	1
Nassau	1	0%	0	0	1
Polk	1	0%	0	0	1
Santa Rosa	1	0%	0	0	1
Total	189		6	21	216

Gender	Count	Percent
Male	119	55%
Female	96	44%
Unknown	1	0%

Age group	Count	Percent
10-19 years	9	5%
20-29 years	25	13%
30-39 years	12	6%
40-49 years	27	14%
50-59 years	27	14%
60-69 years	52	27%
70-79 years	29	15%
80+ years	11	6%

AMERICAN OVERSIGHT

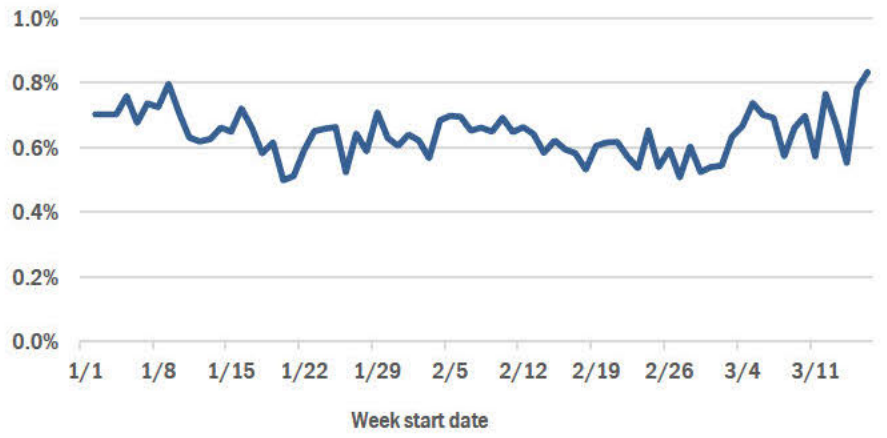
Coronavirus: additional surveillance information

Mar 17, 2020 at 5:11 PM

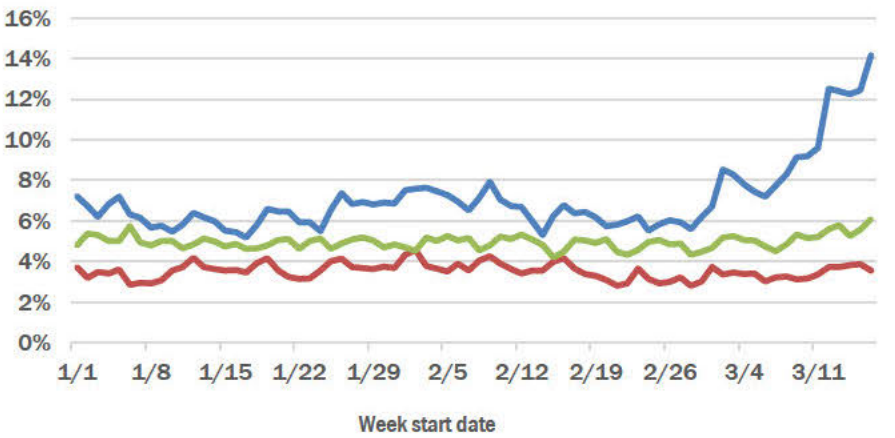
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

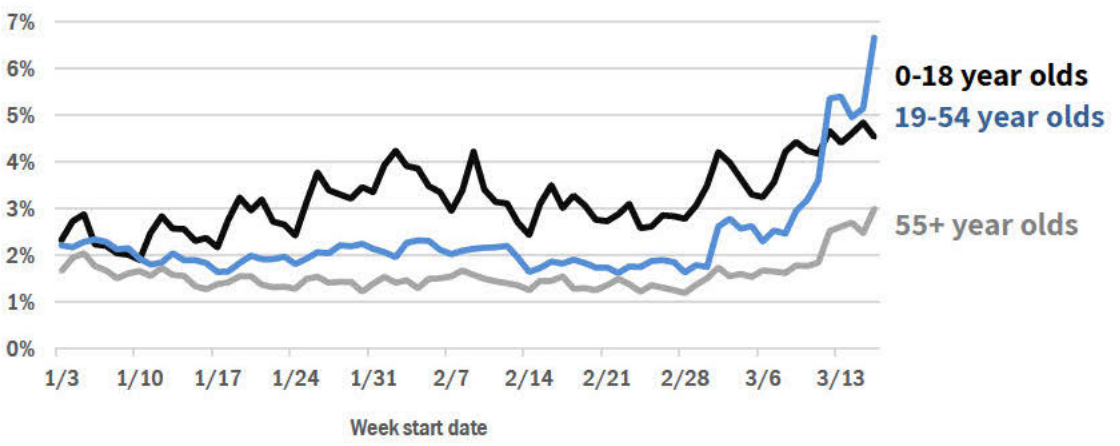
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has increased steadily over the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

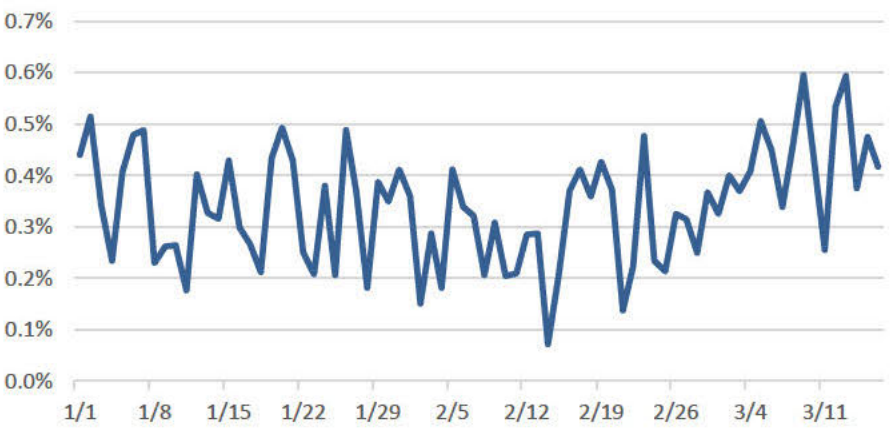


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

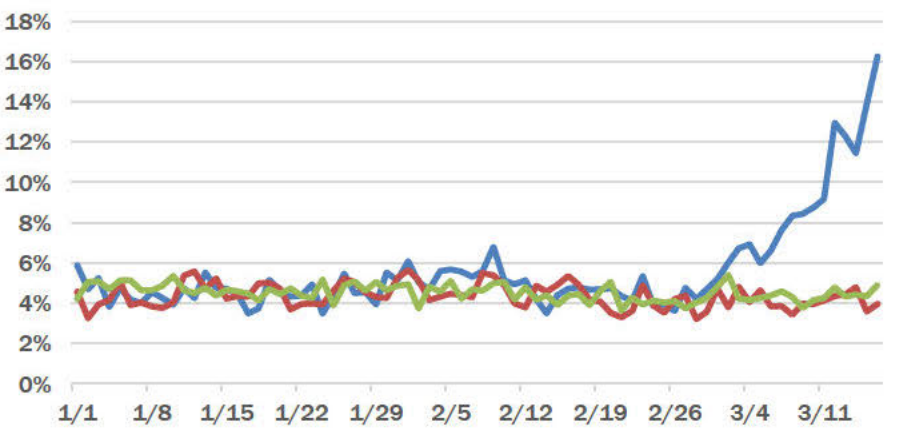


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has increased sharpley the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	226	225	55	11%	506
Dade	166	137	44	13%	347
Palm Beach	17	27	13	23%	57
Duval	31	24	10	15%	65
Hillsborough	21	32	9	15%	62
Volusia	9	21	9	23%	39
Collier	58	32	7	7%	97
Lee	22	28	7	12%	57
Manatee	11	18	7	19%	36
Orange	13	18	7	18%	38
Osceola	37	14	7	12%	58
Alachua	54	38	6	6%	98
Clay	4	7	4	27%	15
Pinellas	106	34	4	3%	144
Sarasota	53	121	4	2%	178
Seminole	24	8	4	11%	36
Okaloosa	5	22	3	10%	30
St. Johns	36	40	3	4%	79
Citrus	3	1	2	33%	6
Pasco	16	19	2	5%	37
Brevard	1	6	1	13%	8
Charlotte	5	4	1	10%	10
Escambia	4	11	1	6%	16
Gadsden	0	0	1	100%	1
Lake	2	7	1	10%	10
Leon	3	4	1	13%	8
Nassau	2	6	1	11%	9
Polk	10	15	1	4%	26
Santa Rosa	4	10	1	7%	15
Baker	1	3	0	0%	4
Bay	2	3	0	0%	5
Bradford	1	3	0	0%	4
Columbia	2	6	0	0%	8
Desoto	0	4	0	0%	4
Dixie	0	2	0	0%	2
Flagler	3	6	0	0%	9
Franklin	2	0	0	0%	2
Gulf	0	1	0	0%	1
Hardee	0	1	0	0%	1
Hendry	1	1	0	0%	2
Hernando	16	0	0	0%	16
Indian River	6	8	0	0%	14
Jackson	4	1	0	0%	5
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	11	13	0	0%	24
Martin	8	0	0	0%	8
Monroe	21	5	0	0%	26
Okeechobee	3	3	0	0%	6
Putnam	2	8	0	0%	10
St. Lucie	2	3	0	0%	5
Sumter	19	10	0	0%	29
Suwannee	1	2	0	0%	3

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Union	1	1	0	0%	2
Unknown	2	0	0	0%	2
Walton	9	1	0	0%	10
Washington	1	0	0	0%	1
Total	1,061	1,017	216	9%	2,294

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 17, 2020 at 5:11 PM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	569	85	13%	654
LABORATORY CORPORATION OF AMERICA	328	19	5%	347
DOH-JACKSONVILLE	312	32	9%	344
DOH-TAMPA (SPECTRUM BLVD)	305	24	7%	329
ADVENT HEALTH LAB	283	19	6%	302
MEMORIAL REGIONAL HOSPITAL SOUTH	238	15	6%	253
QUEST DIAGNOSTICS - TAMPA	203	8	4%	211
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	53	0	0%	53
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	24	1	4%	25
CDC	17	7	29%	24
UNIVERSITY OF MIAMI HOSPITAL	13	8	38%	21
FLORIDA HOSPITAL WATERMAN LABORATORY	15	0	0%	15
VIRACOR-EUROFINS LABORATORIES	10	0	0%	10
WESTSIDE REGIONAL MED CTR	4	5	56%	9
CLEVELAND CLINIC HOSPITAL LAB	7	1	13%	8
TAMPA GENERAL HOSPITAL	0	5	100%	5
TENNESSEE DOH - NASHVILLE	2	2	50%	4
LAKEWOOD RANCH MEDICAL CENTER	3	1	25%	4
NORTHWEST MEDICAL CENTER	3	1	25%	4
FLORIDA HOSPITAL FISH MEMORIAL	4	0	0%	4
LABCORP BURLINGTON (ELR)	2	1	33%	3
MANATEE MEMORIAL HOSPITAL	3	0	0%	3
JFK MEDICAL CENTER LAB	1	2	67%	3
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
QUEST DIAGNOSTICS	2	0	0%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
ADVENTHEALTH DAYTONA BEACH	2	0	0%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
LABCORP BURLINGTON (LPP)	0	1	100%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
UNIVERSITY HOSPITAL AND MEDICAL CENTER	0	1	100%	1
FLORIDA HOSPITAL FLAGLER	0	1	100%	1
LAB CORP	0	1	100%	1
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
PLANTATION GENERAL HOSPITAL	1	0	0%	1
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
MHS LAB	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 17, 2020 at 5:11 PM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
1	Palm Beach	19	Unknown	Unknown	FL resident			03/17/20
2	Duval	27	Male	Unknown	FL resident			03/17/20
3	Hillsborough	23	Male	Unknown	FL resident		Yes	03/17/20
4	Dade	57	Female	Unknown	FL resident			03/17/20
5	Clay	66	Female	Unknown	FL resident		Yes	03/17/20
6	Orange	28	Female	Unknown	FL resident			03/17/20
7	Broward	19	Female	No	FL resident		Yes	03/17/20
8	Broward	46	Female	No	FL resident		Unknown	03/17/20
9	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
10	Osceola	29	Male	Unknown	FL resident			03/17/20
11	Broward	19	Female	Yes	FL resident	SPAIN	No	03/17/20
12	Broward	79	Female	Yes	FL resident	CO; FL	No	03/17/20
13	Dade	19	Female	Unknown	FL resident			03/17/20
14	Dade	35	Male	Yes	FL resident	EGYPT	Yes	03/17/20
15	Dade	57	Male	Unknown	FL resident			03/17/20
16	Dade	61	Female	Unknown	FL resident			03/17/20
17	Dade	33	Male	Unknown	FL resident			03/17/20
18	Alachua	21	Female	Unknown	FL resident			03/17/20
19	Palm Beach	69	Male	Unknown	FL resident			03/17/20
20	Dade	45	Male	Unknown	FL resident			03/17/20
21	Alachua	22	Male	Unknown	FL resident			03/17/20
22	Citrus	64	Male	No	FL resident		Yes	03/17/20
23	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	Unknown	03/17/20
24	Duval	25	Female	Unknown	FL resident			03/17/20
25	Polk	44	Female	No	FL resident		Unknown	03/17/20
26	Duval	74	Male	Unknown	FL resident			03/17/20
27	Duval	44	Male	Unknown	FL resident			03/17/20
28	Dade	52	Male	Unknown	FL resident			03/17/20
29	Hillsborough	30	Male	Unknown	FL resident			03/17/20
30	Broward	57	Female	No	FL resident		Yes	03/17/20
31	Palm Beach	38	Male	Unknown	FL resident			03/17/20
32	Manatee	71	Male	Unknown	FL resident			03/17/20
33	Dade	28	Female	Yes	FL resident	IRELAND		03/17/20
34	Dade	37	Male	Unknown	FL resident			03/17/20
35	Duval	84	Male	Unknown	FL resident			03/17/20
36	Osceola	20	Female	Yes	FL resident	SPAIN	No	03/17/20
37	Dade	37	Female	Yes	FL resident	AZ; SPAIN		03/17/20
38	Dade	80	Female	Unknown	FL resident			03/17/20
39	Broward	53	Male	Yes	FL resident	GA; NC	No	03/17/20
40	Dade	45	Female	Yes	FL resident	NY	No	03/17/20
41	Manatee	75	Male	Unknown	FL resident			03/17/20
42	Broward	70	Male	No	FL resident		Yes	03/17/20
43	Dade	44	Male	Yes	FL resident	France	No	03/17/20
44	Volusia	60	Female	No	FL resident		Yes	03/17/20
45	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
46	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
47	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
48	Pinellas	58	Male	Unknown	FL resident		No	03/16/20
49	Broward	65	Male	No	FL resident		Yes	03/16/20
50	St. Johns	49	Male	Yes	FL resident	EUROPE	No	03/16/20
51	Alachua	64	Female	Yes	FL resident	FL; NY		03/16/20
52	Sarasota	87	Male	No	FL resident		No	03/16/20
53	Volusia	37	Female	No	FL resident		Yes	03/16/20
54	Palm Beach	66	Male	Unknown	FL resident		Unknown	03/16/20
55	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
56	Dade	66	Male	Unknown	FL resident			03/16/20
57	Duval	91	Female	No	FL resident		Yes	03/16/20
58	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
59	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
60	Broward	51	Female	Yes	FL resident	COLOMBIA	Yes	03/16/20
61	Osceola	47	Female	No	FL resident		No	03/16/20
62	Palm Beach	25	Male	Unknown	FL resident			03/16/20
63	Dade	30	Female	Unknown	FL resident			03/16/20
64	Orange	40	Female	No	FL resident		Unknown	03/16/20
65	Manatee	70	Male	No	FL resident		No	03/16/20
66	Dade	43	Female	Yes	FL resident	UT	Yes	03/16/20
67	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
68	Dade	56	Male	Unknown	FL resident			03/16/20
69	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20
70	Collier	49	Female	No	FL resident		No	03/16/20
71	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
72	Orange	51	Male	No	FL resident		No	03/16/20
73	Dade	67	Female	Yes	FL resident	EGYPT	Yes	03/16/20
74	Broward	54	Female	No	FL resident		No	03/16/20
75	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
76	Dade	62	Male	Yes	FL resident	FL; NY	Unknown	03/15/20
77	Orange	79	Female	Unknown	FL resident		No	03/15/20
78	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
79	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
80	Broward	74	Male	No	FL resident		Yes	03/15/20
81	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
82	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
83	Broward	60	Male	No	FL resident		Yes	03/15/20
84	Dade	28	Male	No	FL resident		Yes	03/15/20
85	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
86	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
87	Dade	66	Female	Unknown	FL resident			03/15/20
88	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
89	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
90	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20
91	Duval	88	Male	No	FL resident		Yes	03/15/20
92	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
93	Duval	66	Male	No	FL resident		Yes	03/15/20
94	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
95	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
96	Broward	66	Male	No	FL resident		Yes	03/15/20
97	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
98	Dade	58	Female	Yes	FL resident	ITALY; SPAIN		03/15/20
99	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
100	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
101	Dade	39	Male	Unknown	FL resident			03/15/20
102	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
103	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
104	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
105	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
106	Dade	20	Male	Yes	FL resident	Spain	Yes	03/14/20
107	Volusia	89	Female	No	FL resident		Yes	03/14/20
108	Clay	70	Male	No	FL resident		Yes	03/14/20
109	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
110	Seminole	47	Male	Unknown	FL resident			03/14/20
111	Clay	55	Female	No	FL resident		Yes	03/14/20
112	Broward	83	Female	No	FL resident		Yes	03/14/20
113	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
114	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
115	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
116	Dade	18	Male	Unknown	FL resident		Yes	03/14/20
117	Manatee	67	Female	No	FL resident		Unknown	03/14/20
118	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
119	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
120	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
121	St. Johns	64	Female	No	FL resident		No	03/14/20
122	Dade	77	Female	Yes	FL resident	EGYPT; IRAN (ISLAMIC REP. OF); UNITED A	No	03/14/20
123	Broward	58	Male	No	FL resident		Yes	03/14/20
124	Seminole	43	Female	No	FL resident		No	03/14/20
125	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
126	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
127	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20
128	Dade	42	Male	Yes	FL resident	FRANCE	Yes	03/14/20
129	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
130	Dade	73	Male	No	FL resident		Unknown	03/14/20
131	Broward	63	Male	No	FL resident		Yes	03/14/20
132	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
133	Dade	42	Female	Unknown	FL resident			03/14/20
134	Osceola	48	Male	Yes	FL resident	SWITZERLAND	No	03/14/20
135	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20
136	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
137	Broward	59	Male	No	FL resident		Yes	03/14/20
138	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
139	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
140	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
141	Manatee	62	Female	No	FL resident		Yes	03/14/20

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Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
142	Hillsborough	17	Male	No	FL resident		No	03/14/20
143	Broward	27	Female	No	FL resident		Yes	03/13/20
144	Orange	41	Male	No	FL resident		Yes	03/13/20
145	Dade	51	Male	No	FL resident		Unknown	03/13/20
146	Lee	77	Male	No	FL resident		Unknown	03/13/20
147	Broward	68	Female	No	FL resident		Yes	03/13/20
148	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
149	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
150	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
151	Osceola	54	Male	No	FL resident		No	03/13/20
152	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
153	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
154	Orange	48	Female	No	FL resident		Yes	03/13/20
155	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/13/20
156	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
157	Palm Beach	73	Male	Yes	FL resident	Egypt; Germany	No	03/13/20
158	Broward	36	Male	No	FL resident		Yes	03/13/20
159	Dade	45	Female	No	FL resident		Yes	03/13/20
160	Clay	57	Male	No	FL resident		Yes	03/13/20
161	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
162	Duval	83	Male	No	FL resident		Yes	03/13/20
163	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
164	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
165	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
166	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
167	Dade	56	Male	Yes	FL resident	IRAN (ISLAMIC REP. OF)	Yes	03/12/20
168	Broward	65	Male	No	FL resident		Yes	03/12/20
169	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
170	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
171	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
172	Pasco	46	Male	No	FL resident		Yes	03/11/20
173	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
174	Pinellas	64	Male	Yes	FL resident	EGYPT	Yes	03/11/20
175	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
176	Broward	68	Female	No	FL resident		Yes	03/10/20
177	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
178	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
179	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
180	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
181	Broward	67	Male	No	FL resident		Yes	03/09/20
182	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20
183	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
184	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
185	Broward	75	Male	No	FL resident		Yes	03/07/20
186	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
187	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
188	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20

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Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
189	Manatee	63	Male	No	FL resident		Yes	03/02/20
190	Dade	51	Male	Unknown	Non-FL resident			03/17/20
191	Hillsborough	28	Male	Unknown	Non-FL resident			03/17/20
192	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
193	Sarasota	80	Male	No	Non-FL resident		No	03/16/20
194	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
195	Lee	65	Female	Unknown	Non-FL resident			03/15/20
196	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
197	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
198	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
199	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
200	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
201	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
202	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
203	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
204	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
205	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
206	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
207	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
208	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
209	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
210	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
211	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
212	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
213	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
214	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
215	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
216	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20

AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Cc: Colucci, Monica
Subject: Fw: Briefs for Tomorrow
Date: Monday, March 2, 2020 8:58:32 AM
Attachments: 03022020 COVID TAMPA.docx

From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Monday, March 2, 2020 8:55 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Tampa Brief updated with additional RSVPs.

From: Gambineri, Mara
Sent: Sunday, March 1, 2020 11:29 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>;

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McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

- Agency Heads Meeting
- Tampa Press Conference
- VPOTUS
- Miami Press Conference

NOTE: The press conference briefs will be updated in the morning when we get additional RSVPs.

Thank you,
Mara

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

EVENT POC/STAFFERS

EOG Regional Representative: LeAnna Himrod, (863) 781-2355
EOG Communications: Cody McCloud, (850) 241-3728
Lake County Contact: Kevin Watler, (813) 298-2024

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	Public Health Laboratory
Attire:	Business
Podium:	Yes
Weather:	77°F / Mostly Sunny - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Andrew Cannons, *Director, Tampa Laboratory, Florida Department of Health*
5. John Couris, *President and CEO, Tampa General Hospital*
6. Betsy Benac, *Chairman, Manatee County Commission*
7. Steve Litschauer, *Chief of Emergency Management, Manatee County*
8. Jake Saur, *Director of Public Safety, Manatee County*
9. Cynthia Saunders, *Superintendent, Manatee County*
10. Vanessa Baugh, *Commissioner, District 5, Manatee County*
11. Dennis Jones, *Chief, Hillsborough County Fire and Rescue*
12. Mike Merrill, *County Administrator, Hillsborough County*
13. Major Todd Sheer, *Hillsborough County Sheriff's Office*
14. Dan Kaufmann, *Hillsborough County Sheriff's Office*
15. Karen Fordham, *CEO, Venice Regional Bayfront Health*
16. Dr. Nishant Anand, *Chief Medical Officer, BayCare*
17. Joni James, *Communications Lead, BayCare*

AMERICAN OVERSIGHT

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18. Sheriff Chad Chronister, *Hillsborough County Sheriff's Office*
19. Timothy Dudley Jr., *Emergency Management Director, Hillsborough County*

AMERICAN OVERSIGHT

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Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

TIMELINE:

10:30 a.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health Tampa Laboratory
	Met by: Dr. Andrew Cannons
10:31 a.m.	**Governor DeSantis** and the group move to the Podium
10:32 a.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
10:39 a.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
10:44 a.m.	State Surgeon General Dr. Rivkees delivers remarks
10:51 a.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
11:00 a.m.	**Governor DeSantis** concludes Press Conference
11:01 a.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Andrew Cannons leads tour
11:15 a.m.	Lab tour concludes; **Governor DeSantis** and group move to conference room for roundtable with local officials and health care partners
11:16 a.m.	**Governor DeSantis** opens roundtable discussion
11:50 a.m.	**Governor DeSantis** concludes roundtable and departs

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

AMERICAN OVERSIGHT

During his career, Dr. Rivkees has been named as “One of America’s Best Doctors,” “One of America's Top Pediatricians" and “One of New York’s Best Doctors.” He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

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Press Conference Regarding COVID-19

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Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Andrew Cannons, *Director, Tampa Laboratory, Florida Department of Health*

Dr. Cannons has served as lab director at the DOH Tampa lab for the last 8 years. Prior to this position he served as scientific director of the USF Center for Biological Defense for nearly a decade.

Dr. Cannons holds a bachelors degree and doctorate degree in biology and biochemistry from the University of Bradford.

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Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



John Couris, *President and CEO, Tampa General Hospital*

John D. Couris is the president and CEO of Tampa General Hospital, a nationally renowned nonprofit academic medical center. As a recognized leader in the health care industry, John has achieved tremendous success through innovation, technological integration and strategic collaborations.

He writes about these experiences in leadership and some of the most critical and relevant issues facing the health care industry today on his blog, posted here at www.changewithcouris.com. John also shares his experience and perspective on health care innovation and management at conferences across the country. Currently, over 30,000 individuals across the health care sector, as well as lawmakers, public policy advocates, and executives, have engaged with John via LinkedIn.

Prior to joining Tampa General Hospital, John served as president and CEO of Jupiter Medical Center, the region's leading medical center. During his tenure, the organization expanded its services and forged innovative partnerships with some of the leading providers in the nation, including Mount Sinai New York and Nicklaus Children's Hospital in Miami. Under John's leadership, Jupiter Medical Center developed a partnership with IBM Watson, becoming the first community regional medical center in the country to adopt IBM Watson for oncology.

John also led efforts to raise over $170 million to support technological investments, critical care services and new centers of excellence.

John's career began at Massachusetts General Hospital, one of the premier academic medical centers in the country. From there, he spent the next ten years with BayCare System, rising from vice president of ambulatory care at Morton Plant Mease Health Care in Clearwater to chief operating officer.

Throughout his over twenty-year career, John has demonstrated a unique ability to lead organizations and empower individuals to reach their fullest potential while generating high levels of return on investment and developing innovative programs that consistently deliver on results.

John is a graduate of Boston University and holds a Master's of Science in management from Lesley University in Cambridge, Massachusetts. Beginning in February 2019, John will pursue his Doctor of Business Administration at the University of South Florida Muma College of Business. He resides in Tampa, Florida, with his wife, Dianne, and their two children, Benjamin and Isabelle.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

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Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



Betsy Benac, Commission Chair, Manatee County

Benac has 34 years of experience as a professional land planner in both the public and private sectors. [3]

Among her successes as Commissioner are the replacement of the aging DeSoto Bridge, which she was able to get designated the top regional priority for funding. [3]

Benac's service on the Manasota Basin Board of the Southwest Florida Water Management District included planning and funding long-term water supply projects. Her environmental record includes contributions to the policy boards of the Sarasota and Tampa Bay National Estuary Programs.

She has also served on the boards of the Manatee Chamber of Commerce, the Bradenton Area Economic Development Corp. and Leadership Manatee, among other organizations.



Steve Litschauer, *Emergency Management Chief, Manatee County*

Steve Litschauer has served as Manatee County's Emergency Management Chief since April 2019. Litschauer previously worked as an emergency management officer and later Operations Manager before assuming his current role. Litschauer has had a lengthy career in law enforcement, including 32 years as the captain of the Manatee County Sheriff's Office. Litschauer earned his degree in Psychology from Saint Leo College.



Jacob A. Saur, *Director of Public Safety, Manatee County*

Jacob A Saur was appointed as Manatee County's new public safety director in January of 2020. Saur previously served as the county's emergency communications chief and has worked for Manatee County since 2001. Saur championed multiple projects, along the way positioning Manatee County as a leader in the public safety industry. Saur graduated from Manatee Technical College and Saint Petersburg College. He

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612
is a Registered Public-Safety Leader (RPL) and Emergency Number Professional (ENP).



Cynthia Saunders, *Superintendent, School District of Manatee County*

Cynthia Saunders was sworn in as Superintendent of the School District of Manatee County on June 28, 2018. Her nearly 30 years of service in education in Florida include experience as a classroom teacher, assistant principal and principal as well as time in district administrative and leadership positions including curriculum and staff development, Executive Director of Secondary Schools and Deputy Superintendent of Instructional Services.

Mrs. Saunders came to Manatee County in July 2013 as Executive Director of Secondary Schools and became Deputy Superintendent of Instructional Services in March 2015. With the help of her leadership, experience and community spirit, the School District of Manatee County has seen momentous gains academically, financially and in terms of community support during her tenure.



Vanessa Baugh, *Commissioner, Manatee County District 5*

Commissioner Baugh is originally from Virginia and moved to Florida in 1999. She and her husband, Don started Vanessa Fine Jewelry in 1999, which is located on Lakewood Main Street. They have four children and 10 grandchildren. Baugh graduated from Tidewater Community College with a degree in business. She is the President and CEO of Vanessa Fine Jewelry and has been the Commissioner of Manatee County District 5 for over seven years.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



Dennis Jones, *Chief, Hillsborough County Fire and Rescue*

Chief Jones has served as the fire chief for Hillsborough County since August 2015. Prior to this position, he served as fire training specialist for the City of Tampa Fire Rescue. Both of these positions were after he retired from the City of Tampa Fire Rescue for 32 years, retiring as chief in May 2010.

Chief Jones holds a bachelor's degree in fire science from Columbia Southern University. He is also a licensed paramedic.



Mike Merrill, *County Administrator, Hillsborough County*

The Administrator is the County's chief executive officer. Hillsborough County's current Administrator, Mike Merrill, sets the framework for carrying out the Board of County Commissioners' decisions, including preparing an annual budget, monitoring the effectiveness of County services, and overseeing the management of more than 4,000 County employees.

AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Subject: Fw: COVID Daily Report
Date: Sunday, March 8, 2020 9:43:38 AM
Attachments: COVID-19 Data - Daily Report 2020-03-07 800PM.pdf
Confidential COVID Case Rollup 030720 PM (002) Updated.docx
EMT COVID Rollup 030720 PM.docx

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Sunday, March 8, 2020 9:43 AM
To: Strum, Shane <Shane.Strum@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Subject: COVID Daily Report

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

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AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 7, 2020 at 7:42 PM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1038
CDC notifications	741
Other notifications*	297
Type of exposure	
Travel exposure	834
Airline/vessel contact	86
Close contact with case	112
Unknown	6

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	24
Medium	674	58
Unknown (not contacted yet)	10	4
Low/no identified risk**	242	26
Total persons of high, medium, or unknown risk	684	86
Still being monitored	196	84
Contacted in person	61	7
Persons still monitored by top 10 counties		
Sarasota	4	49
Broward	43	4
Dade	28	3
Manatee	6	12
Hillsborough	11	7
Orange	17	0
Pinellas	13	0
Duval	12	0
Palm Beach	11	0
Lee	2	7

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	243
Tested positive	17
Tested negative	118
Currently awaiting testing	108

Confirmed and probable cases

Cases in Florida residents	16
Confirmed	11
Repatriated confirmed cases	5
Deaths	2
Cases in non-Florida residents	1
Confirmed	1

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 7, 2020 at 8:30 p.m.

CASES TO DATE

- 243 persons under investigation
- 118 negatives
- 17 total cases reported
    - 16 in Florida residents
        - 11 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 2 deaths
- 108 tests in state results pending
- 1038 people monitored to date
- 280 of that 1038 are currently being monitored

New cases in Charlotte, Volusia, Okaloosa and Manatee identified today.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Incident Management

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
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Disease Control - COMPLETED

- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

Disease Control – IN PROGRESS

- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.

AMERICAN OVERSIGHT

- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.

Pandemic Preparedness - COMPLETED

- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Disseminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.

Pandemic Preparedness – IN PROGRESS

- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.

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AMERICAN OVERSIGHT

- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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AMERICAN OVERSIGHT

TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

AMERICAN OVERSIGHT

	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19.
March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight.

AMERICAN OVERSIGHT

March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.
March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.

AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Subject: Fw: COVID-19
Date: Thursday, March 5, 2020 7:27:19 PM
Attachments: Confidential COVID Case Rollup 03_5_20.docx
COVID-19 Data - Daily Report 2020-03-05 415PM.pdf
EMT COVID Rollup 030520.docx

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Thursday, March 5, 2020 6:54 PM
To: Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.myflorida.com>
Subject: COVID-19

Please see attached.

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Thursday, March 5, 2020 at 7:00 p.m.

CASES TO DATE

- 106 persons under investigation
- 55 negatives
- 8 cases in Florida residents
    - 3 diagnosed in Florida
    - 5 diagnosed and isolated in another state
- 1 confirmed positive (non-Florida resident)
- 51 tests in state results pending
- 981 people monitored to date
- 264 of that 981 are currently being monitored

The new case reported today in Santa Rosa county is awaiting confirmation from CDC.

Call Center hotline hours extended: 8 a.m. – 12 p.m. EST, seven days a week. A 24 hour capability will be implemented on March 6.

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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AMERICAN OVERSIGHT

KEY ACTIVITIES

Incident Management

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- Activated a dedicated incident command post for on-site response activities.
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- Activated Joint Information Center in coordination with the Division of Emergency Management.

Disease Control - COMPLETED

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Disease Control – IN PROGRESS

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- Developing a clinician level briefing for medical audiences.

AMERICAN OVERSIGHT

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Pandemic Preparedness – IN PROGRESS

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight.

AMERICAN OVERSIGHT

March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

DRAFT

AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Cc: Colucci, Monica
Subject: Fwd:
Date: Sunday, March 15, 2020 5:26:37 PM
Attachments: COVID-19 Data - Daily Report 2020-03-15 0730.pdf
EMT COVID Rollup 031420 PM.docx

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>

Sent: Sunday, March 15, 2020 3:17:36 PM

To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>

Subject:

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 15, 2020 at 7:26 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,529
CDC notifications	857
Other notifications*	672
Type of exposure	
Travel exposure	952
Airline/vessel contact	128
Close contact with case	367
Unknown	82

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	Travel/airline/ vessel/unknown	Contact with case
High	1	49
Medium	806	129
Unknown (not contacted yet)	86	11
Low/no identified risk**	269	178
Total persons of high, medium, or unknown risk	893	189
Still being monitored	278	131
Contacted in person	19	7
Persons still monitored by top 10 counties		
Sarasota	25	35
Dade	51	4
Broward	46	9
Lee	11	18
Orange	22	0
Palm Beach	18	0
Pasco	9	8
Pinellas	16	0
Hillsborough	10	5
Santa Rosa	1	13

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

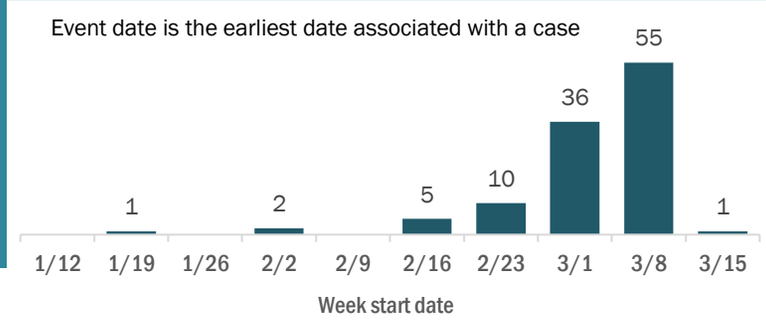
Total identified	1,196
Tested positive	111
Tested negative	669
Currently awaiting testing	416

Confirmed cases

Confirmed cases in Florida residents	98
Confirmed by BPHL/CDC	70
Positive by commercial/hospital lab	22
Not exposed/infectious in Florida	6
Deaths	4
Cases in non-Florida residents	13
Confirmed by BPHL/CDC	11
Positive by commercial/hospital lab	2
Total cases	111
Traveled	29
Contact with confirmed case	17
Traveled and contact with confirmed case	35
Neither	30

10-week trend by event date

Event date is the earliest date associated with a case



AMERICAN OVERSIGHT

Coronavirus: additional surveillance information (confidential)

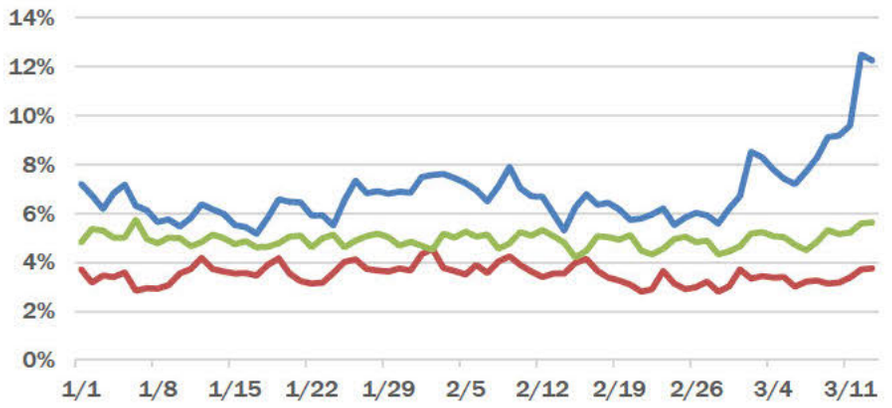
Mar 15, 2020 at 7:26 AM

Statewide emergency department (ED) chief complaint and admission data

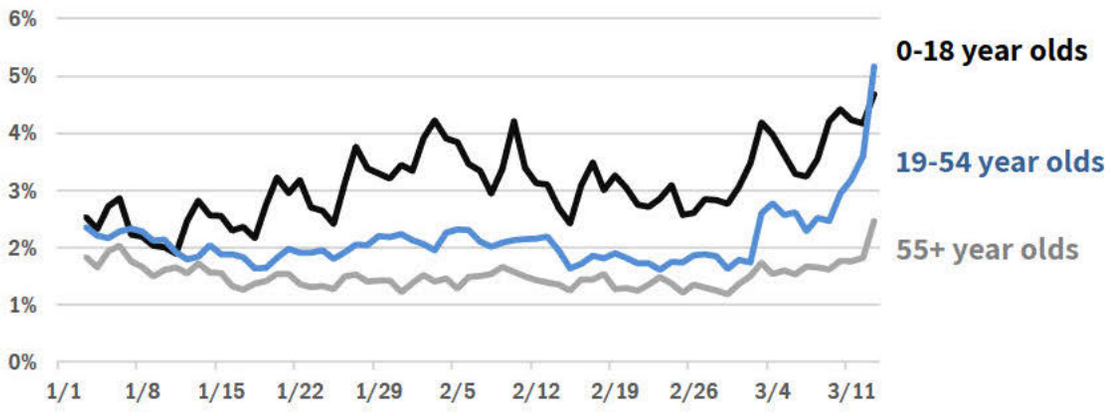
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

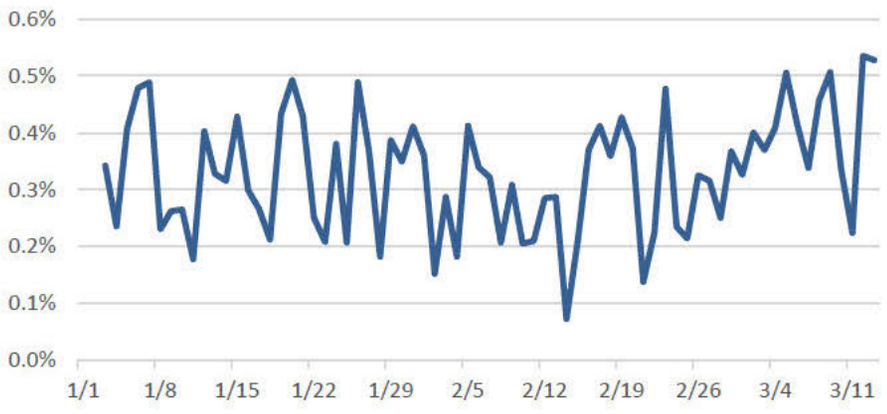


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

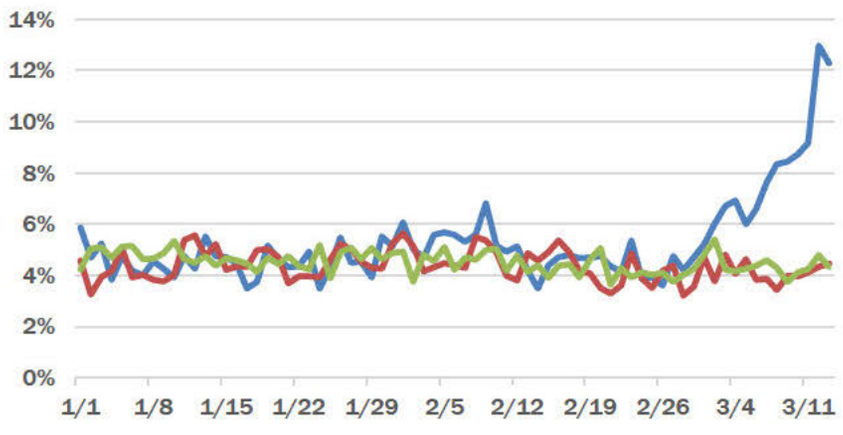


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: cases by county (confidential)

Mar 15, 2020 at 7:26 AM

County	Count
Broward	25
Dade	15
Hillsborough	6
Palm Beach	6
Volusia	6
Lee	5
Collier	4
Duval	4
Orange	4
Osceola	4
Seminole	4
Alachua	3
Clay	3
Manatee	3
Sarasota	3
Okaloosa	2
Pasco	2
Pinellas	2
St. Johns	2
Charlotte	1
Citrus	1
Gadsden	1
Lafayette	1
Lake	1
Leon	1
Nassau	1
Santa Rosa	1

AMERICAN OVERSIGHT

Coronavirus: summary of laboratory data (confidential)

Mar 15, 2020 at 7:26 AM

Laboratory results are received electronically and on paper, depending on the laboratory. A person can have multiple specimens collected and tested, each of which is counted in the numbers below. **The numbers below will be larger than the number of people who tested positive or negative.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	737	103	12%	840
DOH-TAMPA (SPECTRUM BLVD)	629	65	9%	694
DOH-JACKSONVILLE	601	47	7%	648
ADVENT HEALTH LAB	190	14	7%	204
MEMORIAL REGIONAL HOSPITAL SOUTH	176	8	4%	184
LABORATORY CORPORATION OF AMERICA	71	0	0%	71
QUEST DIAGNOSTICS - TAMPA	46	4	8%	50
CDC	42	7	14%	49
FLORIDA HOSPITAL WATERMAN LABORATORY	11	0	0%	11
UNIVERSITY OF MIAMI HOSPITAL	0	10	100%	10
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	6	0	0%	6
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	4	0	0%	4
ADVENTHEALTH DAYTONA BEACH	2	0	0%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
BUREAU OF CLINICAL LABORATORIES	2	0	0%	2
TENNESSEE DOH - NASHVILLE	2	0	0%	2
CALIFORNIA PUBLIC HEALTH LABORATORY	0	2	100%	2
LABCORP BURLINGTON (ELR)	2	0	0%	2
FLORIDA HOSPITAL FISH MEMORIAL	2	0	0%	2
JFK MEDICAL CENTER LAB	1	0	0%	1
TAMPA GENERAL HOSPITAL	0	1	100%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
FLORIDA HOSPITAL ZEPHYRHILLS	1	0	0%	1
QUEST DIAGNOSTICS	1	0	0%	1
MHS LAB	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2785091	Manatee	63	Male	No	Yes	03/02/20 12:44 PM	Florida Case	
2785125	Hillsborough	29	Female	Yes - ITALY	Yes	03/02/20 12:45 PM	Florida Case	
2787169	Santa Rosa	71	Male	Yes - EGYPT; ISRAEL; JORDAN		03/05/20 8:59 AM	Florida Case	
2789655	Broward	65	Male	No		03/07/20 5:24 AM	Florida Case	
2788889	Broward	75	Male	No	Yes	03/07/20 5:27 AM	Florida Case	
2789590	Lee	77	Female	Yes - DOMINICAN REPUBLIC	Yes	03/07/20 5:29 AM	Florida Case	
2789591	Lee	77	Male	Yes - DOMINICAN REPUBLIC	Yes	03/07/20 5:31 AM	Florida Case	
2791177	Volusia	66	Female	Yes - EGYPT; GERMANY; ISRAEL	Yes	03/08/20 10:20 AM	Florida Case	
2791213	Broward	67	Male	No		03/09/20 8:48 AM	Florida Case	
2789624	Charlotte	54	Female	Yes - EGYPT; ISRAEL		03/09/20 9:54 AM	Florida Case	
2787619	Manatee	81	Female	Yes - EGYPT	Yes	03/09/20 9:58 AM	Florida Case	
2789656	Okaloosa	61	Female	Yes - CA; FL; MEXICO	Yes	03/09/20 10:09 AM	Florida Case	
2791903	Volusia	60	Female	Yes - EGYPT; GERMANY; ISRAEL	Yes	03/09/20 9:04 PM	Florida Case	
2791937	Broward	68	Female	No	Yes	03/10/20 6:30 AM	Florida Case	
2792229	Nassau	68	Male	Yes - GERMANY; MA	Yes	03/10/20 9:01 PM	Florida Case	
2792239	Collier	73	Male	Yes - EGYPT		03/11/20 6:30 AM	Florida Case	
2792249	Collier	64	Female	Yes - EGYPT		03/11/20 6:30 AM	Florida Case	
2792318	Pinellas	67	Male	Yes - EGYPT	Yes	03/11/20 6:30 AM	Florida Case	
2792316	Pinellas	64	Male	Yes - EGYPT	Yes	03/11/20 6:30 AM	Florida Case	
2792718	Pasco	46	Male	No	Yes	03/11/20 6:30 AM	Florida Case	
2792244	Collier	68	Female	Yes - EGYPT	Yes	03/11/20 6:31 AM	Florida Case	
2792997	Broward	61	Male	Yes - ITALY		03/12/20 6:32 AM	Florida Case	
2790426	Dade	56	Male	Yes - IRAN (ISLAMIC REP. OF)	Yes	03/12/20 6:32 AM	Florida Case	
2792893	Broward	65	Male	No	Yes	03/12/20 7:11 AM	Florida Case	
2793808	Seminole	68	Male	Yes - EGYPT; JORDAN	Yes	03/12/20 11:00 AM	Florida Case	
2793618	Broward	70	Male	Unknown		03/12/20 4:52 PM	Florida Case	
2793831	Clay	57	Male	No	Yes	03/13/20 6:31 AM	Florida Case	
2795609	Broward	27	Female	No		03/13/20 6:32 AM	Florida Case	
2793775	Lee	77	Male	No		03/13/20 6:32 AM	Florida Case	
2793827	Hillsborough	49	Female	Yes - FL; IRELAND	Yes	03/13/20 6:32 AM	Florida Case	
2792922	Sarasota	50	Female	Yes - NY		03/13/20 7:10 AM	Florida Case	
2793663	Palm Beach	74	Male	Yes - BELGIUM; FL		03/13/20 7:11 AM	Florida Case	
2793739	Broward	68	Female	No	Yes	03/13/20 7:12 AM	Florida Case	
2794689	Duval	83	Male	No		03/13/20 7:13 AM	Florida Case	
2793946	Broward	36	Male	No	Yes	03/13/20 7:14 AM	Florida Case	
2794613	Volusia	70	Female	Yes - EGYPT; JORDAN	Yes	03/13/20 7:18 AM	Florida Case	
2793789	Broward	26	Female	Yes - TRINIDAD AND TOBAGO		03/13/20 7:20 AM	Florida Case	
2793664	Palm Beach	73	Male	Yes - EGYPT; GERMANY		03/13/20 7:22 AM	Florida Case	
2795613	Orange	48	Female	No	Yes	03/13/20 9:24 AM	Florida Case	
2795571	Alachua	24	Male	Yes - PORTUGAL		03/13/20 10:06 AM	Florida Case	
2795877	Orange	41	Male	No	Yes	03/13/20 11:23 AM	Florida Case	
2795882	Osceola	54	Male	No		03/13/20 11:31 AM	Florida Case	
2795919	Lake	75	Female	Yes - FL; NY		03/13/20 12:50 PM	Florida Case	
2793792	Dade	51	Male	No		03/13/20 1:52 PM	Florida Case	
2796872	Osceola	31	Male	Yes - BRAZIL		03/13/20 7:20 PM	Florida Case	
2794920	Dade	45	Female	No	Yes	03/13/20 10:46 PM	Florida Case	
2795576	Seminole	68	Female	Yes - EGYPT; JORDAN	Yes	03/14/20 6:46 AM	Florida Case	
2795984	Volusia	71	Male	Yes - EGYPT	Yes	03/14/20 6:46 AM	Florida Case	
2796908	Sarasota	67	Female	No		03/14/20 10:09 AM	Florida Case	

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2794986	Palm Beach	59	Female	Yes - NY	Yes	03/14/20 10:23 AM	Florida Case	
2795841	Dade	42	Male	Yes - FRANCE	Yes	03/14/20 10:24 AM	Florida Case	
2794936	Palm Beach	65	Male	Yes - NY	Yes	03/14/20 10:25 AM	Florida Case	
2794709	Palm Beach	37	Male	Yes - NY	Yes	03/14/20 10:27 AM	Florida Case	
2794716	Dade	39	Female	Yes - FL; NY		03/14/20 10:28 AM	Florida Case	
2793868	Dade	77	Female	Yes - EGYPT; IRAN (ISLAMIC REP. OF); UNITED ARAB EMIRATES		03/14/20 10:29 AM	Florida Case	
2794853	Broward	83	Female	No		03/14/20 10:29 AM	Florida Case	
2795828	Broward	22	Female	Yes - IRELAND	Yes	03/14/20 10:32 AM	Florida Case	
2794823	Dade	37	Male	Yes - FL; SPAIN		03/14/20 10:37 AM	Florida Case	
2795587	Broward	20	Female	Yes - IRELAND	Yes	03/14/20 10:37 AM	Florida Case	
2794637	Broward	59	Male	No		03/14/20 10:56 AM	Florida Case	
2796962	Seminole	43	Female	Unknown		03/14/20 11:07 AM	Florida Case	
2793915	Dade	42	Male	Yes - SPAIN		03/14/20 11:14 AM	Florida Case	
2796968	Osceola	48	Male	Yes - SWITZERLAND		03/14/20 11:16 AM	Florida Case	
2796934	Hillsborough	17	Male	No		03/14/20 11:20 AM	Florida Case	
2794830	Broward	20	Female	Yes - IRELAND	Yes	03/14/20 11:26 AM	Florida Case	
2797133	Broward	64	Male	Yes - FRANCE; GA; NC; SPAIN	Yes	03/14/20 12:47 PM	Florida Case	
2797126	Broward	63	Male	No	Yes	03/14/20 12:48 PM	Florida Case	
2787089	Manatee	62	Female	No	Yes	03/14/20 12:49 PM	Florida Case	
2794664	Volusia	29	Male	Yes - TRINIDAD AND TOBAGO	Yes	03/14/20 12:55 PM	Florida Case	
2794659	Broward	58	Male	No	Yes	03/14/20 12:55 PM	Florida Case	
2797319	Seminole	47	Male	Unknown		03/14/20 3:34 PM	Florida Case	
2797249	Broward	21	Male	Yes - ITALY; SPAIN		03/14/20 3:47 PM	Florida Case	
2797815	Dade	42	Female	Unknown		03/14/20 6:11 PM	Florida Case	
2797986	Dade	73	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797987	Dade	20	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797989	Dade	29	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797990	Dade	18	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2796220	St. Johns	64	Female	Unknown		03/14/20 10:33 PM	Florida Case	
2795823	Hillsborough	47	Male	Yes - CO		03/14/20 11:05 PM	Florida Case	
2795832	Lee	72	Female	Unknown	Yes	03/14/20 11:12 PM	Florida Case	
2795916	Clay	55	Female	No	Yes	03/14/20 11:14 PM	Florida Case	
2797260	Clay	70	Male	No		03/14/20 11:16 PM	Florida Case	
2797956	Volusia	89	Female	No	Yes	03/14/20 11:40 PM	Florida Case	
2796011	Hillsborough	32	Female	Yes - CO	Yes	03/14/20 11:40 PM	Florida Case	
2796917	Pasco	67	Male	Yes - FL; NY		03/14/20 11:40 PM	Florida Case	
2798003	Duval	57	Male	Unknown		03/15/20 12:05 AM	Florida Case	
2796071	Citrus	60	Female	Unknown		03/15/20 12:08 AM	Florida Case	
2798004	Duval	66	Male	Yes - BRAZIL	Yes	03/15/20 12:12 AM	Florida Case	
2798005	Duval	88	Male	Unknown		03/15/20 12:18 AM	Florida Case	
2798040	Dade	66	Female	Unknown		03/15/20 6:33 AM	Florida Case	
2798045	Broward	39	Male	Unknown		03/15/20 6:34 AM	Florida Case	
2798098	Orange	48	Female	Unknown		03/15/20 6:51 AM	Florida Case	
2787616	Gadsden	54	Male	Yes - JAPAN		03/03/20 11:49 AM	Florida Case	Yes
2788780	Leon	59	Female	Yes - JAPAN		03/04/20 9:26 AM	Florida Case	Yes
2788813	Okaloosa	66	Female	Yes - JAPAN	Yes	03/04/20 11:23 AM	Florida Case	Yes
2788851	Dade	64	Male	Yes - JAPAN	Yes	03/04/20 1:14 PM	Florida Case	Yes
2788903	Palm Beach	71	Female	Yes - JAPAN	Yes	03/04/20 3:29 PM	Florida Case	Yes
2795965	Orange	68	Female	Unknown		03/13/20 2:07 PM	Florida Case	Yes

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2796876	Osceola	65	Male	Yes - CANADA		03/13/20 7:33 PM	Out of the US	
2794752	Alachua	69	Male	Yes - EUROPE		03/14/20 10:59 AM	Out of the US	
2786318	Hillsborough	22	Female	Yes - ITALY	Yes	03/03/20 7:30 AM	US, Non-Florida Case	
2792320	Alachua	68	Female	Yes - GA		03/10/20 9:01 PM	US, Non-Florida Case	
2792424	Lee	57	Male	Yes - FL; FRANCE; UNITED KINGDOM		03/12/20 6:33 AM	US, Non-Florida Case	
2792971	St. Johns	63	Male	Yes - NY		03/12/20 7:09 AM	US, Non-Florida Case	
2793832	Broward	20	Female	Yes - IRELAND	Yes	03/13/20 6:32 AM	US, Non-Florida Case	
2794850	Sarasota	70	Male	No		03/13/20 7:17 AM	US, Non-Florida Case	
2794772	Broward	19	Male	Yes - IRELAND	Yes	03/14/20 10:51 AM	US, Non-Florida Case	
2795588	Broward	19	Female	Yes - IRELAND	Yes	03/14/20 11:25 AM	US, Non-Florida Case	
2794859	Broward	41	Male	Yes - SPAIN		03/14/20 11:33 AM	US, Non-Florida Case	
2796933	Lafayette	48	Male	Unknown		03/14/20 6:11 PM	US, Non-Florida Case	
2795895	Collier	79	Female	Yes - CT		03/14/20 11:14 PM	US, Non-Florida Case	

AMERICAN OVERSIGHT

COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 14, 2020 at 11:30 p.m.

CASES TO DATE

- 1196 persons under investigation
- 669 negatives
- 111 total cases reported
  - 98 in Florida residents
    - 92 diagnosed in Florida
    - 6 diagnosed and isolated in another state
  - 13 confirmed positive (non-Florida resident)
- 4 deaths
- 416 tests in state results pending
- 1529 people monitored to date
- 409 of that 1529 are currently being monitored

Call Center hotline hours are 24 hours a day, seven days a week

KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.

DRAFT

AMERICAN OVERSIGHT

- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.

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- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.

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- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19
- Secretary Mayhew participated in a press conference with Governor DeSantis, Lieutenant Governor Nunez, Miami-Dade leadership and health care leaders to provide COVID-19 updates, including information on the new screening requirements at nursing homes, assisted living facilities and other long-term care facilities per a recent emergency order.
- Sent Policy Transmittal (PT 2020-12) to all SMMC health plans on guidance on how to proceed with provision of Medicaid services in accordance with Governor DeSantis's Executive Order Number 20-52
- Sent e-blast regarding CMS guidance on Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications
- Sent e-blast regarding CMS guidance for Home Health Agencies
- Sent e-blast regarding CMS guidance for Hospice Agencies
- Sent e-blast regarding CMS guidance for Dialysis Facilities
- Sent e-blast regarding CMS guidance for use of Certain Industrial Respirators by Health Care Personnel
- To take full advantage of the flexibilities provided through the declaration by President Trump of a national state of an emergency, AHCA will eliminate regulatory barriers that may delay or obstruct critical COVID-19 response.
    - Waiving prior authorization requirements for Medicaid
    - Removing Medicaid limits on services
    - Extending timelines for Medicaid health plan appeals and fair hearings
    - Expanding Medicaid provider enrollment
    - Limiting face-to-face Medicaid provider site visits
- AHCA will be granting a 90-day extension to all licenses for health care providers and regulated facilities.
- AHCA is distributing information regarding regulatory flexibilities created by waivers from CMS related to skilled nursing facilities, critical access hospitals, home health agencies, durable medical equipment, provider enrollment, etc.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

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- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.
- Facility in Gainesville has cancelled community events on campus and is cancelling large trips for residents going off-site.
- Started twice-weekly conferences with the Superintendents of APD-owned facilities to discuss coronavirus updates and needs.
- Forensic Facility in Chattahoochee needs guidance on admitting individuals who have been court-ordered to reside at this facility.
- APD has issued an advisory to all group home providers & owners and all Adult Day Training facilities regarding Emergency Order 20-002
- APD is reviewing its own rules, policies and procedures for potential wavers needed
- APD has established daily meetings with its executive management and incident management team
- APD is developing reporting tools for employees and clients who are isolated or quarantined
- APD's forensic Facility in Chattahoochee needs guidance on admitting individuals across the state who have been court-ordered to reside at this facility.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/
- All universities are preparing to transition to remote instructional delivery for a two-week period during March and early April, depending on each institution's Spring Break, and are informing students not to return to campus during this period.

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.
- Uploaded WHO Technical Guidance information to WebEOC
- Coordination call with UF College of Veterinary Medicine, DOH State Public Health Veterinarian, 3/12/20
- The division held a call this morning with the School Nutrition Directors of the 17 counties that currently have confirmed cases of COVID-19 to discuss program flexibilities related to serving meals to students in the event of unanticipated school closures.

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Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.
- On March 11, Guidance and preventative measures, including screening questions, was sent statewide to Adult Protective Services staff
- Conducting daily leadership calls at 3:30pm for situational awareness and leadership level decision making
- Collecting staffing availability for critical classes

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.

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- Centurion will stage a minimum of 25 PPE's at each facility; supplies should be delivered Friday, March 13th. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.
- Informed visitors and volunteers if you are feeling sick with a fever, persistent cough, or find it difficult to breathe – please do not enter a correctional institution.
- Restrict inmate transfers to mission critical needs
- New commitments will remain at reception centers at least 14-days prior to transfer. quarantine dorm at reception centers for.
- Initiating screening process.
- Staff are temporarily permitted to enter secured perimeters with alcohol-based hand sanitizer.
- Tracking staff who report flu-like symptoms and their work availability.
- Established a trigger matrix for presumptive positive & positive COVID-19 inmates.
- Verify Staff who have VPN Access
- Suspended visitation for 30-days and initiated active screening process at all entrance/exit points.
- Drafting communication to inmate population about visitation cancelation.
- Procurement: Review with vendors J-pay credits and free Securus minutes is visitation if suspended.
- OIT: Coordinate emergency alternative for visitor services call center.
- Considering expanding the institutional restrictions to include volunteer programs, community work squads.
- Communications: Expand inmate tracking graphic to include how many inmates were referred to DOH and how many were tested for COVID-19.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)
- Santa Fe College is requesting hand sanitizer due to vendor indicating their request is on back order. Request has been provided to ESF 6.

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- Disseminated information based on Governors request to close all schools in all districts.
- Disseminated information based on Governors request through the Board of Governors State University system

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff
- Meetings with the Statewide Cares offices, Area Agencies on Aging, Directors, ECO's and Alternate to discuss any needs. We will continue to have this 2-3 times a week or as needed if the event elevates.
- Providing individual technical assistance calls to most statewide AAAs anticipating meal site closures and allowable flexibility.
- Scheduled daily update calls with AAA Emergency Coordinators to assess activities, technical assistance and assess unmet needs.
- Provided technical assistance to all AAAs that 701A, 701C, and 701S can be completed over the phone.
- Provided instruction of the flexibility of client care plans usually required face-toface every 6 months to be done for the next 30 day over the phone. Timeframe to be reevaluated as necessary

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.

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- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.
- A press release is expected to be distributed informing the public that the Blue-Green Algae Task Force meeting will be postponed. This will be issued upon receipt of the pending DMS guidance.
- DEP is evaluating events and travel within the next 30 days, based on pending DMS guidance to determine if cancellations or rescheduling is required.
- DEP's South District placed DOH precaution sheets in all bathrooms.
- DEP's Southeast District sent an internal message to all staff this morning reminding them: to familiarize themselves with the resources the District has made available to them, the importance of taking preventative measures, and the availability of hand sanitizing stations throughout the District Office.

Department of Financial Services and Office of Financial Regulation

- OFR - prepared draft proclamations for external stakeholders on proper notice to the Office regarding office closures of financial institutions
- Authorized purchase of hand sanitizer and disinfecting wipes for all offices
- Informed employees of proper procedures for workspace cleanliness/mitigation of spread of illnesses
- Monitoring guidance from DMS regarding office closures; annual leave, sick leave, admin. Leave policies
- Pulling back on out-of-state travel and minimizing in-state travel for employees
- Social distancing

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.

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- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.
- Visitor sign translated in Spanish to post at the entrance in their offices, centers and facilities
- Provided to our law enforcement partners statewide our modified screening protocols and procedures for youth taken into custody at Juvenile Assessment Centers (JAC) and Detention Screening Units (DSU). DJJ Secretary and leadership team held conference calls with the following entities to discuss our COVID-19 protocols: Detention Regional Directors and Superintendents; Residential Regional Directors and Residential Contracted Provider CEOs; and Probation Regional Directors and Probation Contracted Providers including the Florida Network, Children-in Need of Services/Families-in-Need of Services (CINS/FINS) providers
- Distributed four documents via email to the listed groups: Protocols at Juvenile Assessment Centers and Detention Screening Units; Visitor Screening Tools; Notice to Family Members and Guardians of Youth in our programs and a Coronavirus (COVID-19) Precautions STOP signage which is also translated in Spanish. Provided notice to family members and guardians of youth in our programs requesting not to visit youth in our facilities if they have or had within the last 48 hours any symptoms of respiratory illness, or recently spent time with anyone exhibiting these symptoms.
- Provided notice to vendors, guests, volunteers and business partners the same message and requested if there are problems providing critical services for our youth, please contact us to discuss alternatives.
- We have developed a visitor screening tool which is now mandatory to use inside of our juvenile detention centers and residential commitment programs.

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- We are sending a notice to parents and guardians of youth in programs regarding the new visitor screening protocol. This information will be included within the admission packet for new youth admitted.
- We have sent a notice to the vendors, guests, volunteers and business partners that come into our juvenile detention centers and residential commitment programs asking that they limit visiting any of these facilities if they are exhibiting flu-like symptoms or have traveled outside of the U.S., including cruise ship travel. The department will work with these entities on alternatives to visiting programs to ensure critical services are not interrupted
- Effective 3/14 DJJ will suspend visitation to our detention centers and residential facilities until further notice and re-evaluate when it is safe to resume. Letters are being distributed to parents/guardians and all partners including chief judges, state attorneys, public defenders and their respective associations, provider CEOs, program directors, prevention providers, and detention superintendents.
- In DJJ's detention centers and residential facilities, youth will be able to make contact with parents/guardians via skype, Facetime or other means to the extent possible.
- DJJ is discussing with the judge in Circuit 2 the possibility for on-site detention hearings; until a decision is made DJJ will continue to transport youth to court for hearings.
- Assistant Secretaries in centers and facilities are evaluating the possibility of staff shortages and are discussing with our private providers plans for addressing needs and issues in maintaining staff ratios.
- Due to school closures our private provider teachers are being advised to follow the guidelines of the local school districts as it relates to continuing school for youth. There might also be a need to utilize teachers to meet the staff-youth ratio.
- DJJ is also evaluating and discussing with private providers alternate means for serving youth (contractually) and requesting their input on options for providing case management services remotely and identifying alternative activities for youth.
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Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities, ordered an increase in bandwith and additional VPN licenses creating additional capacity for members to work remotely.
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings
- State partners providing immediate needs list to ESF-16 in reference to PPE
- Providing situational uppdates to partners about cyber/malware sites for COVID-19

Department of Lottery

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- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common

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areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.

- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 500 ventilators; awaiting approval
- DMS has activated more personnel to the EOC to research and secure commodities as the needs arise. Lead time for out-of-stock items is also being assessed for possible
- HRM continues to provide guidance as needed to HR Directors on leave policies.
- HRM/DSGI will continue to provide guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management continues to update Facility Managers as needed to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination
- DMS' Division of Real Estate Development and Management will continue to provide updated guidance to the Capitol facility manager, Sergeant of Arms, Capitol Police, and Earley's Kitchen to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination
- Procured 10 box trucks (rentals) for the SLRC
- Procured 10 drivers for the box trucks
- HRM continues to provide guidance as needed to HR Directors on leave policies.
- HRM/DSGI will continue to provide guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.
- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.

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- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Emailed information and FAQ's to employees related to the Department's response to COVID 19 with links to the Florida Department of Health and the Centers for Disease Control
- Communicated with supervisors' additional details in reference to leave and travel requests.
- The Department has increased messaging on preventative measures through the deployment of DOH/CDC posters, ensured hand sanitizer is available, and increased cleaning of high-traffic areas in our public areas of our service centers.

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in

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your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.
- The Department of State met via conference call today with all 67 county Supervisors of Elections to discuss COVID-19 as it relates to election polling places. On the call were representatives from The Florida Department of Health, Florida Division of Emergency Management and Volunteer Florida. Supervisors were updated about COVID-19 and the precautions to take regarding polling places from DOH and provided options for assistance from Volunteer Florida. Supervisors were also reminded to work with their county Emergency Management offices for available resources to combat the COVID-19 emergency
- The Museum of Florida History has implemented the following, in addition to regular cleaning tasks:
    - Removed guest sign in book; Education Staff to record the visitor information.
    - Added to the list of opening cleaning chores: (Disinfecting wipes are preferred over spray to minimize possible damage to artifacts.)
    - Clean all push buttons for life casts, dioramas, and other touchables in exhibits as identified and approved with disinfecting wipes.
    - Clean wheelchairs after every use with disinfecting wipes.
    - Clean surfaces of benches with disinfecting wipes.
    - Clean surface of survey podium with disinfecting wipes.
    - Placed additional hand sanitizer dispensers at entrance and exit of Museum.
    - Turned off touchscreen survey and rely on paper surveys.
- Staff using disinfecting wipes on phones and keyboards.
- COVID-19 general prevention signs from the Florida Department of Health have been posted in shared staff spaces

Department of Veteran Affairs

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- Florida Department of Veterans' Affairs (FDVA) resources are currently focused on our network of state veterans' homes. FDVA operates state veterans' homes in Panama City, Lake City, St. Augustine, Daytona Beach, Pembroke Pines, Port Charlotte and Land O' Lakes.
- Effective March 11, 2020, the Florida Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and Domiciliary until further notice, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care.
- The U.S. Department of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living center facilities to only essential visitors until further notice.
- All VA Medical Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics are also implementing enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional time for the screening process.
- Veterans who are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. The service is available at no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
- All FDVA and VA facilities remain fully operational.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.
- We are modifying work schedules to allow non-essential personnel to telework.
- We have ordered latex gloves for LE members and they should be in by 03/20/20.
- All training has been cancelled.
- All in state travel has been cancelled unless it is deemed an LE emergency and must be approved by the Executive Director.
- All out of state travel has been cancelled

Office of Attorney General

- Activated the Price Gougin Hotline is response
- Monitoring staff travel and continuing internal staffing calls in preparation of potential staffing/telework situations in the coming weeks

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"

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- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.
- VF coordinated latest messaging with FLVOAD and discussed scheduling a call for next week with all FLVOAD partners. FLVOAD pushed out messaging via social media and will be scheduling a call for next week.
- VF participated in a statewide call with Supervisors of Elections to discuss Volunteer Connect (Florida's official volunteer opportunity platform) and how it can be used by offices to help recruit volunteers for Tuesday's upcoming election to due to COVID-19 fears at some poling sites.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.
- Installed hand sanitizer and distributed sanitary wipes throughout facilities
- Instituted regular sanitary wipe-downs of common areas and meeting rooms
- The District has suspended all official travel and meetings
- Preparing resources for staff to work remotely as needed
- Provided staff education
- Conducted public Governing Board meeting
- Purchasing thermometers, alcohol wipes, gloves
- Finance began tracking costs under separate codes

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and poll workers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

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March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.
March 11, 2020	• MCM Coordinator discussed Point of Collection contingency plan strategies with her workgroup • Supporting 3 missions • Coordinated contingency planning for nursing home PUI • ASPR notified ESF8 there will be a portion of requested cache delivered • Coordinated with Dr. Schepke on validation of resource request
March 12, 2020	• Participated in calls with Corrections and LEO • Conducted call with Senior hospital leadership and clinical lab directors regarding testing for COVID • Contracted with Poison Control to take over COVID-19 call center on 3/13/20 at noon • Received six trucks of requested SNS order • Purchased 10,000 test kits • Continue to fill resources request as supplies allow •
March 13, 2020	• Hosted Governor at SLRC warehouse • Continue to receive inventory from our SNS request • Continuing to build Alternate Care Site kits • Preparing gatekeepers for clinical testing/mobile clinics North and Central • Wrote logistics clinical tactical plan for ventilator deployment •
March 14, 2020	• Conducted call with Florida Schools of Public Health • Sent survey to Schools of Public Health to recruit faculty and staff in support of epidemiological investigation. • Conducted call with Hospitals

AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Cc: Colucci, Monica
Subject: Fwd:
Date: Thursday, March 12, 2020 8:23:27 AM
Attachments: EMT COVID Rollup 031120 PM.docx
Confidential COVID Case Rollup 031120.docx
COVID-19 Data - Daily Report 2020-03-12 0730.pdf

Please see attached. Monica, LG will probably need hard copies of these for round table today.

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Thursday, March 12, 2020 8:01:33 AM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject:

AMERICAN OVERSIGHT

COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Wednesday, March 11, 2020 at 11:00 p.m.

CASES TO DATE

- 577 persons under investigation
- 392 negatives
- 34 total cases reported
    - 31 in Florida residents
        - 26 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 3 confirmed positive (non-Florida resident)
- 2 deaths
- 151 tests in state results pending
- 1287 people monitored to date
- 324 of that 1287 are currently being monitored

Of the six new cases identified today (3) were in Broward, (1) Lee, (1) Miami-Dade, and (1) New York resident hospitalized in St. Johns county.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

AMERICAN OVERSIGHT

- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.
- Facility in Gainesville has cancelled community events on campus and is cancelling large trips for residents going off-site.
- Started twice-weekly conferences with the Superintendents of APD-owned facilities to discuss coronavirus updates and needs.
- Forensic Facility in Chattahoochee needs guidance on admitting individuals who have been court-ordered to reside at this facility.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.

Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.

AMERICAN OVERSIGHT

- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.
- Centurion will stage a minimum of 25 PPE's at each facility; supplies should be delivered Friday, March 13th. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.
- Informed visitors and volunteers if you are feeling sick with a fever, persistent cough, or find it difficult to breathe – please do not enter a correctional institution.
- Restrict inmate transfers to mission critical needs
- New commitments will remain at reception centers at least 14-days prior to transfer. quarantine dorm at reception centers for.
- Initiating screening process.
- Staff are temporarily permitted to enter secured perimeters with alcohol-based hand sanitizer.

AMERICAN OVERSIGHT

- Tracking staff who report flu-like symptoms and their work availability.
- Established a trigger matrix for presumptive positive & positive COVID-19 inmates.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.

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- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.

Department of Financial Services and Office of Financial Regulation

- OFR - prepared draft proclamations for external stakeholders on proper notice to the Office regarding office closures of financial institutions
- Authorized purchase of hand sanitizer and disinfecting wipes for all offices
- Informed employees of proper procedures for workspace cleanliness/mitigation of spread of illnesses
- Monitoring guidance from DMS regarding office closures; annual leave, sick leave, admin. Leave policies
- Pulling back on out-of-state travel and minimizing in-state travel for employees
- Social distancing

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.

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- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings
- State partners providing immediate needs list to ESF-16 in reference to PPE

Department of Lottery

- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.

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- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 500 ventilators; awaiting approval

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.

Department of Transportation

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- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.

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- I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"

- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.

Department of Veteran Affairs

- Florida Department of Veterans' Affairs (FDVA) resources are currently focused on our network of state veterans' homes. FDVA operates state veterans' homes in Panama City, Lake City, St. Augustine, Daytona Beach, Pembroke Pines, Port Charlotte and Land O' Lakes.
- Effective March 11, 2020, the Florida Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and Domiciliary until further notice, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care.
- The U.S. Department of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living center facilities to only essential visitors until further notice.
- All VA Medical Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics are also implementing enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional time for the screening process.
- Veterans who are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. The service is available at no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
- All FDVA and VA facilities remain fully operational.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Office of Attorney General

- Activated the Price Gougin Hotline is response

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Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"
- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

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March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.
March 11, 2020	• MCM Coordinator discussed Point of Collection contingency plan strategies with her workgroup • Supporting 3 missions • Coordinated contingency planning for nursing home PUI • ASPR notified ESF8 there will be a portion of requested cache delivered • Coordinated with Dr. Schepke on validation of resource request • Put out (Samantha fill in lab guidance verbiage) •

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 12, 2020 at 7:20 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,287
CDC notifications	815
Other notifications*	472
Type of exposure	
Travel exposure	910
Airline/vessel contact	105
Close contact with case	248
Unknown	24

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	34
Medium	754	93
Unknown (not contacted yet)	27	7
Low/no identified risk**	258	114
Total persons of high, medium, or unknown risk	781	134
Still being monitored	220	104
Contacted in person	32	9
Persons still monitored by top 10 counties		
Sarasota	7	40
Broward	37	9
Dade	31	2
Orange	25	0
Lee	5	16
Hillsborough	11	7
Pinellas	15	0
Palm Beach	14	1
Volusia	8	6
Escambia	3	5

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	577
Tested positive	34
Tested negative	392
Currently awaiting testing	151

Confirmed cases

Cases in Florida residents	31
Confirmed	26
Deaths	2
Repatriated confirmed cases	5
Cases in non-Florida residents	3
Confirmed	3

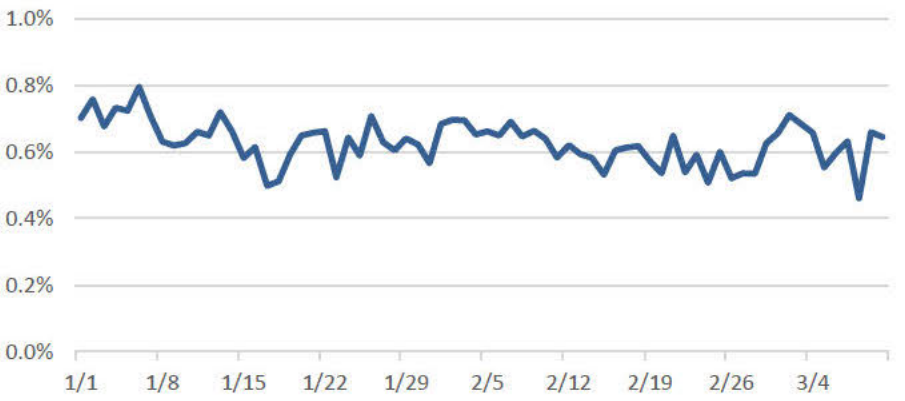
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Coronavirus: additional surveillance information (confidential)

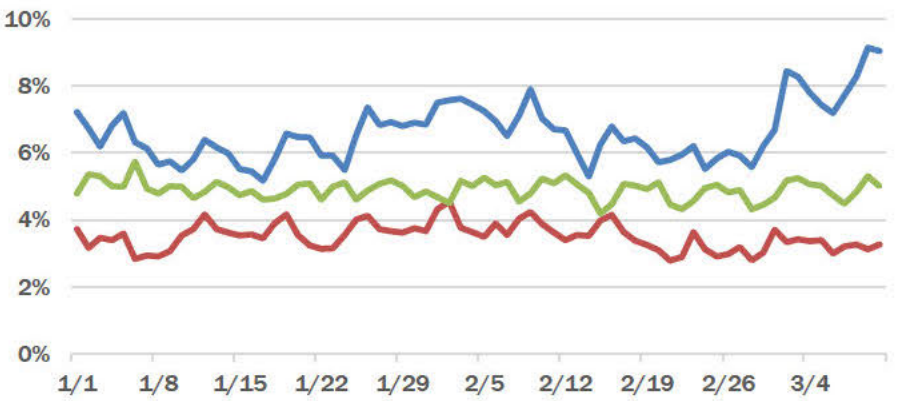
Mar 12, 2020 at 7:20 AM

Statewide emergency department (ED) chief complaint and admission data

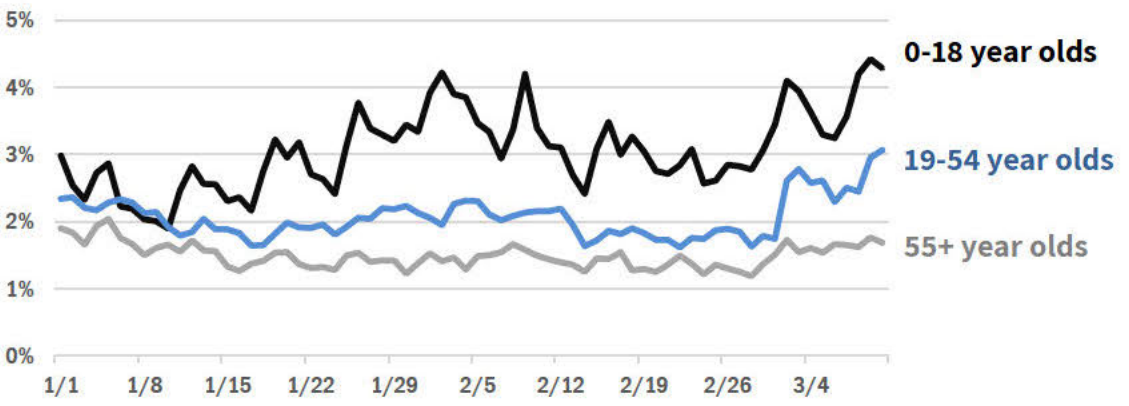
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past week. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

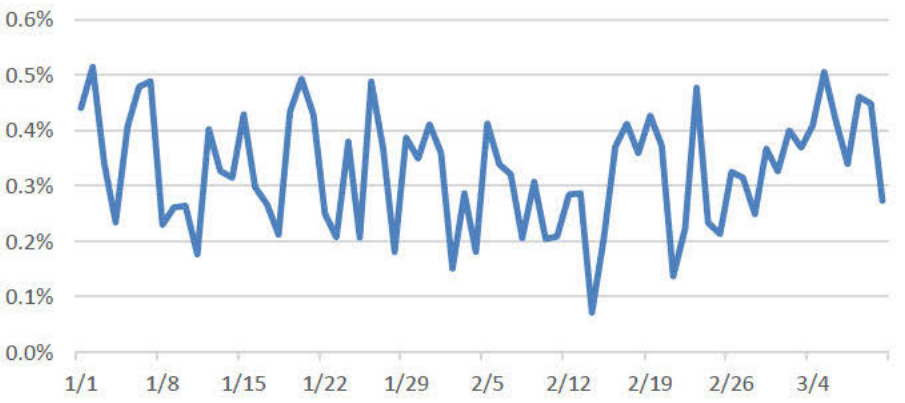


The daily percent of ED visits statewide that mention cough has been elevated for the past week for **0-18 year olds** and **19-54 year olds**, and remains above expected levels for this time of year.

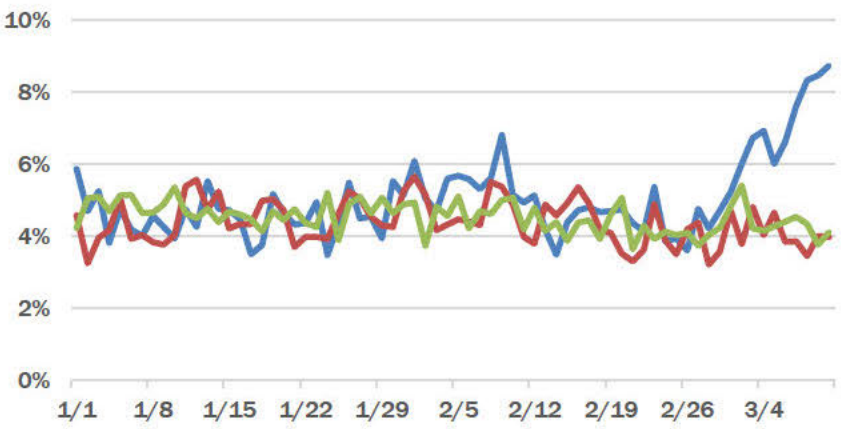


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past week. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

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From: Wagner, Maureen
To: Nunez, Jeanette
Subject: Fwd:
Date: Wednesday, March 11, 2020 9:35:29 AM
Attachments: Confidential COVID Case Rollup 031020.docx
COVID-19 Data - Daily Report 2020-03-11 0700 AM (003).pdf
EMT COVID Rollup 031020 PM.docx

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From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>

Sent: Wednesday, March 11, 2020 9:32:52 AM

To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>

Subject:

Some or all of the information contained within this message may be confidential pursuant to sections 381.003 and 381.0031(6), Florida Statutes, Rule 64D-3.036, Florida Administrative Code, or other applicable state or federal privacy laws.

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 11, 2020 at 7:49 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,230
CDC notifications	810
Other notifications*	420
Type of exposure	
Travel exposure	905
Airline/vessel contact	100
Close contact with case	207
Unknown	18

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	32
Medium	748	84
Unknown (not contacted yet)	22	12
Low/no identified risk**	253	79
Total persons of high, medium, or unknown risk	770	128
Still being monitored	246	107
Contacted in person	45	8
Persons still monitored by top 10 counties		
Sarasota	7	42
Broward	40	9
Dade	34	1
Orange	28	0
Hillsborough	14	7
Pinellas	19	0
Palm Beach	14	2
Lee	2	14
Manatee	5	8
Volusia	6	6

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	476
Tested positive	28
Tested negative	301
Currently awaiting testing	147

Confirmed and probable cases

Cases in Florida residents	26
Confirmed	21
Deaths	2
Repatriated confirmed cases	5
Cases in non-Florida residents	2
Confirmed	2

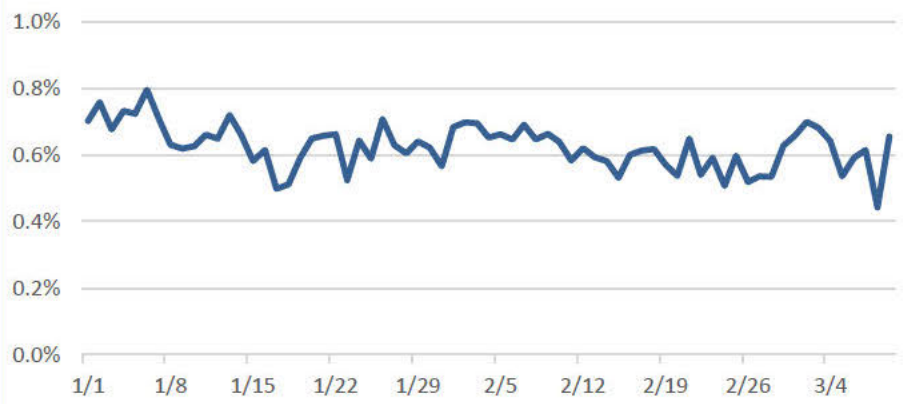
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Coronavirus: additional surveillance information (confidential)

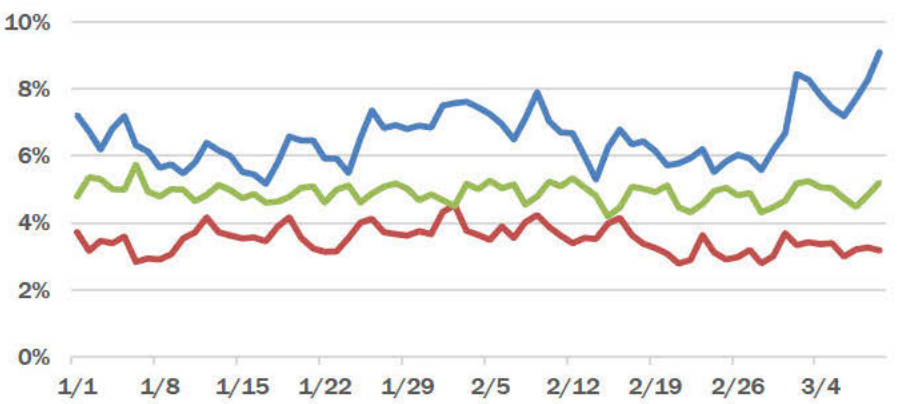
Mar 11, 2020 at 7:49 AM

Statewide emergency department (ED) chief complaint and admission data

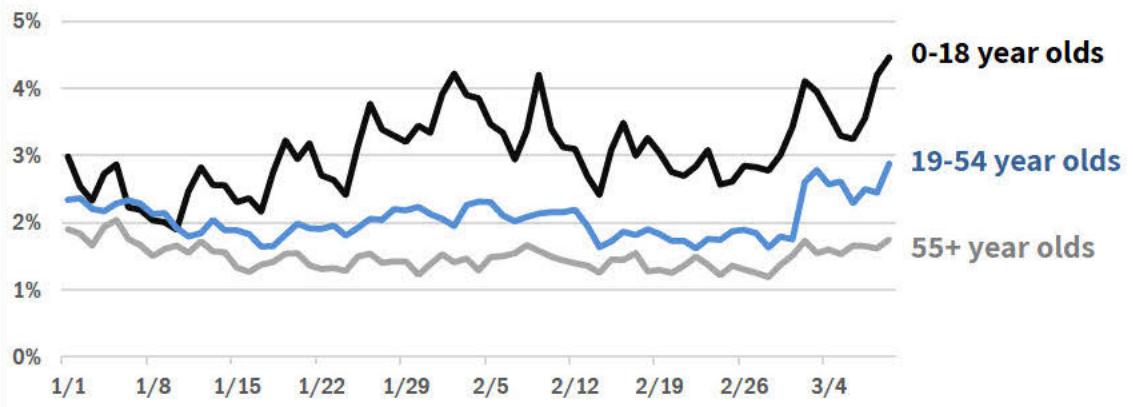
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past week. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

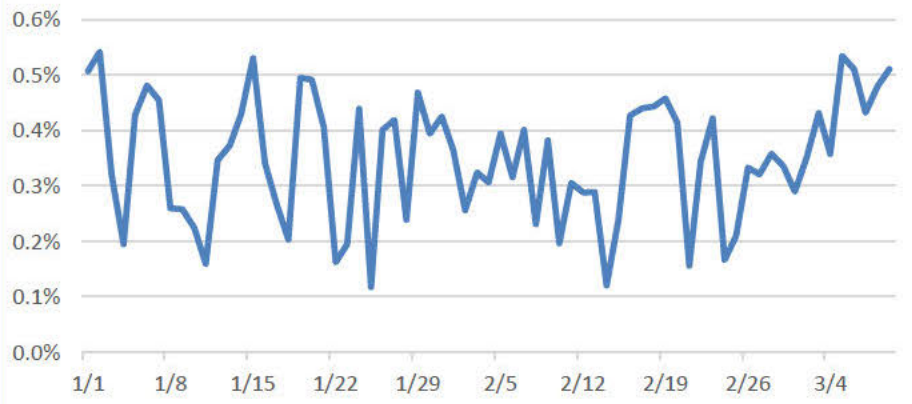


The daily percent of ED visits statewide that mention cough has been elevated for the past week for **0-18 year olds** and **19-54 year olds**, and remains above expected levels for this time of year.

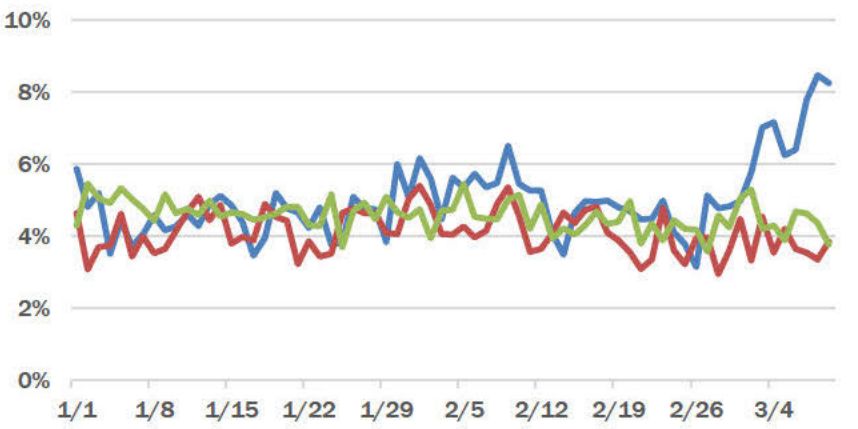


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past week. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Tuesday, March 10, 2020 at 11 p.m.

CASES TO DATE

- 476 persons under investigation
- 301 negatives
- 28 total cases reported
    - 26 in Florida residents
        - 21 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 2 confirmed positive (non-Florida resident)
- 2 deaths
- 147 tests in state results pending
- 1230 people monitored to date
- 353 of that 1230 are currently being monitored

Of the eight new cases identified today (3) were in Collier, (2) were in Pinellas, (1) Nassau, (1) Pasco and (1) Georgia resident who is hospitalized in Alachua county.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

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- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.

Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.

Department of Citrus

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- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.
- Centurion will stage a minimum of 25 PPE's at each facility. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering a 14-day quarantine dorm at reception centers for new commitments.
- Considering initiating volunteer and visitor screening process.
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.

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- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.

Department of Highway Safety & Motor Vehicles

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- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings

Department of Lottery

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- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common

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areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.

- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 200 ventilators and is working to secure 300 more from the State Term Contract

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-

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- #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
- The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
- The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
- Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
- I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
- I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"

- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Office of Attorney General

- Activated the Price Gougin Hotline is response

Volunteer Florida

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- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"
- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

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March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.

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From:	Wagner, Maureen
To:	Nunez, Jeanette
Subject:	Fwd:
Date:	Sunday, March 8, 2020 10:11:42 PM
Attachments:	Confidential COVID Case Rollup 030820.docx COVID-19 Data - Daily Report 2020-03-08 700PM (1).pdf EMT COVID Rollup 030820 PM.docx

Get Outlook for iOS

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>

Sent: Sunday, March 8, 2020 10:10:48 PM

To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>

Subject:

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 8, 2020 at 8:26 PM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,104
CDC notifications	765
Other notifications*	339
Type of exposure	
Travel exposure	855
Airline/vessel contact	90
Close contact with case	153
Unknown	6

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	25
Medium	693	65
Unknown (not contacted yet)	13	4
Low/no identified risk**	245	59
Total persons of high, medium, or unknown risk	706	94
Still being monitored	212	90
Contacted in person	60	8
Persons still monitored by top 10 counties		
Sarasota	4	49
Broward	43	4
Dade	32	3
Orange	20	0
Hillsborough	12	7
Manatee	6	12
Pinellas	15	0
Duval	12	0
Volusia	7	5
Lee	2	9

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	273
Tested positive	18
Tested negative	140
Currently awaiting testing	115

Confirmed cases

Cases in Florida residents	17
Confirmed	12
Deaths	2
Repatriated confirmed cases	5
Cases in non-Florida residents	1
Confirmed	1

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 8, 2020 at 8 p.m.

CASES TO DATE

- 273 persons under investigation
- 140 negatives
- 18 total cases reported
    - 17 in Florida residents
        - 12 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 2 deaths
- 115 tests in state results pending
- 1104 people monitored to date
- 302 of that 1104 are currently being monitored

New case in Broward county identified today.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Children & Families

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- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- • On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- • DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.

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Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.

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- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.

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- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"

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- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

AMERICAN OVERSIGHT

March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • AHCA roll-up information o **Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.** o **Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.** o **Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.** o **Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.**

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From: Wagner, Maureen
To: Nunez, Jeanette
Subject: Fwd:
Date: Saturday, March 7, 2020 11:15:26 AM
Attachments: COVID-19 Data - Daily Report 2020-03-07 800AM Saturday.pdf
Confidential COVID Case Rollup 030720 AM.docx
EMT COVID Rollup 030720 AM.docx

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From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Saturday, March 7, 2020 11:14:51 AM
To: Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>
Subject:

Updated.

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 7, 2020 at 8:10 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1018
CDC notifications	740
Other notifications*	278
Type of exposure	
Travel exposure	832
Airline/vessel contact	85
Close contact with case	97
Unknown	4

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	22
Medium	672	50
Unknown (not contacted yet)	8	4
Low/no identified risk**	241	21
Total persons of high, medium, or unknown risk	680	76
Still being monitored	204	74
Contacted in person	66	5
Persons still monitored by top 10 counties		
Sarasota	5	49
Broward	47	2
Dade	27	1
Hillsborough	12	7
Manatee	6	12
Orange	18	0
Duval	12	0
Pinellas	12	0
Palm Beach	11	0
Osceola	8	0

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	207
Tested positive	13
Tested negative	107
Currently awaiting testing	87

Confirmed and probable cases

Cases in Florida residents	12
Confirmed	7
Repatriated confirmed cases	5
Cases in non-Florida residents	1
Confirmed	1

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OVERSIGHT

COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 7, 2020 at 9.22 a.m
CORRECTED

CASES TO DATE

- 207 persons under investigation
- 107 negatives
- 13 total cases reported
    - 12 in Florida residents
        - 7 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 87 tests in state results pending
- 1018 people monitored to date
- 278 of that 1018 are currently being monitored

New Lee County cases added.

Cases reported today in Broward and Lee county are awaiting confirmation from CDC.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Incident Management

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- E

Disease Control - COMPLETED

- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

Disease Control – IN PROGRESS

- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.

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- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.

Pandemic Preparedness - COMPLETED

- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Disseminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.

Pandemic Preparedness – IN PROGRESS

- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.

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- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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TIMELINE OF SIGNIFICANT ACTIVITIES

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Clark, David
To: Moulton, Diane
Subject: Fwd:
Date: Sunday, March 15, 2020 4:07:53 PM
Attachments: COVID-19 Data - Daily Report 2020-03-15 0730.pdf
EMT COVID Rollup 031420 PM.docx

FYI

David Clark
Deputy Chief of Staff
Executive Office of Governor DeSantis
850-717-9236 (office)
850-488-4155 (fax)

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Sunday, March 15, 2020 3:17:36 PM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>
Subject:

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 15, 2020 at 7:26 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,529
CDC notifications	857
Other notifications*	672
Type of exposure	
Travel exposure	952
Airline/vessel contact	128
Close contact with case	367
Unknown	82

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	Travel/airline/ vessel/unknown	Contact with case
High	1	49
Medium	806	129
Unknown (not contacted yet)	86	11
Low/no identified risk**	269	178
Total persons of high, medium, or unknown risk	893	189
Still being monitored	278	131
Contacted in person	19	7
Persons still monitored by top 10 counties		
Sarasota	25	35
Dade	51	4
Broward	46	9
Lee	11	18
Orange	22	0
Palm Beach	18	0
Pasco	9	8
Pinellas	16	0
Hillsborough	10	5
Santa Rosa	1	13

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

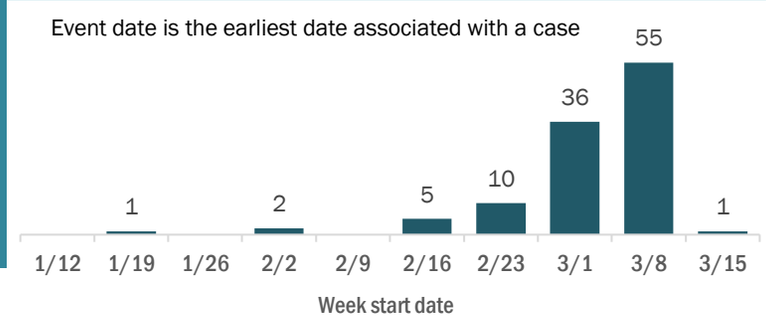
Total identified	1,196
Tested positive	111
Tested negative	669
Currently awaiting testing	416

Confirmed cases

Confirmed cases in Florida residents	98
Confirmed by BPHL/CDC	70
Positive by commercial/hospital lab	22
Not exposed/infectious in Florida	6
Deaths	4
Cases in non-Florida residents	13
Confirmed by BPHL/CDC	11
Positive by commercial/hospital lab	2
Total cases	111
Traveled	29
Contact with confirmed case	17
Traveled and contact with confirmed case	35
Neither	30

10-week trend by event date

Event date is the earliest date associated with a case



AMERICAN OVERSIGHT

Coronavirus: additional surveillance information (confidential)

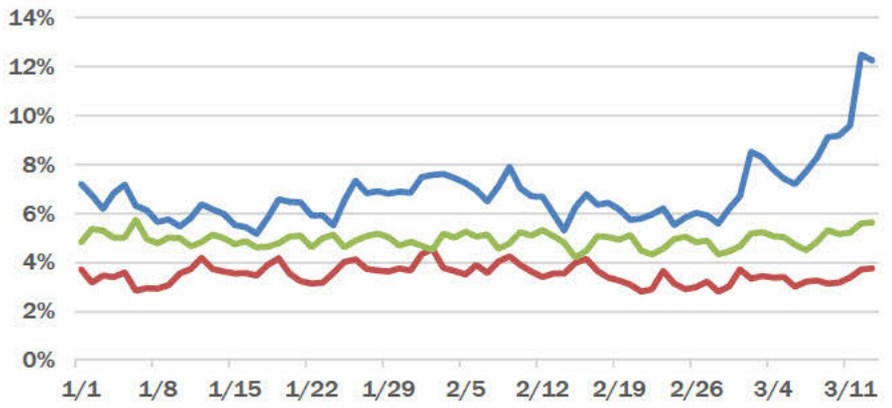
Mar 15, 2020 at 7:26 AM

Statewide emergency department (ED) chief complaint and admission data

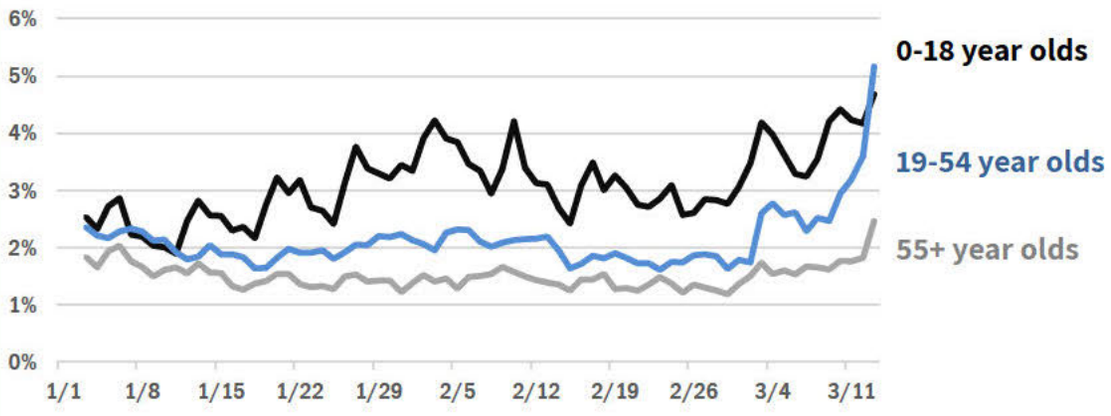
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

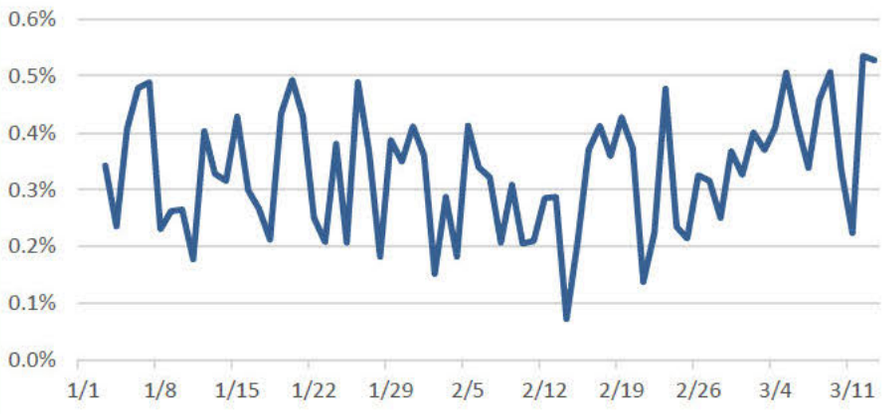


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

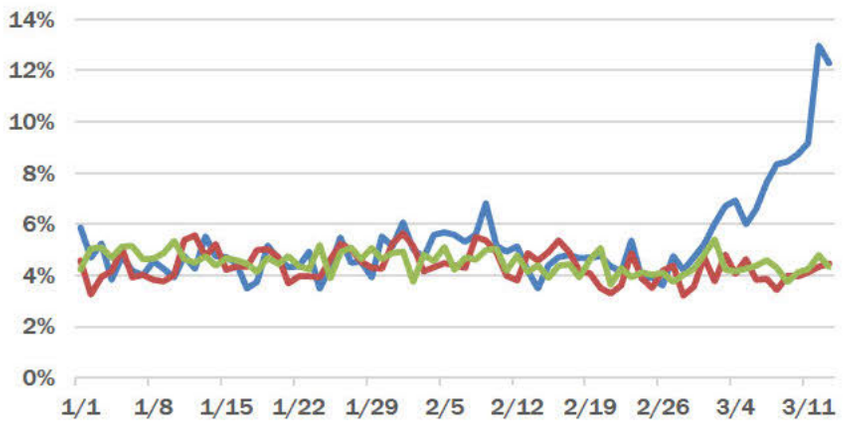


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: cases by county (confidential)

Mar 15, 2020 at 7:26 AM

County	Count
Broward	25
Dade	15
Hillsborough	6
Palm Beach	6
Volusia	6
Lee	5
Collier	4
Duval	4
Orange	4
Osceola	4
Seminole	4
Alachua	3
Clay	3
Manatee	3
Sarasota	3
Okaloosa	2
Pasco	2
Pinellas	2
St. Johns	2
Charlotte	1
Citrus	1
Gadsden	1
Lafayette	1
Lake	1
Leon	1
Nassau	1
Santa Rosa	1

AMERICAN OVERSIGHT

Coronavirus: summary of laboratory data (confidential)

Mar 15, 2020 at 7:26 AM

Laboratory results are received electronically and on paper, depending on the laboratory. A person can have multiple specimens collected and tested, each of which is counted in the numbers below. **The numbers below will be larger than the number of people who tested positive or negative.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	737	103	12%	840
DOH-TAMPA (SPECTRUM BLVD)	629	65	9%	694
DOH-JACKSONVILLE	601	47	7%	648
ADVENT HEALTH LAB	190	14	7%	204
MEMORIAL REGIONAL HOSPITAL SOUTH	176	8	4%	184
LABORATORY CORPORATION OF AMERICA	71	0	0%	71
QUEST DIAGNOSTICS - TAMPA	46	4	8%	50
CDC	42	7	14%	49
FLORIDA HOSPITAL WATERMAN LABORATORY	11	0	0%	11
UNIVERSITY OF MIAMI HOSPITAL	0	10	100%	10
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	6	0	0%	6
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	4	0	0%	4
ADVENTHEALTH DAYTONA BEACH	2	0	0%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
BUREAU OF CLINICAL LABORATORIES	2	0	0%	2
TENNESSEE DOH - NASHVILLE	2	0	0%	2
CALIFORNIA PUBLIC HEALTH LABORATORY	0	2	100%	2
LABCORP BURLINGTON (ELR)	2	0	0%	2
FLORIDA HOSPITAL FISH MEMORIAL	2	0	0%	2
JFK MEDICAL CENTER LAB	1	0	0%	1
TAMPA GENERAL HOSPITAL	0	1	100%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
FLORIDA HOSPITAL ZEPHYRHILLS	1	0	0%	1
QUEST DIAGNOSTICS	1	0	0%	1
MHS LAB	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2785091	Manatee	63	Male	No	Yes	03/02/20 12:44 PM	Florida Case	
2785125	Hillsborough	29	Female	Yes - ITALY	Yes	03/02/20 12:45 PM	Florida Case	
2787169	Santa Rosa	71	Male	Yes - EGYPT; ISRAEL; JORDAN		03/05/20 8:59 AM	Florida Case	
2789655	Broward	65	Male	No		03/07/20 5:24 AM	Florida Case	
2788889	Broward	75	Male	No	Yes	03/07/20 5:27 AM	Florida Case	
2789590	Lee	77	Female	Yes - DOMINICAN REPUBLIC	Yes	03/07/20 5:29 AM	Florida Case	
2789591	Lee	77	Male	Yes - DOMINICAN REPUBLIC	Yes	03/07/20 5:31 AM	Florida Case	
2791177	Volusia	66	Female	Yes - EGYPT; GERMANY; ISRAEL	Yes	03/08/20 10:20 AM	Florida Case	
2791213	Broward	67	Male	No		03/09/20 8:48 AM	Florida Case	
2789624	Charlotte	54	Female	Yes - EGYPT; ISRAEL		03/09/20 9:54 AM	Florida Case	
2787619	Manatee	81	Female	Yes - EGYPT	Yes	03/09/20 9:58 AM	Florida Case	
2789656	Okaloosa	61	Female	Yes - CA; FL; MEXICO	Yes	03/09/20 10:09 AM	Florida Case	
2791903	Volusia	60	Female	Yes - EGYPT; GERMANY; ISRAEL	Yes	03/09/20 9:04 PM	Florida Case	
2791937	Broward	68	Female	No	Yes	03/10/20 6:30 AM	Florida Case	
2792229	Nassau	68	Male	Yes - GERMANY; MA	Yes	03/10/20 9:01 PM	Florida Case	
2792239	Collier	73	Male	Yes - EGYPT		03/11/20 6:30 AM	Florida Case	
2792249	Collier	64	Female	Yes - EGYPT		03/11/20 6:30 AM	Florida Case	
2792318	Pinellas	67	Male	Yes - EGYPT	Yes	03/11/20 6:30 AM	Florida Case	
2792316	Pinellas	64	Male	Yes - EGYPT	Yes	03/11/20 6:30 AM	Florida Case	
2792718	Pasco	46	Male	No	Yes	03/11/20 6:30 AM	Florida Case	
2792244	Collier	68	Female	Yes - EGYPT	Yes	03/11/20 6:31 AM	Florida Case	
2792997	Broward	61	Male	Yes - ITALY		03/12/20 6:32 AM	Florida Case	
2790426	Dade	56	Male	Yes - IRAN (ISLAMIC REP. OF)	Yes	03/12/20 6:32 AM	Florida Case	
2792893	Broward	65	Male	No	Yes	03/12/20 7:11 AM	Florida Case	
2793808	Seminole	68	Male	Yes - EGYPT; JORDAN	Yes	03/12/20 11:00 AM	Florida Case	
2793618	Broward	70	Male	Unknown		03/12/20 4:52 PM	Florida Case	
2793831	Clay	57	Male	No	Yes	03/13/20 6:31 AM	Florida Case	
2795609	Broward	27	Female	No		03/13/20 6:32 AM	Florida Case	
2793775	Lee	77	Male	No		03/13/20 6:32 AM	Florida Case	
2793827	Hillsborough	49	Female	Yes - FL; IRELAND	Yes	03/13/20 6:32 AM	Florida Case	
2792922	Sarasota	50	Female	Yes - NY		03/13/20 7:10 AM	Florida Case	
2793663	Palm Beach	74	Male	Yes - BELGIUM; FL		03/13/20 7:11 AM	Florida Case	
2793739	Broward	68	Female	No	Yes	03/13/20 7:12 AM	Florida Case	
2794689	Duval	83	Male	No		03/13/20 7:13 AM	Florida Case	
2793946	Broward	36	Male	No	Yes	03/13/20 7:14 AM	Florida Case	
2794613	Volusia	70	Female	Yes - EGYPT; JORDAN	Yes	03/13/20 7:18 AM	Florida Case	
2793789	Broward	26	Female	Yes - TRINIDAD AND TOBAGO		03/13/20 7:20 AM	Florida Case	
2793664	Palm Beach	73	Male	Yes - EGYPT; GERMANY		03/13/20 7:22 AM	Florida Case	
2795613	Orange	48	Female	No	Yes	03/13/20 9:24 AM	Florida Case	
2795571	Alachua	24	Male	Yes - PORTUGAL		03/13/20 10:06 AM	Florida Case	
2795877	Orange	41	Male	No	Yes	03/13/20 11:23 AM	Florida Case	
2795882	Osceola	54	Male	No		03/13/20 11:31 AM	Florida Case	
2795919	Lake	75	Female	Yes - FL; NY		03/13/20 12:50 PM	Florida Case	
2793792	Dade	51	Male	No		03/13/20 1:52 PM	Florida Case	
2796872	Osceola	31	Male	Yes - BRAZIL		03/13/20 7:20 PM	Florida Case	
2794920	Dade	45	Female	No	Yes	03/13/20 10:46 PM	Florida Case	
2795576	Seminole	68	Female	Yes - EGYPT; JORDAN	Yes	03/14/20 6:46 AM	Florida Case	
2795984	Volusia	71	Male	Yes - EGYPT	Yes	03/14/20 6:46 AM	Florida Case	
2796908	Sarasota	67	Female	No		03/14/20 10:09 AM	Florida Case	

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2794986	Palm Beach	59	Female	Yes - NY	Yes	03/14/20 10:23 AM	Florida Case	
2795841	Dade	42	Male	Yes - FRANCE	Yes	03/14/20 10:24 AM	Florida Case	
2794936	Palm Beach	65	Male	Yes - NY	Yes	03/14/20 10:25 AM	Florida Case	
2794709	Palm Beach	37	Male	Yes - NY	Yes	03/14/20 10:27 AM	Florida Case	
2794716	Dade	39	Female	Yes - FL; NY		03/14/20 10:28 AM	Florida Case	
2793868	Dade	77	Female	Yes - EGYPT; IRAN (ISLAMIC REP. OF); UNITED ARAB EMIRATES		03/14/20 10:29 AM	Florida Case	
2794853	Broward	83	Female	No		03/14/20 10:29 AM	Florida Case	
2795828	Broward	22	Female	Yes - IRELAND	Yes	03/14/20 10:32 AM	Florida Case	
2794823	Dade	37	Male	Yes - FL; SPAIN		03/14/20 10:37 AM	Florida Case	
2795587	Broward	20	Female	Yes - IRELAND	Yes	03/14/20 10:37 AM	Florida Case	
2794637	Broward	59	Male	No		03/14/20 10:56 AM	Florida Case	
2796962	Seminole	43	Female	Unknown		03/14/20 11:07 AM	Florida Case	
2793915	Dade	42	Male	Yes - SPAIN		03/14/20 11:14 AM	Florida Case	
2796968	Osceola	48	Male	Yes - SWITZERLAND		03/14/20 11:16 AM	Florida Case	
2796934	Hillsborough	17	Male	No		03/14/20 11:20 AM	Florida Case	
2794830	Broward	20	Female	Yes - IRELAND	Yes	03/14/20 11:26 AM	Florida Case	
2797133	Broward	64	Male	Yes - FRANCE; GA; NC; SPAIN	Yes	03/14/20 12:47 PM	Florida Case	
2797126	Broward	63	Male	No	Yes	03/14/20 12:48 PM	Florida Case	
2787089	Manatee	62	Female	No	Yes	03/14/20 12:49 PM	Florida Case	
2794664	Volusia	29	Male	Yes - TRINIDAD AND TOBAGO	Yes	03/14/20 12:55 PM	Florida Case	
2794659	Broward	58	Male	No	Yes	03/14/20 12:55 PM	Florida Case	
2797319	Seminole	47	Male	Unknown		03/14/20 3:34 PM	Florida Case	
2797249	Broward	21	Male	Yes - ITALY; SPAIN		03/14/20 3:47 PM	Florida Case	
2797815	Dade	42	Female	Unknown		03/14/20 6:11 PM	Florida Case	
2797986	Dade	73	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797987	Dade	20	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797989	Dade	29	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797990	Dade	18	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2796220	St. Johns	64	Female	Unknown		03/14/20 10:33 PM	Florida Case	
2795823	Hillsborough	47	Male	Yes - CO		03/14/20 11:05 PM	Florida Case	
2795832	Lee	72	Female	Unknown	Yes	03/14/20 11:12 PM	Florida Case	
2795916	Clay	55	Female	No	Yes	03/14/20 11:14 PM	Florida Case	
2797260	Clay	70	Male	No		03/14/20 11:16 PM	Florida Case	
2797956	Volusia	89	Female	No	Yes	03/14/20 11:40 PM	Florida Case	
2796011	Hillsborough	32	Female	Yes - CO	Yes	03/14/20 11:40 PM	Florida Case	
2796917	Pasco	67	Male	Yes - FL; NY		03/14/20 11:40 PM	Florida Case	
2798003	Duval	57	Male	Unknown		03/15/20 12:05 AM	Florida Case	
2796071	Citrus	60	Female	Unknown		03/15/20 12:08 AM	Florida Case	
2798004	Duval	66	Male	Yes - BRAZIL	Yes	03/15/20 12:12 AM	Florida Case	
2798005	Duval	88	Male	Unknown		03/15/20 12:18 AM	Florida Case	
2798040	Dade	66	Female	Unknown		03/15/20 6:33 AM	Florida Case	
2798045	Broward	39	Male	Unknown		03/15/20 6:34 AM	Florida Case	
2798098	Orange	48	Female	Unknown		03/15/20 6:51 AM	Florida Case	
2787616	Gadsden	54	Male	Yes - JAPAN		03/03/20 11:49 AM	Florida Case	Yes
2788780	Leon	59	Female	Yes - JAPAN		03/04/20 9:26 AM	Florida Case	Yes
2788813	Okaloosa	66	Female	Yes - JAPAN	Yes	03/04/20 11:23 AM	Florida Case	Yes
2788851	Dade	64	Male	Yes - JAPAN	Yes	03/04/20 1:14 PM	Florida Case	Yes
2788903	Palm Beach	71	Female	Yes - JAPAN	Yes	03/04/20 3:29 PM	Florida Case	Yes
2795965	Orange	68	Female	Unknown		03/13/20 2:07 PM	Florida Case	Yes

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2796876	Osceola	65	Male	Yes - CANADA		03/13/20 7:33 PM	Out of the US	
2794752	Alachua	69	Male	Yes - EUROPE		03/14/20 10:59 AM	Out of the US	
2786318	Hillsborough	22	Female	Yes - ITALY	Yes	03/03/20 7:30 AM	US, Non-Florida Case	
2792320	Alachua	68	Female	Yes - GA		03/10/20 9:01 PM	US, Non-Florida Case	
2792424	Lee	57	Male	Yes - FL; FRANCE; UNITED KINGDOM		03/12/20 6:33 AM	US, Non-Florida Case	
2792971	St. Johns	63	Male	Yes - NY		03/12/20 7:09 AM	US, Non-Florida Case	
2793832	Broward	20	Female	Yes - IRELAND	Yes	03/13/20 6:32 AM	US, Non-Florida Case	
2794850	Sarasota	70	Male	No		03/13/20 7:17 AM	US, Non-Florida Case	
2794772	Broward	19	Male	Yes - IRELAND	Yes	03/14/20 10:51 AM	US, Non-Florida Case	
2795588	Broward	19	Female	Yes - IRELAND	Yes	03/14/20 11:25 AM	US, Non-Florida Case	
2794859	Broward	41	Male	Yes - SPAIN		03/14/20 11:33 AM	US, Non-Florida Case	
2796933	Lafayette	48	Male	Unknown		03/14/20 6:11 PM	US, Non-Florida Case	
2795895	Collier	79	Female	Yes - CT		03/14/20 11:14 PM	US, Non-Florida Case	

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 14, 2020 at 11:30 p.m.

CASES TO DATE

- 1196 persons under investigation
- 669 negatives
- 111 total cases reported
    - 98 in Florida residents
        - 92 diagnosed in Florida
        - 6 diagnosed and isolated in another state
    - 13 confirmed positive (non-Florida resident)
- 4 deaths
- 416 tests in state results pending
- 1529 people monitored to date
- 409 of that 1529 are currently being monitored

Call Center hotline hours are 24 hours a day, seven days a week

KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.

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- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.

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- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.

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- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19
- Secretary Mayhew participated in a press conference with Governor DeSantis, Lieutenant Governor Nunez, Miami-Dade leadership and health care leaders to provide COVID-19 updates, including information on the new screening requirements at nursing homes, assisted living facilities and other long-term care facilities per a recent emergency order.
- Sent Policy Transmittal (PT 2020-12) to all SMMC health plans on guidance on how to proceed with provision of Medicaid services in accordance with Governor DeSantis's Executive Order Number 20-52
- Sent e-blast regarding CMS guidance on Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications
- Sent e-blast regarding CMS guidance for Home Health Agencies
- Sent e-blast regarding CMS guidance for Hospice Agencies
- Sent e-blast regarding CMS guidance for Dialysis Facilities
- Sent e-blast regarding CMS guidance for use of Certain Industrial Respirators by Health Care Personnel
- To take full advantage of the flexibilities provided through the declaration by President Trump of a national state of an emergency, AHCA will eliminate regulatory barriers that may delay or obstruct critical COVID-19 response.
    - Waiving prior authorization requirements for Medicaid
    - Removing Medicaid limits on services
    - Extending timelines for Medicaid health plan appeals and fair hearings
    - Expanding Medicaid provider enrollment
    - Limiting face-to-face Medicaid provider site visits
- AHCA will be granting a 90-day extension to all licenses for health care providers and regulated facilities.
- AHCA is distributing information regarding regulatory flexibilities created by waivers from CMS related to skilled nursing facilities, critical access hospitals, home health agencies, durable medical equipment, provider enrollment, etc.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

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- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.
- Facility in Gainesville has cancelled community events on campus and is cancelling large trips for residents going off-site.
- Started twice-weekly conferences with the Superintendents of APD-owned facilities to discuss coronavirus updates and needs.
- Forensic Facility in Chattahoochee needs guidance on admitting individuals who have been court-ordered to reside at this facility.
- APD has issued an advisory to all group home providers & owners and all Adult Day Training facilities regarding Emergency Order 20-002
- APD is reviewing its own rules, policies and procedures for potential wavers needed
- APD has established daily meetings with its executive management and incident management team
- APD is developing reporting tools for employees and clients who are isolated or quarantined
- APD's forensic Facility in Chattahoochee needs guidance on admitting individuals across the state who have been court-ordered to reside at this facility.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/
- All universities are preparing to transition to remote instructional delivery for a two-week period during March and early April, depending on each institution's Spring Break, and are informing students not to return to campus during this period.

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.
- Uploaded WHO Technical Guidance information to WebEOC
- Coordination call with UF College of Veterinary Medicine, DOH State Public Health Veterinarian, 3/12/20
- The division held a call this morning with the School Nutrition Directors of the 17 counties that currently have confirmed cases of COVID-19 to discuss program flexibilities related to serving meals to students in the event of unanticipated school closures.

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Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.
- On March 11, Guidance and preventative measures, including screening questions, was sent statewide to Adult Protective Services staff
- Conducting daily leadership calls at 3:30pm for situational awareness and leadership level decision making
- Collecting staffing availability for critical classes

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.

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- Centurion will stage a minimum of 25 PPE's at each facility; supplies should be delivered Friday, March 13th. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.
- Informed visitors and volunteers if you are feeling sick with a fever, persistent cough, or find it difficult to breathe – please do not enter a correctional institution.
- Restrict inmate transfers to mission critical needs
- New commitments will remain at reception centers at least 14-days prior to transfer. quarantine dorm at reception centers for.
- Initiating screening process.
- Staff are temporarily permitted to enter secured perimeters with alcohol-based hand sanitizer.
- Tracking staff who report flu-like symptoms and their work availability.
- Established a trigger matrix for presumptive positive & positive COVID-19 inmates.
- Verify Staff who have VPN Access
- Suspended visitation for 30-days and initiated active screening process at all entrance/exit points.
- Drafting communication to inmate population about visitation cancelation.
- Procurement: Review with vendors J-pay credits and free Securus minutes is visitation if suspended.
- OIT: Coordinate emergency alternative for visitor services call center.
- Considering expanding the institutional restrictions to include volunteer programs, community work squads.
- Communications: Expand inmate tracking graphic to include how many inmates were referred to DOH and how many were tested for COVID-19.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)
- Santa Fe College is requesting hand sanitizer due to vendor indicating their request is on back order. Request has been provided to ESF 6.

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- Disseminated information based on Governors request to close all schools in all districts.
- Disseminated information based on Governors request through the Board of Governors State University system

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff
- Meetings with the Statewide Cares offices, Area Agencies on Aging, Directors, ECO's and Alternate to discuss any needs. We will continue to have this 2-3 times a week or as needed if the event elevates.
- Providing individual technical assistance calls to most statewide AAAs anticipating meal site closures and allowable flexibility.
- Scheduled daily update calls with AAA Emergency Coordinators to assess activities, technical assistance and assess unmet needs.
- Provided technical assistance to all AAAs that 701A, 701C, and 701S can be completed over the phone.
- Provided instruction of the flexibility of client care plans usually required face-toface every 6 months to be done for the next 30 day over the phone. Timeframe to be reevaluated as necessary

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.

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- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.
- A press release is expected to be distributed informing the public that the Blue-Green Algae Task Force meeting will be postponed. This will be issued upon receipt of the pending DMS guidance.
- DEP is evaluating events and travel within the next 30 days, based on pending DMS guidance to determine if cancellations or rescheduling is required.
- DEP's South District placed DOH precaution sheets in all bathrooms.
- DEP's Southeast District sent an internal message to all staff this morning reminding them: to familiarize themselves with the resources the District has made available to them, the importance of taking preventative measures, and the availability of hand sanitizing stations throughout the District Office.

Department of Financial Services and Office of Financial Regulation

- OFR - prepared draft proclamations for external stakeholders on proper notice to the Office regarding office closures of financial institutions
- Authorized purchase of hand sanitizer and disinfecting wipes for all offices
- Informed employees of proper procedures for workspace cleanliness/mitigation of spread of illnesses
- Monitoring guidance from DMS regarding office closures; annual leave, sick leave, admin. Leave policies
- Pulling back on out-of-state travel and minimizing in-state travel for employees
- Social distancing

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.

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- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.
- Visitor sign translated in Spanish to post at the entrance in their offices, centers and facilities
- Provided to our law enforcement partners statewide our modified screening protocols and procedures for youth taken into custody at Juvenile Assessment Centers (JAC) and Detention Screening Units (DSU). DJJ Secretary and leadership team held conference calls with the following entities to discuss our COVID-19 protocols: Detention Regional Directors and Superintendents; Residential Regional Directors and Residential Contracted Provider CEOs; and Probation Regional Directors and Probation Contracted Providers including the Florida Network, Children-in Need of Services/Families-in-Need of Services (CINS/FINS) providers
- Distributed four documents via email to the listed groups: Protocols at Juvenile Assessment Centers and Detention Screening Units; Visitor Screening Tools; Notice to Family Members and Guardians of Youth in our programs and a Coronavirus (COVID-19) Precautions STOP signage which is also translated in Spanish. Provided notice to family members and guardians of youth in our programs requesting not to visit youth in our facilities if they have or had within the last 48 hours any symptoms of respiratory illness, or recently spent time with anyone exhibiting these symptoms.
- Provided notice to vendors, guests, volunteers and business partners the same message and requested if there are problems providing critical services for our youth, please contact us to discuss alternatives.
- We have developed a visitor screening tool which is now mandatory to use inside of our juvenile detention centers and residential commitment programs.

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- We are sending a notice to parents and guardians of youth in programs regarding the new visitor screening protocol. This information will be included within the admission packet for new youth admitted.
- We have sent a notice to the vendors, guests, volunteers and business partners that come into our juvenile detention centers and residential commitment programs asking that they limit visiting any of these facilities if they are exhibiting flu-like symptoms or have traveled outside of the U.S., including cruise ship travel. The department will work with these entities on alternatives to visiting programs to ensure critical services are not interrupted
- Effective 3/14 DJJ will suspend visitation to our detention centers and residential facilities until further notice and re-evaluate when it is safe to resume. Letters are being distributed to parents/guardians and all partners including chief judges, state attorneys, public defenders and their respective associations, provider CEOs, program directors, prevention providers, and detention superintendents.
- In DJJ's detention centers and residential facilities, youth will be able to make contact with parents/guardians via skype, Facetime or other means to the extent possible.
- DJJ is discussing with the judge in Circuit 2 the possibility for on-site detention hearings; until a decision is made DJJ will continue to transport youth to court for hearings.
- Assistant Secretaries in centers and facilities are evaluating the possibility of staff shortages and are discussing with our private providers plans for addressing needs and issues in maintaining staff ratios.
- Due to school closures our private provider teachers are being advised to follow the guidelines of the local school districts as it relates to continuing school for youth. There might also be a need to utilize teachers to meet the staff-youth ratio.
- DJJ is also evaluating and discussing with private providers alternate means for serving youth (contractually) and requesting their input on options for providing case management services remotely and identifying alternative activities for youth.
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Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities, ordered an increase in bandwith and additional VPN licenses creating additional capacity for members to work remotely.
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings
- State partners providing immediate needs list to ESF-16 in reference to PPE
- Providing situational uppdates to partners about cyber/malware sites for COVID-19

Department of Lottery

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- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common

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areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.

- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 500 ventilators; awaiting approval
- DMS has activated more personnel to the EOC to research and secure commodities as the needs arise. Lead time for out-of-stock items is also being assessed for possible
- HRM continues to provide guidance as needed to HR Directors on leave policies.
- HRM/DSGI will continue to provide guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management continues to update Facility Managers as needed to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination
- DMS' Division of Real Estate Development and Management will continue to provide updated guidance to the Capitol facility manager, Sergeant of Arms, Capitol Police, and Earley's Kitchen to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination
- Procured 10 box trucks (rentals) for the SLRC
- Procured 10 drivers for the box trucks
- HRM continues to provide guidance as needed to HR Directors on leave policies.
- HRM/DSGI will continue to provide guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.
- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.

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- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Emailed information and FAQ's to employees related to the Department's response to COVID 19 with links to the Florida Department of Health and the Centers for Disease Control
- Communicated with supervisors' additional details in reference to leave and travel requests.
- The Department has increased messaging on preventative measures through the deployment of DOH/CDC posters, ensured hand sanitizer is available, and increased cleaning of high-traffic areas in our public areas of our service centers.

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in

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your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.
- The Department of State met via conference call today with all 67 county Supervisors of Elections to discuss COVID-19 as it relates to election polling places. On the call were representatives from The Florida Department of Health, Florida Division of Emergency Management and Volunteer Florida. Supervisors were updated about COVID-19 and the precautions to take regarding polling places from DOH and provided options for assistance from Volunteer Florida. Supervisors were also reminded to work with their county Emergency Management offices for available resources to combat the COVID-19 emergency
- The Museum of Florida History has implemented the following, in addition to regular cleaning tasks:
    - Removed guest sign in book; Education Staff to record the visitor information.
    - Added to the list of opening cleaning chores: (Disinfecting wipes are preferred over spray to minimize possible damage to artifacts.)
    - Clean all push buttons for life casts, dioramas, and other touchables in exhibits as identified and approved with disinfecting wipes.
    - Clean wheelchairs after every use with disinfecting wipes.
    - Clean surfaces of benches with disinfecting wipes.
    - Clean surface of survey podium with disinfecting wipes.
    - Placed additional hand sanitizer dispensers at entrance and exit of Museum.
    - Turned off touchscreen survey and rely on paper surveys.
- Staff using disinfecting wipes on phones and keyboards.
- COVID-19 general prevention signs from the Florida Department of Health have been posted in shared staff spaces

Department of Veteran Affairs

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- Florida Department of Veterans' Affairs (FDVA) resources are currently focused on our network of state veterans' homes. FDVA operates state veterans' homes in Panama City, Lake City, St. Augustine, Daytona Beach, Pembroke Pines, Port Charlotte and Land O' Lakes.
- Effective March 11, 2020, the Florida Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and Domiciliary until further notice, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care.
- The U.S. Department of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living center facilities to only essential visitors until further notice.
- All VA Medical Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics are also implementing enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional time for the screening process.
- Veterans who are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. The service is available at no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
- All FDVA and VA facilities remain fully operational.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.
- We are modifying work schedules to allow non-essential personnel to telework.
- We have ordered latex gloves for LE members and they should be in by 03/20/20.
- All training has been cancelled.
- All in state travel has been cancelled unless it is deemed an LE emergency and must be approved by the Executive Director.
- All out of state travel has been cancelled

Office of Attorney General

- Activated the Price Gougin Hotline is response
- Monitoring staff travel and continuing internal staffing calls in preparation of potential staffing/telework situations in the coming weeks

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"

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- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.
- VF coordinated latest messaging with FLVOAD and discussed scheduling a call for next week with all FLVOAD partners. FLVOAD pushed out messaging via social media and will be scheduling a call for next week.
- VF participated in a statewide call with Supervisors of Elections to discuss Volunteer Connect (Florida's official volunteer opportunity platform) and how it can be used by offices to help recruit volunteers for Tuesday's upcoming election to due to COVID-19 fears at some poling sites.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.
- Installed hand sanitizer and distributed sanitary wipes throughout facilities
- Instituted regular sanitary wipe-downs of common areas and meeting rooms
- The District has suspended all official travel and meetings
- Preparing resources for staff to work remotely as needed
- Provided staff education
- Conducted public Governing Board meeting
- Purchasing thermometers, alcohol wipes, gloves
- Finance began tracking costs under separate codes

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and poll workers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

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March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.
March 11, 2020	• MCM Coordinator discussed Point of Collection contingency plan strategies with her workgroup • Supporting 3 missions • Coordinated contingency planning for nursing home PUI • ASPR notified ESF8 there will be a portion of requested cache delivered • Coordinated with Dr. Schepke on validation of resource request
March 12, 2020	• Participated in calls with Corrections and LEO • Conducted call with Senior hospital leadership and clinical lab directors regarding testing for COVID • Contracted with Poison Control to take over COVID-19 call center on 3/13/20 at noon • Received six trucks of requested SNS order • Purchased 10,000 test kits • Continue to fill resources request as supplies allow •
March 13, 2020	• Hosted Governor at SLRC warehouse • Continue to receive inventory from our SNS request • Continuing to build Alternate Care Site kits • Preparing gatekeepers for clinical testing/mobile clinics North and Central • Wrote logistics clinical tactical plan for ventilator deployment •
March 14, 2020	• Conducted call with Florida Schools of Public Health • Sent survey to Schools of Public Health to recruit faculty and staff in support of epidemiological investigation. • Conducted call with Hospitals

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From:	Lukis, Adrian
To:	Moulton, Diane
Subject:	Fwd:
Date:	Thursday, March 5, 2020 8:07:36 AM
Attachments:	Confidential COVID Case Rollup 03_3_20_2.docx COVID-19 Data - Daily Report 2020-03-04 500PM.pdf EMT COVID Rollup 030420.docx

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Get Outlook for iOS

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>

Sent: Thursday, March 5, 2020 8:01:27 AM

To: Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>

Subject:

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381.0031(6) F.S.

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OVERSIGHT

Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 4, 2020 at 4:55 PM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	948
CDC notifications	707
Other notifications*	241
Type of exposure	
Travel exposure	804
Airline/vessel contact	53
Close contact with case	88
Unknown	3

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	19
Medium	619	47
Unknown (not contacted yet)	6	4
Low/no identified risk**	235	18
Total persons of high, medium, or unknown risk	625	70
Still being monitored	178	70
Contacted in person	76	5
Persons still monitored by top 10 counties		
Sarasota	4	57
Broward	45	0
Dade	24	0
Orange	19	0
Hillsborough	9	6
Duval	12	0
Manatee	5	6
Pinellas	7	0
Volusia	5	0
Charlotte	5	0

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	100
Tested negative	31

Confirmed and probable cases

Cases in Florida residents	7
Confirmed	2
Repatriated confirmed cases	5
Probable	0
Cases in non-Florida residents	1
Confirmed	1
Probable	0

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Wednesday, March 4, 2020 at 7:00 p.m.

CASES TO DATE

- 100 persons under investigation
- 31 negatives
- 7 cases in Florida residents
    - 2 diagnosed in Florida
    - 5 diagnosed and isolated in another state
- 1 confirmed positive (non-Florida resident)
- 69 tests in state results pending
- 948 people monitored to date
- 248 of that 948 are currently being monitored

The newly reported cases diagnosed in other states are Florida residents repatriated from China. Two of the cases have been released from isolation due to negative test results and two remain isolated in Nebraska. Isolated cases will remain in Nebraska until they test negative.

People who have tested positive for COVID-19 will remain in isolation until they test negative.

Call Center hotline hours extended: 8 a.m. – 12 p.m. EST

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Incident Management

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Established a public call-center for questions regarding COVID-19. Call center will launch Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumtive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.

Disease Control - COMPLETED

- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

Disease Control – IN PROGRESS

- Developing laboratory guidance for implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.

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- Validating laboratory test kits in state public health labs.
- Close contacts of presumtive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Confirmatory testing from CDC on presumtive cases expected on March 2.

Pandemic Preparedness - COMPLETED

- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.

Pandemic Preparedness – IN PROGRESS

- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.

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- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Pending scheduling of weekly emergency management partner call for pandemic planning in coordination with the Division of Emergency Management.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
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March 5, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management.

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From:	Wagner, Maureen
To:	Nunez, Jeanette
Cc:	Colucci, Monica
Subject:	Fwd:
Date:	Wednesday, March 18, 2020 7:59:29 AM
Attachments:	COVID-19 Data - Daily Report 2020-03-18 0750.pdf

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From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>

Sent: Wednesday, March 18, 2020 7:58:37 AM

To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Beaubien, Beau <Beau.Beaubien@eog.myflorida.com>

Subject:

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	**2,140**
Total persons of high, medium, or unknown risk	1,656
High/medium/unknown risk still being monitored	870

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,443
Tested positive	308
Tested negative	1,186
Currently awaiting testing	949

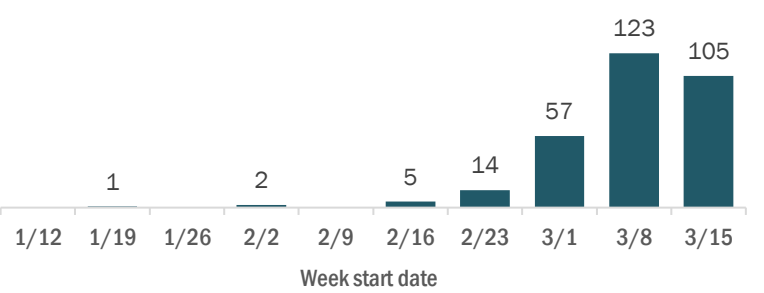
Confirmed cases

Confirmed cases in Florida residents	**283**
Confirmed by BPHL/CDC	170
Positive by commercial/hospital lab	113
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Hospitalized	63
Deaths	7
Cases in non-Florida residents	**25**
Confirmed by BPHL/CDC	23
Positive by commercial/hospital lab	2
Total cases	**308**
Traveled	71
Contact with confirmed case	50
Traveled and contact with confirmed case	63
Neither	124
Travel is unknown*	95
Contact is unknown*	17
Contact is pending*	88

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



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Coronavirus: characteristics of 308 cases

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

31 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	73	24%	0	7	80
Dade	72	23%	1	3	76
Palm Beach	16	5%	1	0	17
Duval	12	4%	0	1	13
Hillsborough	11	4%	0	2	13
Collier	11	4%	0	1	12
Lee	7	2%	0	2	9
Orange	7	2%	1	1	9
Volusia	9	3%	0	0	9
Manatee	8	3%	0	0	8
Osceola	6	2%	0	2	8
Pinellas	8	3%	0	0	8
Alachua	4	1%	0	3	7
Seminole	7	2%	0	0	7
Clay	4	1%	0	0	4
Sarasota	2	1%	0	2	4
St. Johns	3	1%	0	1	4
Citrus	3	1%	0	0	3
Okaloosa	2	1%	1	0	3
Pasco	3	1%	0	0	3
Lake	2	1%	0	0	2
Brevard	1	0%	0	0	1
Charlotte	1	0%	0	0	1
Escambia	1	0%	0	0	1
Gadsden	0		1	0	1
Leon	0		1	0	1
Nassau	1	0%	0	0	1
Polk	1	0%	0	0	1
Santa Rosa	1	0%	0	0	1
Sumter	1	0%	0	0	1
Total	277		6	25	308

Gender	Count	Percent
Male	181	59%
Female	126	41%
Unknown	1	0%

Age group	Count	Percent
10-19 years	13	4%
20-29 years	43	14%
30-39 years	34	11%
40-49 years	44	14%
50-59 years	46	15%
60-69 years	69	22%
70-79 years	42	14%
80+ years	17	6%

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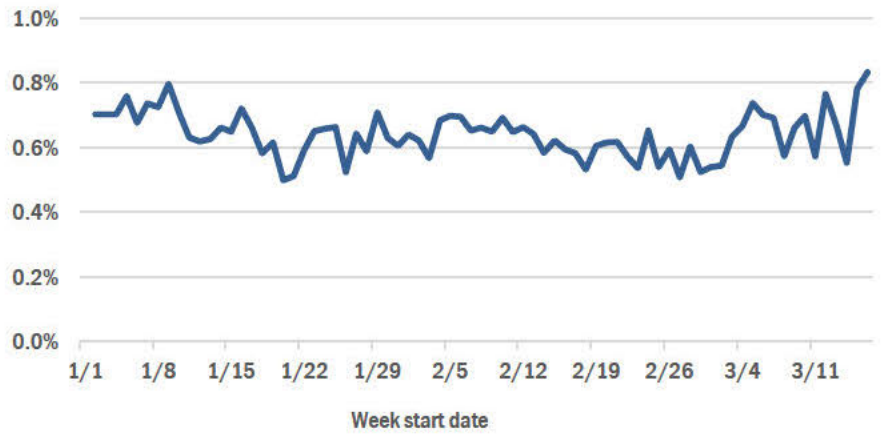
Coronavirus: additional surveillance information

Mar 18, 2020 at 7:50 AM

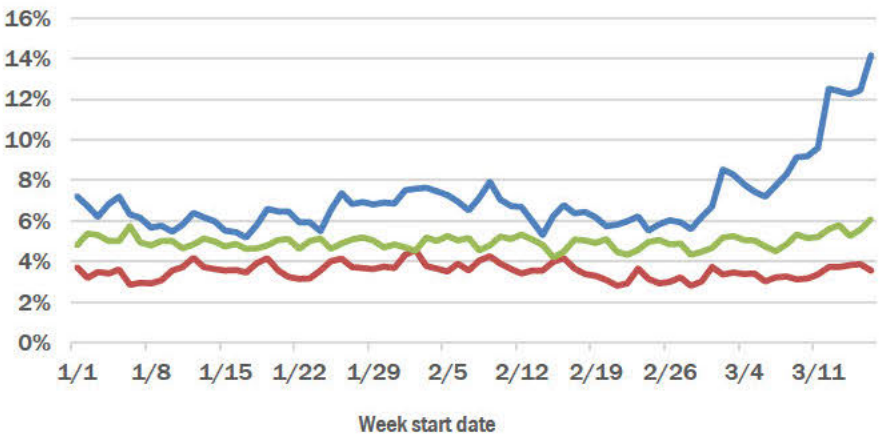
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

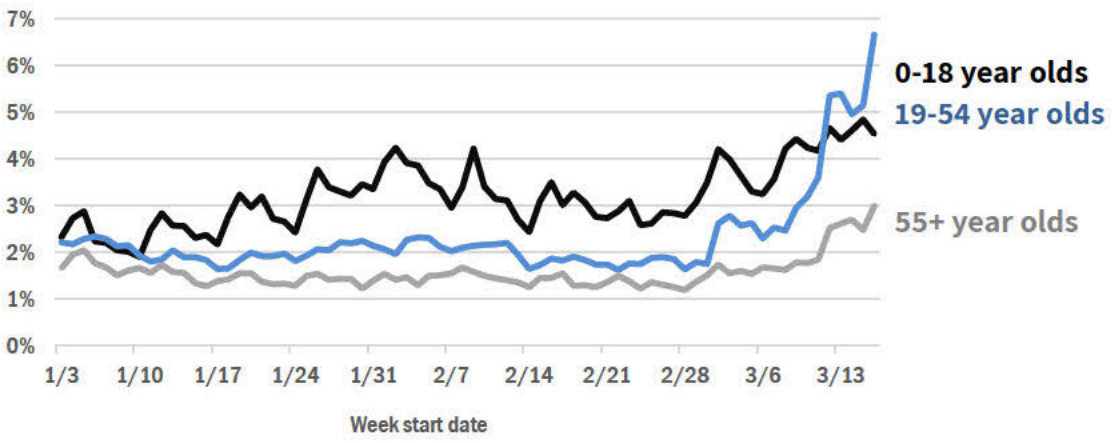
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has increased steadily over the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

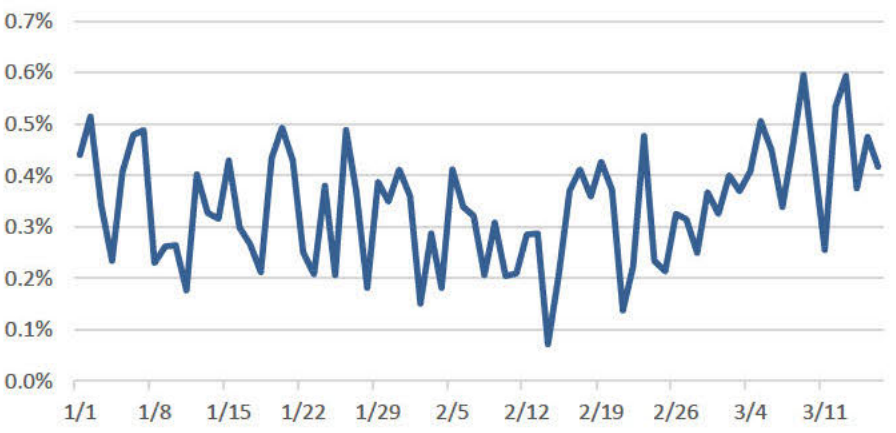


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

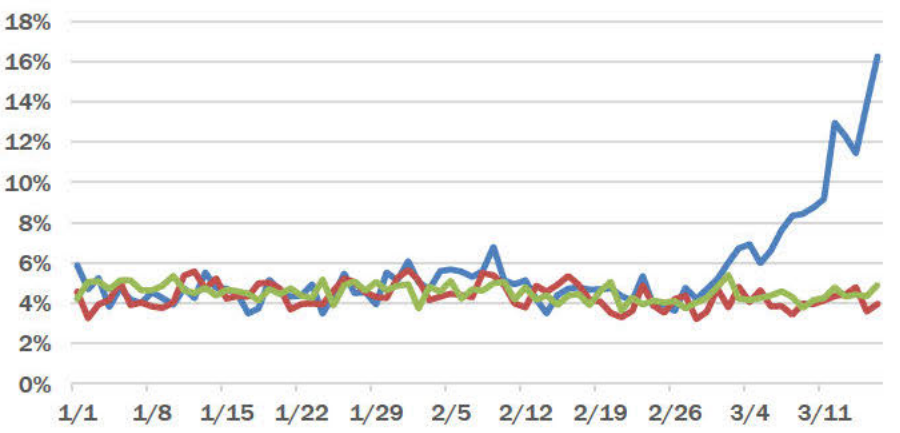


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has increased sharpley the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	227	244	80	15%	551
Dade	147	153	76	20%	376
Palm Beach	17	28	17	27%	62
Duval	17	40	13	19%	70
Hillsborough	10	42	13	20%	65
Collier	48	37	12	12%	97
Lee	23	29	9	15%	61
Orange	15	19	9	21%	43
Volusia	7	23	9	23%	39
Manatee	6	22	8	22%	36
Osceola	37	14	8	14%	59
Pinellas	93	49	8	5%	150
Alachua	44	63	7	6%	114
Seminole	20	13	7	18%	40
Clay	4	7	4	27%	15
Sarasota	45	129	4	2%	178
St. Johns	24	50	4	5%	78
Citrus	1	3	3	43%	7
Okaloosa	6	22	3	10%	31
Pasco	12	24	3	8%	39
Lake	1	7	2	20%	10
Brevard	1	6	1	13%	8
Charlotte	4	5	1	10%	10
Escambia	4	11	1	6%	16
Gadsden	0	0	1	100%	1
Leon	3	4	1	13%	8
Nassau	1	7	1	11%	9
Polk	12	19	1	3%	32
Santa Rosa	5	10	1	6%	16
Sumter	19	10	1	3%	30
Baker	0	4	0	0%	4
Bay	2	3	0	0%	5
Bradford	0	4	0	0%	4
Columbia	2	6	0	0%	8
Desoto	0	4	0	0%	4
Dixie	0	2	0	0%	2
Flagler	10	7	0	0%	17
Franklin	2	0	0	0%	2
Gilchrist	0	1	0	0%	1
Gulf	0	1	0	0%	1
Hardee	0	1	0	0%	1
Hendry	1	1	0	0%	2
Hernando	16	0	0	0%	16
Indian River	4	10	0	0%	14
Jackson	4	1	0	0%	5
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	6	19	0	0%	25
Martin	10	0	0	0%	10
Monroe	21	5	0	0%	26
Okeechobee	3	3	0	0%	6
Putnam	0	12	0	0%	12

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 18, 2020 at 7:50 AM

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County	No result	Negative	Positive	Percent positive	Total
St. Lucie	3	3	0	0%	6
Suwannee	0	3	0	0%	3
Union	0	2	0	0%	2
Unknown	2	0	0	0%	2
Walton	9	1	0	0%	10
Washington	1	0	0	0%	1
Total	949	1,186	308		2,443

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 18, 2020 at 7:50 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	634	104	14%	738
LABORATORY CORPORATION OF AMERICA	450	25	5%	475
DOH-JACKSONVILLE	426	47	10%	473
QUEST DIAGNOSTICS - TAMPA	399	18	4%	417
DOH-TAMPA (SPECTRUM BLVD)	373	35	9%	408
MEMORIAL REGIONAL HOSPITAL SOUTH	377	28	7%	405
ADVENT HEALTH LAB	352	24	6%	376
UNIVERSITY OF MIAMI HOSPITAL	54	25	32%	79
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	53	0	0%	53
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	24	1	4%	25
CDC	17	7	29%	24
FLORIDA HOSPITAL WATERMAN LABORATORY	21	0	0%	21
WESTSIDE REGIONAL MED CTR	8	7	47%	15
CLEVELAND CLINIC HOSPITAL LAB	13	2	13%	15
VIRACOR-EUROFINS LABORATORIES	10	0	0%	10
FLORIDA HOSPITAL FISH MEMORIAL	8	0	0%	8
TAMPA GENERAL HOSPITAL	0	7	100%	7
LAKEWOOD RANCH MEDICAL CENTER	3	1	25%	4
BAYCARE LABORATORIES LLC	4	0	0%	4
TENNESSEE DOH - NASHVILLE	2	2	50%	4
ADVENTHEALTH DAYTONA BEACH	4	0	0%	4
NORTHWEST MEDICAL CENTER	3	1	25%	4
LABCORP BURLINGTON (ELR)	2	1	33%	3
FLORIDA HOSPITAL FLAGLER	2	1	33%	3
JFK MEDICAL CENTER LAB	1	2	67%	3
MANATEE MEMORIAL HOSPITAL	3	0	0%	3
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
QUEST DIAGNOSTICS	2	0	0%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
WEST KENDALL BAPTIST HOSPITAL LABORATORY	1	1	50%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
DOCTORS HOSPITAL	2	0	0%	2
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
BAPTIST HOSPITAL OF MIAMI CLINICAL LABORATORY	1	0	0%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
UNIVERSITY HOSPITAL AND MEDICAL CENTER	0	1	100%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1
HOMESTEAD HOSPITAL CLINICAL LABORATORY	1	0	0%	1
LAB CORP	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
LABCORP BURLINGTON (LPP)	0	1	100%	1

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 18, 2020 at 7:50 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
PLANTATION GENERAL HOSPITAL	1	0	0%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
MHS LAB	1	0	0%	1
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
1	Dade	25	Male	Unknown	FL resident			03/18/20
2	Broward	49	Female	No	FL resident		No	03/18/20
3	Dade	53	Male	Unknown	FL resident			03/18/20
4	Dade	33	Male	Unknown	FL resident			03/18/20
5	Sumter	68	Male	Unknown	FL resident			03/18/20
6	Broward	33	Male	Unknown	FL resident			03/18/20
7	Collier	31	Female	Yes	FL resident	EGYPT		03/18/20
8	Broward	42	Male	Unknown	FL resident			03/18/20
9	Dade	49	Male	Yes	FL resident	EUROPE	No	03/18/20
10	Broward	57	Male	Unknown	FL resident			03/18/20
11	Dade	50	Female	Unknown	FL resident			03/18/20
12	Dade	21	Female	Unknown	FL resident			03/18/20
13	Broward	25	Female	Yes	FL resident	SPAIN	Unknown	03/18/20
14	Broward	56	Female	Unknown	FL resident			03/18/20
15	Dade	25	Female	Unknown	FL resident			03/18/20
16	Palm Beach	69	Female	Unknown	FL resident			03/18/20
17	Dade	20	Female	Unknown	FL resident			03/18/20
18	Broward	65	Male	Unknown	FL resident			03/18/20
19	Pinellas	32	Male	No	FL resident		Yes	03/18/20
20	Broward	69	Male	Unknown	FL resident			03/18/20
21	Pasco	64	Female	Yes	FL resident	FL; NY	Yes	03/18/20
22	Pinellas	67	Female	Unknown	FL resident			03/18/20
23	Dade	38	Male	Unknown	FL resident			03/18/20
24	Broward	21	Male	Unknown	FL resident			03/18/20
25	Broward	43	Female	Unknown	FL resident			03/18/20
26	Alachua	50	Female	No	FL resident			03/18/20
27	Broward	57	Male	Unknown	FL resident			03/18/20
28	Dade	35	Male	Unknown	FL resident			03/18/20
29	Palm Beach	72	Male	Unknown	FL resident			03/18/20
30	Dade	36	Unknown	No	FL resident		Yes	03/18/20
31	Duval	22	Male	Unknown	FL resident			03/18/20
32	Broward	54	Male	Unknown	FL resident			03/18/20
33	Broward	75	Male	No	FL resident		Yes	03/18/20
34	Broward	42	Male	Yes	FL resident	AUSTRALIA	Unknown	03/18/20
35	Broward	48	Male	Unknown	FL resident			03/18/20
36	Dade	45	Male	Unknown	FL resident			03/18/20
37	Dade	48	Male	Yes	FL resident	CO		03/18/20
38	Dade	34	Male	Unknown	FL resident			03/18/20
39	Broward	30	Male	Yes	FL resident	ITALY	No	03/18/20
40	Dade	53	Female	Unknown	FL resident			03/18/20
41	Broward	67	Male	Unknown	FL resident			03/18/20
42	Pinellas	52	Female	Unknown	FL resident			03/18/20
43	Dade	27	Male	Unknown	FL resident			03/18/20
44	Collier	59	Male	Yes	FL resident	JAPAN	Unknown	03/18/20
45	Collier	77	Male	No	FL resident		No	03/18/20
46	Citrus	80	Male	Yes	FL resident	DE		03/18/20
47	Collier	82	Male	No	FL resident		Unknown	03/18/20
48	Hillsborough	33	Male	Unknown	FL resident		Yes	03/18/20
49	Broward	93	Male	No	FL resident			03/18/20
50	Broward	20	Male	Yes	FL resident	BRAZIL; SPAIN	No	03/18/20
51	Dade	67	Male	Unknown	FL resident			03/18/20
52	Manatee	61	Male	Unknown	FL resident			03/18/20
53	Dade	38	Male	Unknown	FL resident		Unknown	03/18/20
54	Broward	29	Male	Unknown	FL resident			03/18/20
55	Dade	48	Female	Unknown	FL resident			03/18/20
56	Palm Beach	55	Male	Unknown	FL resident			03/18/20
57	Broward	21	Female	Unknown	FL resident			03/18/20
58	St. Johns	53	Female	Yes	FL resident	CO	Yes	03/18/20
59	Broward	21	Female	Yes	FL resident	IRELAND	Yes	03/18/20
60	Palm Beach	41	Male	Unknown	FL resident			03/18/20
61	Dade	80	Female	Unknown	FL resident			03/18/20
62	Broward	21	Male	Yes	FL resident	SPAIN	Unknown	03/18/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
63	Duval	83	Male	No	FL resident		No	03/18/20
64	Dade	36	Female	Unknown	FL resident		Yes	03/18/20
65	Broward	43	Male	Unknown	FL resident			03/18/20
66	Seminole	57	Female	Unknown	FL resident		Yes	03/18/20
67	Dade	28	Female	Yes	FL resident	IRELAND		03/17/20
68	Lee	79	Male	No	FL resident		Yes	03/17/20
69	Duval	84	Male	Unknown	FL resident			03/17/20
70	Duval	44	Male	Unknown	FL resident			03/17/20
71	Broward	19	Female	No	FL resident		Yes	03/17/20
72	Dade	63	Male	Unknown	FL resident			03/17/20
73	Alachua	21	Female	Yes	FL resident	NY	No	03/17/20
74	Broward	53	Male	Yes	FL resident	NC	No	03/17/20
75	Dade	19	Female	No	FL resident		Unknown	03/17/20
76	Osceola	29	Male	Unknown	FL resident			03/17/20
77	Dade	73	Male	Unknown	FL resident			03/17/20
78	Manatee	75	Male	Unknown	FL resident			03/17/20
79	Broward	79	Female	Yes	FL resident	CO; FL	No	03/17/20
80	Dade	80	Female	Unknown	FL resident			03/17/20
81	Seminole	45	Female	Unknown	FL resident			03/17/20
82	Palm Beach	69	Male	Unknown	FL resident			03/17/20
83	Dade	35	Male	Yes	FL resident	EGYPT	Yes	03/17/20
84	Dade	37	Female	Yes	FL resident	AZ; SPAIN		03/17/20
85	Hillsborough	60	Male	Unknown	FL resident			03/17/20
86	Dade	45	Male	Unknown	FL resident			03/17/20
87	Dade	52	Male	No	FL resident		Unknown	03/17/20
88	Dade	37	Male	Unknown	FL resident			03/17/20
89	Broward	70	Male	No	FL resident		Yes	03/17/20
90	Dade	57	Female	Unknown	FL resident			03/17/20
91	Lake	56	Male	Yes	FL resident	CO; FL	No	03/17/20
92	Collier	76	Male	Yes	FL resident	FRANCE	Unknown	03/17/20
93	Broward	46	Female	No	FL resident		Unknown	03/17/20
94	Hillsborough	23	Male	Unknown	FL resident		Yes	03/17/20
95	Dade	32	Male	Unknown	FL resident			03/17/20
96	Volusia	60	Female	No	FL resident		Yes	03/17/20
97	Duval	27	Male	Unknown	FL resident			03/17/20
98	Dade	69	Female	Unknown	FL resident			03/17/20
99	Dade	33	Male	Unknown	FL resident			03/17/20
100	Pinellas	30	Male	No	FL resident		Yes	03/17/20
101	Dade	44	Male	Yes	FL resident	France	No	03/17/20
102	Dade	60	Male	Unknown	FL resident			03/17/20
103	Broward	20	Male	Unknown	FL resident			03/17/20
104	Dade	57	Male	Unknown	FL resident			03/17/20
105	Palm Beach	19	Female	Yes	FL resident	TN	Yes	03/17/20
106	Hillsborough	74	Female	Unknown	FL resident			03/17/20
107	Dade	47	Female	Unknown	FL resident			03/17/20
108	Clay	66	Female	Unknown	FL resident		Yes	03/17/20
109	Orange	73	Male	Unknown	FL resident			03/17/20
110	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
111	Duval	25	Female	Unknown	FL resident			03/17/20
112	Palm Beach	38	Male	Unknown	FL resident		Unknown	03/17/20
113	Manatee	71	Male	Unknown	FL resident			03/17/20
114	Alachua	22	Male	Yes	FL resident	CANADA; NY; PA	No	03/17/20
115	Broward	19	Female	Yes	FL resident	SPAIN	No	03/17/20
116	Dade	50	Male	Unknown	FL resident			03/17/20
117	Lee	67	Male	No	FL resident		No	03/17/20
118	Dade	37	Male	Yes	FL resident	DC; FL	Yes	03/17/20
119	Dade	88	Male	Unknown	FL resident			03/17/20
120	Hillsborough	38	Female	Unknown	FL resident			03/17/20
121	Broward	57	Female	No	FL resident		Yes	03/17/20
122	Hillsborough	30	Male	Unknown	FL resident		Unknown	03/17/20
123	Dade	61	Female	Unknown	FL resident			03/17/20
124	Dade	50	Female	Unknown	FL resident			03/17/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
125	Polk	44	Female	No	FL resident		Unknown	03/17/20
126	Citrus	64	Male	No	FL resident		Yes	03/17/20
127	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	Unknown	03/17/20
128	Osceola	18	Male	No	FL resident		Yes	03/17/20
129	Duval	74	Male	Unknown	FL resident			03/17/20
130	Dade	45	Female	Yes	FL resident	NY	No	03/17/20
131	Dade	52	Female	Unknown	FL resident			03/17/20
132	Seminole	70	Male	Unknown	FL resident			03/17/20
133	Orange	28	Female	Unknown	FL resident			03/17/20
134	Osceola	47	Female	No	FL resident		No	03/16/20
135	Dade	56	Male	Unknown	FL resident			03/16/20
136	Volusia	37	Female	No	FL resident		Yes	03/16/20
137	Dade	43	Female	Yes	FL resident	UT	Yes	03/16/20
138	Pinellas	58	Male	Unknown	FL resident		No	03/16/20
139	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20
140	Dade	30	Female	Unknown	FL resident			03/16/20
141	Palm Beach	66	Male	Unknown	FL resident		Unknown	03/16/20
142	Broward	54	Female	No	FL resident		No	03/16/20
143	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
144	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
145	St. Johns	49	Male	Yes	FL resident	EUROPE; HUNGARY	No	03/16/20
146	Orange	51	Male	No	FL resident		No	03/16/20
147	Dade	66	Male	Unknown	FL resident			03/16/20
148	Orange	40	Female	No	FL resident		Unknown	03/16/20
149	Broward	65	Male	No	FL resident		Yes	03/16/20
150	Collier	49	Female	No	FL resident		No	03/16/20
151	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
152	Broward	51	Female	Yes	FL resident	Colombia	Yes	03/16/20
153	Sarasota	87	Male	No	FL resident		No	03/16/20
154	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
155	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
156	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20
157	Dade	67	Female	Yes	FL resident	EGYPT	Yes	03/16/20
158	Duval	91	Female	No	FL resident		Yes	03/16/20
159	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
160	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
161	Palm Beach	25	Male	Unknown	FL resident			03/16/20
162	Manatee	70	Male	No	FL resident		No	03/16/20
163	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20
164	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
165	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
166	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
167	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
168	Dade	28	Male	No	FL resident		Yes	03/15/20
169	Dade	58	Female	Yes	FL resident	ITALY; SPAIN	No	03/15/20
170	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
171	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
172	Dade	39	Male	Unknown	FL resident			03/15/20
173	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
174	Dade	66	Female	Unknown	FL resident			03/15/20
175	Broward	66	Male	No	FL resident		Yes	03/15/20
176	Broward	74	Male	No	FL resident		Yes	03/15/20
177	Orange	79	Female	Unknown	FL resident		No	03/15/20
178	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
179	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
180	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
181	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
182	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
183	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
184	Duval	88	Male	No	FL resident		Yes	03/15/20
185	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
186	Broward	60	Male	No	FL resident		Yes	03/15/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
187	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
188	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
189	Dade	62	Male	Yes	FL resident	FL; NY	Unknown	03/15/20
190	Duval	66	Male	No	FL resident		Yes	03/15/20
191	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
192	Osceola	48	Male	Yes	FL resident	SWITZERLAND	Yes	03/14/20
193	Seminole	43	Female	No	FL resident		No	03/14/20
194	Manatee	62	Female	No	FL resident		Yes	03/14/20
195	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
196	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
197	Volusia	89	Female	No	FL resident		Yes	03/14/20
198	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
199	St. Johns	64	Female	No	FL resident		No	03/14/20
200	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
201	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
202	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
203	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
204	Broward	63	Male	No	FL resident		Yes	03/14/20
205	Dade	18	Male	Yes	FL resident	SPAIN	Yes	03/14/20
206	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20
207	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20
208	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
209	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
210	Dade	20	Male	Yes	FL resident	Spain	Yes	03/14/20
211	Seminole	47	Male	Unknown	FL resident			03/14/20
212	Clay	55	Female	No	FL resident		Yes	03/14/20
213	Dade	42	Male	Yes	FL resident	FL; FRANCE	Yes	03/14/20
214	Broward	58	Male	No	FL resident		Yes	03/14/20
215	Clay	70	Male	No	FL resident		Yes	03/14/20
216	Broward	59	Male	No	FL resident		Yes	03/14/20
217	Dade	77	Female	Yes	FL resident	EGYPT; IRAN (ISLAMIC REP. OF); UNITED A	No	03/14/20
218	Broward	83	Female	No	FL resident		Yes	03/14/20
219	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
220	Manatee	67	Female	No	FL resident		Unknown	03/14/20
221	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
222	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
223	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
224	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
225	Dade	73	Male	No	FL resident		Unknown	03/14/20
226	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
227	Dade	42	Female	Unknown	FL resident			03/14/20
228	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
229	Hillsborough	17	Male	No	FL resident		No	03/14/20
230	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
231	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
232	Broward	36	Male	No	FL resident		Yes	03/13/20
233	Duval	83	Male	No	FL resident		Yes	03/13/20
234	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
235	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
236	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
237	Broward	27	Female	No	FL resident		Yes	03/13/20
238	Orange	41	Male	No	FL resident		Yes	03/13/20
239	Dade	45	Female	No	FL resident		Yes	03/13/20
240	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
241	Clay	57	Male	No	FL resident		Yes	03/13/20
242	Lee	77	Male	No	FL resident		Unknown	03/13/20
243	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
244	Palm Beach	73	Male	Yes	FL resident	Egypt; Germany	No	03/13/20
245	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
246	Orange	48	Female	No	FL resident		Yes	03/13/20
247	Broward	68	Female	No	FL resident		Yes	03/13/20
248	Dade	51	Male	No	FL resident		Unknown	03/13/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
249	Osceola	54	Male	No	FL resident		No	03/13/20
250	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/13/20
251	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
252	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
253	Broward	65	Male	No	FL resident		Yes	03/12/20
254	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
255	Dade	56	Male	Yes	FL resident	IRAN (ISLAMIC REP. OF)	Yes	03/12/20
256	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
257	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
258	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
259	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
260	Pinellas	64	Male	Yes	FL resident	EGYPT	Yes	03/11/20
261	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
262	Pasco	46	Male	No	FL resident		Yes	03/11/20
263	Broward	68	Female	No	FL resident		Yes	03/10/20
264	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
265	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
266	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
267	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
268	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
269	Broward	67	Male	No	FL resident		Yes	03/09/20
270	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20
271	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
272	Broward	75	Male	No	FL resident		Yes	03/07/20
273	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
274	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
275	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
276	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20
277	Manatee	63	Male	No	FL resident		Yes	03/02/20
278	Orange	68	Male	Unknown	Non-FL resident			03/18/20
279	Duval	46	Male	No	Non-FL resident		No	03/18/20
280	Osceola	20	Female	Yes	Non-FL resident	SPAIN	No	03/17/20
281	Hillsborough	28	Male	Unknown	Non-FL resident			03/17/20
282	Dade	51	Male	Unknown	Non-FL resident			03/17/20
283	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
284	Sarasota	80	Male	No	Non-FL resident		No	03/16/20
285	Alachua	64	Female	Yes	Non-FL resident	FL; NY	No	03/16/20
286	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
287	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
288	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
289	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
290	Lee	65	Female	Unknown	Non-FL resident			03/15/20
291	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
292	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
293	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
294	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
295	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
296	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
297	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
298	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
299	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
300	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
301	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
302	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
303	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
304	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
305	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
306	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
307	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
308	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20

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From: Ernst, Colleen
To: Jacquot, Joe
Subject: Fwd: Attached
Date: Sunday, March 1, 2020 12:30:23 PM
Attachments: 1 pager 1.24.docx

FYI- background info

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From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Friday, January 24, 2020 2:48:47 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: Fw: Attached

From: Bush, Amanda <Amanda.Bush@flhealth.gov>
Sent: Friday, January 24, 2020 3:47:41 PM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Cc: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Subject: RE: Attached

Correction, 4th bullet should be just (1)

Comments are in attached doc

Amanda

Please consider the environment before printing this email.

From: Bush, Amanda
Sent: Friday, January 24, 2020 3:41 PM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Cc: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Subject: RE: Attached

Three suggestions:

1. In reference to Governor authority to declare state of emergency, I would add s. 252.36(Emergency management powers of the Governor)
2. 4th bullet point should cite to 381.00315(1)(c) [not (5)] for the SGs authority to issue advisories and PHEs
3. Under that same bullet point, under the isolation and quarantine portion it says "now-repealed DOH regulations." Rule 64D-3.038(4) cited at the end of that bullet has not been repealed.

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Let me know if you need anything else.

Amanda

 Please consider the environment before printing this email.

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Friday, January 24, 2020 3:13 PM
To: Bush, Amanda <Amanda.Bush@flhealth.gov>
Cc: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Subject: Fw: Attached

From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Friday, January 24, 2020 2:31:03 PM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Subject: Attached

Please review and edit.

Colleen Maher Ernst
Deputy General Counsel
Executive Office of the Governor
400 S Monroe St Suite 209
Tallahassee, FL 32399
(850) 717-9321
colleen.ernst@eog.myflorida.com

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

Colleen M. Ernst

Quarantine Authority under State and Federal Law

- As a general matter, state and local governments have the primary authority to control the spread of dangerous diseases within their jurisdictions, and the federal government has authority to quarantine and impose other health measures to prevent the spread of diseases from foreign countries and between states.

State Authorities

- The Governor has authority to declare a state of emergency in response to any occurrence, or threat thereof, which results or may result in substantial injury or harm to the population. §§ 252.34, 252.35 Fla. Stat. Such a declaration activates the emergency mitigation, response, and recovery aspects of state and local emergency management plans in the affected area and serves as authority for the deployment and use of any forces or materials to which the plan applies.

- The Governor also has the power to direct DOH to address possible pandemics.
  - In 2014, Governor Scott issued an Executive Order establishing the Ebola Virus Disease Response Protocol. The order directed DOH to monitor all asymptomatic travelers identified by the CDC who were present in Florida after leaving an EVD-affected country.
  - The order also directed DOH to "quarantine all high-risk travelers from EVD-affected countries in West Africa who are identified by the CDC as being located in Florida for a period of 21 days following last known EVD exposure."

- Under Florida law, DOH may exercise quarantine authority "for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health." § 381.00315(4), Fla. Stat.
  - Quarantine orders must be in writing and be issued by the State Health Officer (Florida's Surgeon General) or the person to whom the Surgeon General delegates such authority. Fla. Admin. Code R. 64D-3.038.
  - A quarantine order may encompass actions "consistent with the protection of public health and accepted health practices." Such actions include isolation, closure of premises, testing, destruction, disinfection, treatment, and preventive treatment, including immunization. Fla. Admin. Code R. 64D-3.038.
  - Orders must include an expiration date or specify condition(s) for ending of quarantine.

- Florida law also allows the Surgeon General to issue a public health advisory or, after consultation with the Governor and FDLE, to declare a public health emergency. § 381.00315(5), Fla. Stat.
  - A public health advisory is a "warning of a potential public health threat." Prior to issuance, the Surgeon general must notify each county health department within the infected area.
  - A declaration of emergency is proper if the Surgeon General identifies a threat that may result in substantial injury or harm to the public health.
  - Any declaration shall continue until the threat or danger is contained to the extent that the emergency conditions no longer exists. A declaration may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration.
  - In an emergency, the Surgeon General may order:
    - Examination, testing, vaccination, or treatment performed by any qualified person authorized by the Surgeon General.
      - County health departments carry out these functions.
    - Isolation or quarantine if the individual poses a danger to the public health.
      - The quarantine location must have food, clothing, and shelter as necessary, and it must isolate the person from contact with people who have not been infected with the disease or immunized against that infection.
      - In line with the principle of "least restrictive alternative," now-repealed DOH regulations state that where quarantine is used following a declaration of public health emergency, individuals may choose isolation in their home unless DOH determines it is not a practical method. Fla. Admin. Code R. 64D-3.038(4).
  - Orders issued under a declaration of emergency are "immediately enforceable by a law enforcement officer." § 381.00315, Fla. Stat.

Commented [BA1]: I would add s. 252 36, F.S. (Emergency management powers of the Governor)

Commented [BA2]: (5) says that the department shall adopt rules. This should be (1).

Commented [BA3]: 64D-3.038 has not been repealed

AMERICAN OVERSIGHT

- DOH has delegated to the county health department director (a physician) or county health department administrator (a nonphysician), or their designated representative, the same power, within his or her county, to give public notice of isolation and quarantine and to initiate and terminate conditions of isolation and quarantine as the Surgeon General. Fla. Admin. Code R. 64D-3.037 and 3.038.

- Recent precedent for quarantine shows it is typically cooperative, not involuntary.
    - A 2007 report from DOH indicates that Florida has not ordered an involuntary human quarantine since 1947. All recent instances of quarantine involved cooperative agreements.
        - In April 2003, the Okaloosa County Health Department oversaw the voluntary home isolation of 6-year-old child suspected of contracting SARS.
        - That same month, the Miami-Dade County Health Department persuaded a suspected SARS patient to voluntarily sequester himself for 10 days.
        - Finally, the Miami-Dade County Health Department convinced a homeless person suspected of SARS to confine himself to a motel for 10 days during April 2003.
    - In 2014, Maine involuntarily quarantined a nurse exposed to Ebola despite CDC's determination that no quarantine was necessary. The state settled the case.
        - Most states are reluctant to exercise involuntary quarantines.

- Section 311 of the federal Public Health Service Act (PHS Act) provides for federal-state cooperative activities to enforce quarantines. The federal government may assist states and localities in enforcing their quarantines and other health regulations and, in turn, may accept state and local assistance in enforcing federal quarantines.

Federal Authorities

- When necessary, the Secretary of HHS may declare a public health emergency and take such action as may be necessary or appropriate to respond. An emergency declaration triggers grants and the implementation of plans allowing the use of federal health resources to assist the states in coping with the emergency. 42 U.S.C. §§ 243, 247d(a).

- Based on the federal government's Commerce Clause authority, the PHS Act authorizes the apprehension and examination of any individual reasonably believed to be infected with a communicable disease in a qualifying stage who is (A) moving or about to move from a State to another State; or (B) a probable source of infection to individuals who, while infected with such disease in a qualifying stage, will be moving from a State to another State. 42 U.S.C. § 264.
    - The CDC may conduct non-invasive, public health prevention measures (*e.g.*, inspection, fumigation, disinfection, sanitation, pest extermination, etc.) to detect the presence of communicable diseases at United States airports, seaports, railway stations, bus terminals, and other locations used to gather people for interstate travel.
    - The CDC may require travelers to provide contact information such as United States and foreign addresses, telephone numbers, email addresses, information about a person's intended destination, health status, known or possible exposure history, and travel history.
    - Section 322(a) of the PHS Act authorizes the PHS to care for and treat persons under quarantine. Such persons may also receive care and treatment at the expense of the PHS from public or private medical facilities when authorized by the officer in charge of the PHS station at which the application is made.

- In the immigration context, the Secretary of HHS, with approval from the President, may bar the entry of persons or cargo from foreign countries where the "existence of any communicable disease" poses a "serious danger" of entering the United States such that "a suspension of the right to introduce such persons and property is required in the interest of public health." 42 U.S.C. § 265.
    - DHS may screen applicants for admission to the United States for any communicable disease of public health significance (which is a ground for inadmissibility under immigration law). 8 U.S.C. § 1222.

AMERICAN OVERSIGHT

Colleen M. Ernst

- To prevent the spread of disease, CBP may funnel international flights to select airports in the United States. 19 U.S.C. § 1433.
    - An announcement that CDC will exercise this authority is pending.
    - The five target airports are those currently conducting coronavirus screening: San Francisco, New York (JFK International), Los Angeles (LAX), Atlanta, and Chicago (O'Hare International).

- In addition, TSA may impose requirements on air carriers entering the United States. For example, TSA may require airlines to ask passengers certain questions related to exposure. TSA also may cancel flights to address safety threats to passengers and crew. 49 U.S.C. § 44905.
    - Air carriers likewise may refuse to board passengers who pose a direct threat to health and safety of others. 14 C.F.R. § 382.21.
    - Pilots of both interstate flights and flights to the United States are required to report certain illnesses they encounter during flight in advance of their arrival to the CDC Quarantine Station closest to their destination airport. 42 C.F R. §§ 70.4, 71.21(b).

AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Subject: Fwd: Briefs for Tomorrow
Date: Monday, March 2, 2020 11:21:35 AM
Attachments: 03022020 COVID MIAMI.docx

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From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Monday, March 2, 2020 11:21:12 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Miami Brief updated with additional RSVPs

From: Gambineri, Mara
Sent: Monday, March 2, 2020 8:55 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna

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<LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Tampa Brief updated with additional RSVPs.

From: Gambineri, Mara
Sent: Sunday, March 1, 2020 11:29 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

AMERICAN OVERSIGHT

Please see attached briefs for tomorrow:

- Agency Heads Meeting
- Tampa Press Conference
- VPOTUS
- Miami Press Conference

NOTE: The press conference briefs will be updated in the morning when we get additional RSVPs.

Thank you,
Mara

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

EVENT POC/STAFFERS

EOG Regional Representative: Chelsea Aaron, (954) 328-2047, Silvia Castellanos, (786) 531-9842
EOG Communications: Cody McCloud, (850) 241-3728
DOH-Miami Dade Contact: Olga Connor, (305) 926-5960

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	County Health Department
Attire:	Business
Podium:	Yes
Weather:	76°F / Partly Cloudy - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Health, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*
5. Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*
6. Mark Racicot, *CEO, North Shore Medical Center*
7. Esteban Bovo, *Commissioner, Miami-Dade County Commission*
8. Rebecca Sosa, *Commissioner, Miami-Dade County Commission*
9. Roberto Martell, *Mayor, Medley*
10. Cliff Bauer, *Vice President of Government Relations, Miami Jewish Health*
11. Steven Sonenreich, *President and CEO, Mount Sinai Medical Center*
12. Matt Love, *Interim President and CEO, Nicklaus Children's Hospital*
13. Jose Pepe, *Commissioner, Miami-Dade County Commission*
14. Rodolfo Garcia, *CEO, Westchester General Hospital*
15. Emmanuel Louis, *Chief, Hialeah Fire Department*
16. Armando Rojas, *Emergency Manager, City of Hialeah*

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17. Jonathan Martinez, *Executive Officer, City of Hialeah Mayor's Office*
18. Carlos A. Gimenez, *Mayor, Miami-Dade County*
19. Chief Rowan Taylor, *Division Chief, Miami-Dade County Fire/EMS*

TIMELINE:

2:00 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health in Miami-Dade County **Met by:** Dr. Yesenia Villalta, Administrator, Florida Department of Health in Miami-Dade County
2:01 p.m.	**Governor DeSantis** and the group move to the Podium
2:02 p.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
2:09 p.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
2:14 p.m.	State Surgeon General Dr. Rivkees delivers remarks
2:21 p.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
2:30 p.m.	**Governor DeSantis** concludes Press Conference
2:31 p.m.	**Governor DeSantis** and group moves to Roundtable
2:32 p.m.	**Governor DeSantis** opens roundtable discussion
3:02 p.m.	**Governor DeSantis** concludes roundtable and departs for Lab Tour
3:05 p.m.	**Governor DeSantis** and group transition to Lab location **Met by**: Dr. Stephen White
3:07 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Stephen White leads tour
3:30 p.m.	Lab tour concludes; **Governor DeSantis** and group depart

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BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

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During his career, Dr. Rivkees has been named as "One of America's Best Doctors," "One of America's Top Pediatricians" and "One of New York's Best Doctors." He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

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Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*

Stephen serves as the bioterrorism defense coordinator for the Florida Department of Health. He has held this position for nearly four years. He previously served in the same role from August 2011 to June 2015.

Stephen has a PhD in public health from Florida International Univiersity as well as bachelors and masters degrees from Texas Tech University in clinical laboratory science and practice management.

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Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*

Dr. Villalta was born in Miami, Florida. After graduating from Coral Gables High School, she attended Miami-Dade College, where she majored in chemistry. Dr. Villalta is a three-time graduate of the University of Miami School of Nursing, where she earned a Bachelors and Masters of Science in Nursing as well as a Doctor of Nursing Practice degree. Upon graduation, she worked in the private sector and then made a change to public health.

Dr. Villalta has nearly 13 years of experience in a variety of public health functions and 19 years in the field of nursing. She started her career with public health in 2005, at DOH-Miami-Dade as an Advanced Practice Registered Nurse. Dr. Villalta also served as Assistant Director of Nursing in 2007, until being appointed Executive Community Health Nursing Director in 2014.



Mark Racicot, *CEO, North Shore Medical Center*

Prior to his appointment to North Shore Medical Center Racicot was the chief executive officer at Florida Medical Center and he also served as the chief operating officer at Palmetto General Hospital where he was also the lead COO for Tenet's Miami-Dade Group hospitals. Under his leadership of Broward and Miami-Dade, Racicot implemented processes to improve standardization and efficiency across the five hospitals. He also helped create a regional capital plan to refurbish patient rooms over a three year period across the ten hospitals in Florida. At Palmetto, Racicot oversaw the design and construction of the hospital's new 31-bed clinical decision unit. He also managed a variety of projects including a new CT unit and MRI replacement in the imaging department and telemetry system upgrades on three nursing units. A known relationship builder, Racicot was also responsible for leading ancillary and support teams to significantly improve throughout and patient experience. He previously worked in healthcare in New England.

Racicot holds a Bachelor of Science degree in Civil Engineering from WPI and is a registered engineer. In addition, he has a Master of Business Administration from Fitchburg State University.

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Esteban Bovo, *Commissioner, Miami-Dade County Commission*

Esteban L. Bovo, Jr. was elected in 2011 to serve as the Miami-Dade County Commissioner representing District 13, which includes Hialeah, Miami Lakes, Palm Springs North, and neighboring areas of unincorporated Miami-Dade. On December 6th, 2016 Commissioner Bovo was elected Chairman of the Board of County Commissioners for the 2017-2018 term.

Bovo commenced his public service when he was appointed Councilman for the City of Hialeah in 1998. After being re-elected twice, Chairman Bovo's colleagues selected him as President of the Hialeah City Council and he remained in that capacity throughout his term. As Councilman, Bovo sponsored the anti-predator legislation and focused on improving the city for the residents.

In November 2008, Bovo was elected as State Representative for District 110 and was re-elected without opposition in 2010. During his tenure in the Florida Legislature, Bovo was an outspoken advocate for the historic Hialeah Park and worked diligently towards its re-opening. Throughout the 2009 legislative session, he also sponsored a resolution naming May as "A Safe Haven for Newborns Month," in recognition of the Gloria M. Silveiro Foundation. Additionally, he designated April 17, 2009 as "Bay of Pigs Memorial Day" in commendation of the Museum and Library for 2506 Assault Brigade, where historic memorabilia is preserved.

Bovo continued to focus his legislative agenda on the betterment and safety of our community by sponsoring the Ashley Nicole Valdes Act, which requires defendants who have been arrested for leaving the scene of a fatal accident to be held in custody until a judge ruling. Due to his tenacity and dedication to public service, his colleagues in the Florida Legislature nominated him as Chairman of the Hispanic Legislative Caucus and was subsequently chosen to chair the Committee of Business Regulation in Tallahassee.

Bovo as Chairman of the County Commission has restructured the commission committee system and established a Chairman's Policy Council to address several key issues facing our community. The Policy Council has been tasked with developing recommendations to address issues such as mass transit expansion funding, courthouse and jail infrastructure funding, sea level rise, housing affordability, and gun violence epidemic. As a County Commissioner, Esteban Bovo, Jr. maintains an open-door policy and continues his commitment to improving our quality of life in Miami-Dade County.

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Esteban L. Bovo, Jr. was born on June 12, 1962 in Queens, New York to Marilyn and Esteban Bovo-Carás.. Esteban Bovo has been a proud resident of Miami-Dade County for over 47 years and holds a Bachelor's degree in Political Science from Florida International University. He is married to Viviana and has five children; Oscar, Bianca, Esteban, Sofia, and Alessandro.



Rebecca Sosa, *Commissioner, Miami-Dade County Commission*

Rebeca Sosa has served on the Miami-Dade County Commission as District 6 commissioner since June 2001. She has been re-elected four times - most recently in 2014 without opposition- to represent the residents of the City of Miami, Coral Gables, West Miami, Hialeah and Miami Springs and the unincorporated communities of Schenley Park, Coral Villas, Red Bird, Coral Terrace, Little Gables and Fontainebleau.

On Nov. 20, 2012, she was elected by her colleagues as Chairwoman of the County Commission where she served a two-year term.

Commissioner Sosa was born in Camaguey, Cuba. She received her Bachelor Degree in Secondary Education from the University of Puerto Rico and a Bachelor Degree in Elementary Education from Saint Thomas University where she graduated Summa Cum Laude. She holds certifications both in elementary education and as an instructor for English for Speakers of Other Languages (ESOL). Commissioner Sosa has been an educator for more than 30 years and is currently a teacher-trainer for Miami-Dade County Public Schools.

Prior to joining Miami-Dade County, Commissioner Sosa served as mayor of the City of West Miami from 1994 to 2001 where her leadership resulted in the city's recovery from a 52 percent budget deficit, thus removing it from the Governor's Emergency List.



Roberto Martell, *Mayor, Town of Medley*

As Mayor of the Town of Medley, Roberto Martell is committed to serving his community. Mayor Roberto Martell began his public service in 2008 after being elected to the seat of Councilperson. In 2012, he was elected as Mayor of the Town of Medley, and in 2016 was re-elected for his second term as Mayor. Mayor Martell always puts forth the best interests of the residents, staff and business which make Medley what it is

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today.

Establishing his construction company, Martell Construction in 1987, Roberto Martell always excelled beyond the highest levels of expertise and honesty in the industry. Prior to beginning his company, Roberto Martell oversaw construction work on the Metro Rail, as well as drew up plans for new, turn-key properties. Inhis business, Martell believed in being straightforward and facilitating the construction process for his clients, including addressing any concerns regarding the before and during the construction, adhering to a strict construction timetable, and making sure work was completed in the most time and cost-effective way possible.

In March of 2016, Mayor Roberto Martell was appointed by Florida Governor Rick Scott to the Metropolitan Planning Organization of Miami-Dade County. Mayor Martell also proudly serve's on the following committee's: South Florida Regional Planning Council, MPO's Executive Policy Committee and the MPO's Fiscal Priorities Committee. Through his hard work and dedication, Mayor Martell continues to strive to bring economic growth and development to his Town.



Cliff Bauer, *Vice President of Government Relations, Miami Jewish Health*

Cliff Bauer oversees and represents Miami Jewish Health's PACE program and other public health programs and services to state and federal government agencies and regulators. He has more than 40 years of experience in healthcare management and has consulted for and guided healthcare associations on Medicare Advantage HMO programs and public health department grant programs.

Bauer is on the board of directors for the National PACE Association, Greater Miami Chamber of Commerce and Our Florida Promise, and is an adjunct professor at Florida International University.

He holds a Bachelor of Arts in biology from the University of Missouri and a master's degree in health administration from St. Louis University.

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Steven Sonenreich, *President & CEO, Mount Sinai Medical Center*

Steven D. Sonenreich's 35-year career in healthcare began at Mount Sinai Medical Center in 1976.

In 1996, Steve left Mount Sinai for the opportunity to become chief executive officer of Cedars Medical Center in Miami. Under his direction, Cedars won several awards for customer service and overall performance. The Mount Sinai Medical Center Board of Trustees recruited Steve back to the hospital in his current position in late October 2001.

Under Sonenreich's leadership, Mount Sinai has been designated one of America's Top Hospitals for the last five consecutive years by U.S. News & World Report. In addition, Sonenreich helped expand Mount Sinai's operations over six South Florida locations to include the region's only freestanding emergency department and multiple outpatient physician offices. He has been honored as 2012 Citizen of the Year by the Miami Beach Chamber of Commerce and he received an award from The South Florida Business Journal as one of the ten Miami Ultimate CEOs in 2012.

He earned his Bachelor of Arts degree from the State University of New York at Binghamton and a Master of Business Administration and Certification in Healthcare Administration from the University of Miami.



Matthew A. Love, *President and CEO, Nicklaus Children's Health System*

Matthew A. Love has accepted the permanent role of president and chief executive officer (CEO) at Nicklaus Children's Health System (NCHS) in January 2020. Love, who joined the health system as chief financial officer in October 2018, was appointed interim president and CEO by the NCHS board of directors in July 2019.

Love has more than 20 years of experience in financial and operational oversight in both adult and pediatric healthcare systems. Prior to joining NCHS, he served as senior vice president and chief financial officer of Regions for Mercy Health System in Ohio, where he led a team of seven regional chief financial officers.

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Jose Pepe, *Commissioner, Miami-Dade County Commission*

Commissioner Jose "Pepe" Diaz serves as the Commissioner for District 12, which includes the cities of Doral, Hialeah, Hialeah Gardens, Medley, Sweetwater, Virginia Gardens, and a large portion of unincorporated Miami-Dade County. He was first elected as commissioner in September 2002 and was re-elected to a fifth term in 2018. He also served as the Vice-Chairman of the Miami-Dade Board of County Commissioners from 2009-2010.

Commissioner Diaz has served in various capacities on different committees of the County Commission. Currently, he serves on the Health Care and County Operations Committee, the Public Safety and Rehabilitation Committee and the Parks, Recreation and Cultural Affairs Committee. He also serves as the Chairman of the Miami-Dade Value Adjustment Board and is a member of the South Florida Regional Planning Council. Additionally, Commissioner Diaz, who proudly served as a member of the U.S. Marine Corps, was appointed as Miami-Dade County's Military Liaison and also serves as the Chairman of Miami-Dade County's Military Affairs Board.

On the international level, Commissioner Diaz serves as Chairman of the International Trade Consortium Board and is an advocate for trade and forging partnerships with other nations. In March 2010, Commissioner Diaz was appointed by U.S. Trade Representative Ron Kirk to serve on the Intergovernmental Policy Advisory Committee on Trade (IGPAC), and proudly served until April 2018. In this capacity, Commissioner Diaz advised, consulted with, and made recommendations to the U.S. Trade Representative from the perspective of local governments. He also serves as Chairman of the Jay Malina International Trade Consortium (ITC), where he has been instrumental in making profitable connections for businesses on behalf of Miami-Dade County with the Caribbean and Latin America. He toured several Asian cities in 2005 (Tianjin, Hong Kong and Shanghai), met with government officials and business organizations to promote trade partnerships, and participated in a ceremony to mark a joint venture between Florida International University and Tianjin University of Commerce. The commissioner and the Asian delegation also secured a cooperative agreement for the County with Tianjin's Municipal People's Government.

Before joining the Commission, Commissioner Diaz worked to resolve the ongoing flooding issues throughout Miami-Dade County as Mayor of Sweetwater.

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Commissioner Jose "Pepe" Diaz is married and has three daughters. He was born in Pinar del Rio, Cuba and has lived in Sweetwater, Fla., for more than 30 years. In 1979, Commissioner Diaz enlisted in the U.S. Marine Corps and was honorably discharged in December 1984. In 1986, he began his career in public service as Chairman of the City of Sweetwater Police Retirement Trust Fund Board. For the next seven years, he served on the City of Sweetwater Commission and was elected Mayor of Sweetwater in May 1999.



Rodolfo Garcia, *CEO, Westchester General Hospital*

Rodolfo "Rudy" Garcia (born April 15, 1963) was a Republican member of the Florida Senate, representing the 40th District since 2001. Previously he was a member of the Florida House of Representatives from 1985 through 2000. He ran for Mayor of Hialeah, Florida in 2011, but lost. Garcia has ben the CEO of Westchester General Hospital since 2017.

Jonathan Martinez, *Executive Officer, City of Hialeah Mayor's Office*

Jonathan Martinez is the Mayor's Executive Officer in the City of Hialeah. He has served in this position for over two years. Prior to this, Martinez worked for the City of Hialeah for nearly thirteen years as a Community Development Administrative Officer and the Mayor's Liaison to Community Development. He is also a Trust Member at Citizen Independent Transportation Trust. Martinez attended Barry University.

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From: Wagner, Maureen
To: Nunez, Jeanette
Cc: Colucci, Monica
Subject: Fwd: Briefs for Tomorrow
Date: Monday, March 2, 2020 4:12:44 AM
Attachments: 03022020 COVID TAMPA.docx
03022020 COVID MIAMI.docx
02282020 VPOTUS COVID19.docx
03022020 Agency Heads Meeting.docx

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From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Sunday, March 1, 2020 11:29:22 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

- Agency Heads Meeting
- Tampa Press Conference
- VPOTUS
- Miami Press Conference

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NOTE: The press conference briefs will be updated in the morning when we get additional RSVPs.

Thank you,

Mara

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Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

EVENT POC/STAFFERS

EOG Regional Representative: LeAnna Himrod, (863) 781-2355
EOG Communications: Cody McCloud, (850) 241-3728
Lake County Contact: Kevin Watler, (813) 298-2024

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	Public Health Laboratory
Attire:	Business
Podium:	Yes
Weather:	77°F / Mostly Sunny - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Andrew Cannons, *Director, Tampa Laboratory, Florida Department of Health*
5. John Couris, *President and CEO, Tampa General Hospital*
6. Betsy Benac, *Chairman, Manatee County Commission*
7. Steve Litschauer, *Chief of Emergency Management, Manatee County*
8. Jake Saur, *Director of Public Safety, Manatee County*
9. Cynthia Saunders, *Superintendent, Manatee County*
10. Vanessa Baugh, *Commissioner, District 5, Manatee County*
11. Dennis Jones, *Chief, Hillsborough County Fire and Rescue*
12. Mike Merrill, *County Administrator, Hillsborough County*

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Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

TIMELINE:

10:30 a.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health Tampa Laboratory
	Met by: Dr. Andrew Cannons
10:31 a.m.	**Governor DeSantis** and the group move to the Podium
10:32 a.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
10:39 a.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
10:44 a.m.	State Surgeon General Dr. Rivkees delivers remarks
10:51 a.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
11:00 a.m.	**Governor DeSantis** concludes Press Conference
11:01 a.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Andrew Cannons leads tour
11:15 a.m.	Lab tour concludes; **Governor DeSantis** and group move to conference room for roundtable with local officials and health care partners
11:16 a.m.	**Governor DeSantis** opens roundtable discussion
11:50 a.m.	**Governor DeSantis** concludes roundtable and departs

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Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

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During his career, Dr. Rivkees has been named as “One of America’s Best Doctors,” “One of America's Top Pediatricians" and “One of New York’s Best Doctors.” He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Andrew Cannons, *Director, Tampa Laboratory, Florida Department of Health*

Dr. Cannons has served as lab director at the DOH Tampa lab for the last 8 years. Prior to this position he served as scientific director of the USF Center for Biological Defense for nearly a decade.

Dr. Cannons holds a bachelors degree and doctorate degree in biology and biochemistry from the University of Bradford.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



John Couris, *President and CEO, Tampa General Hospital*

John D. Couris is the president and CEO of Tampa General Hospital, a nationally renowned nonprofit academic medical center. As a recognized leader in the health care industry, John has achieved tremendous success through innovation, technological integration and strategic collaborations.

He writes about these experiences in leadership and some of the most critical and relevant issues facing the health care industry today on his blog, posted here at www.changewithcouris.com. John also shares his experience and perspective on health care innovation and management at conferences across the country. Currently, over 30,000 individuals across the health care sector, as well as lawmakers, public policy advocates, and executives, have engaged with John via LinkedIn.

Prior to joining Tampa General Hospital, John served as president and CEO of Jupiter Medical Center, the region's leading medical center. During his tenure, the organization expanded its services and forged innovative partnerships with some of the leading providers in the nation, including Mount Sinai New York and Nicklaus Children's Hospital in Miami. Under John's leadership, Jupiter Medical Center developed a partnership with IBM Watson, becoming the first community regional medical center in the country to adopt IBM Watson for oncology.

John also led efforts to raise over $170 million to support technological investments, critical care services and new centers of excellence.

John's career began at Massachusetts General Hospital, one of the premier academic medical centers in the country. From there, he spent the next ten years with BayCare System, rising from vice president of ambulatory care at Morton Plant Mease Health Care in Clearwater to chief operating officer.

Throughout his over twenty-year career, John has demonstrated a unique ability to lead organizations and empower individuals to reach their fullest potential while generating high levels of return on investment and developing innovative programs that consistently deliver on results.

John is a graduate of Boston University and holds a Master's of Science in management from Lesley University in Cambridge, Massachusetts. Beginning in February 2019, John will pursue his Doctor of Business Administration at the University of South Florida Muma College of Business. He resides in Tampa, Florida, with his wife, Dianne, and their two children, Benjamin and Isabelle.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



Betsy Benac, Commission Chair, Manatee County

Benac has 34 years of experience as a professional land planner in both the public and private sectors. [3]

Among her successes as Commissioner are the replacement of the aging DeSoto Bridge, which she was able to get designated the top regional priority for funding. [3]

Benac's service on the Manasota Basin Board of the Southwest Florida Water Management District included planning and funding long-term water supply projects. Her environmental record includes contributions to the policy boards of the Sarasota and Tampa Bay National Estuary Programs.

She has also served on the boards of the Manatee Chamber of Commerce, the Bradenton Area Economic Development Corp. and Leadership Manatee, among other organizations.



Steve Litschauer, *Emergency Management Chief, Manatee County*

Steve Litschauer has served as Manatee County's Emergency Management Chief since April 2019. Litschauer previously worked as an emergency management officer and later Operations Manager before assuming his current role. Litschauer has had a lengthy career in law enforcement, including 32 years as the captain of the Manatee County Sheriff's Office. Litschauer earned his degree in Psychology from Saint Leo College.



Jacob A. Saur, *Director of Public Safety, Manatee County*

Jacob A Saur was appointed as Manatee County's new public safety director in January of 2020. Saur previously served as the county's emergency communications chief and has worked for Manatee County since 2001. Saur championed multiple projects, along the way positioning Manatee County as a leader in the public safety industry. Saur graduated from Manatee Technical College and Saint Petersburg College. He

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612
is a Registered Public-Safety Leader (RPL) and Emergency Number Professional (ENP).



Cynthia Saunders, *Superintendent, School District of Manatee County*

Cynthia Saunders was sworn in as Superintendent of the School District of Manatee County on June 28, 2018. Her nearly 30 years of service in education in Florida include experience as a classroom teacher, assistant principal and principal as well as time in district administrative and leadership positions including curriculum and staff development, Executive Director of Secondary Schools and Deputy Superintendent of Instructional Services.

Mrs. Saunders came to Manatee County in July 2013 as Executive Director of Secondary Schools and became Deputy Superintendent of Instructional Services in March 2015. With the help of her leadership, experience and community spirit, the School District of Manatee County has seen momentous gains academically, financially and in terms of community support during her tenure.



Vanessa Baugh, *Commissioner, Manatee County District 5*

Commissioner Baugh is originally from Virginia and moved to Florida in 1999. She and her husband, Don started Vanessa Fine Jewelry in 1999, which is located on Lakewood Main Street. They have four children and 10 grandchildren. Baugh graduated from Tidewater Community College with a degree in business. She is the President and CEO of Vanessa Fine Jewelry and has been the Commissioner of Manatee County District 5 for over seven years.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



Dennis Jones, *Chief, Hillsborough County Fire and Rescue*

Chief Jones has served as the fire chief for Hillsborough County since August 2015. Prior to this position, he served as fire training specialist for the City of Tampa Fire Rescue. Both of these positions were after he retired from the City of Tampa Fire Rescue for 32 years, retiring as chief in May 2010.

Chief Jones holds a bachelor's degree in fire science from Columbia Southern University. He is also a licensed paramedic.



Mike Merrill, *County Administrator, Hillsborough County*

The Administrator is the County's chief executive officer. Hillsborough County's current Administrator, Mike Merrill, sets the framework for carrying out the Board of County Commissioners' decisions, including preparing an annual budget, monitoring the effectiveness of County services, and overseeing the management of more than 4,000 County employees.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

EVENT POC/STAFFERS

EOG Regional Representative: Chelsea Aaron, (954) 328-2047, Silvia Castellanos, (786) 531-9842
EOG Communications: Cody McCloud, (850) 241-3728
DOH-Miami Dade Contact: Olga Connor, (305) 926-5960

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	County Health Department
Attire:	Business
Podium:	Yes
Weather:	76°F / Partly Cloudy - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*
5. Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

TIMELINE:

2:00 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health in Miami-Dade County
	Met by: Dr. Yesenia Villalta, Administrator, Florida Department of Health in Miami-Dade County
2:01 p.m.	**Governor DeSantis** and the group move to the Podium
2:02 p.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
2:09 p.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
2:14 p.m.	State Surgeon General Dr. Rivkees delivers remarks
2:21 p.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
2:30 p.m.	**Governor DeSantis** concludes Press Conference
2:31 p.m.	**Governor DeSantis** and group moves to Roundtable
2:32 p.m.	**Governor DeSantis** opens roundtable discussion
3:02 p.m.	**Governor DeSantis** concludes roundtable and departs for Lab Tour
3:05 p.m.	Governor DeSantis and group transition to Lab location
	Met by: Dr. Stephen White
3:07 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Stephen White leads tour
3:30 p.m.	Lab tour concludes; **Governor DeSantis** and group depart

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

AMERICAN OVERSIGHT

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He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*

Stephen serves as the bioterrorism defense coordinator for the Florida Department of Health. He has held this position for nearly four years. He previously served in the same role from August 2011 to June 2015.

Stephen has a PhD in public health from Florida International Univiersity as well as bachelors and masters degrees from Texas Tech University in clinical laboratory science and practice management.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125



Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*

Dr. Villalta was born in Miami, Florida. After graduating from Coral Gables High School, she attended Miami-Dade College, where she majored in chemistry. Dr. Villalta is a three-time graduate of the University of Miami School of Nursing, where she earned a Bachelors and Masters of Science in Nursing as well as a Doctor of Nursing Practice degree. Upon graduation, she worked in the private sector and then made a change to public health.

Dr. Villalta has nearly 13 years of experience in a variety of public health functions and 19 years in the field of nursing. She started her career with public health in 2005, at DOH-Miami-Dade as an Advanced Practice Registered Nurse. Dr. Villalta also served as Assistant Director of Nursing in 2007, until being appointed Executive Community Health Nursing Director in 2014.

AMERICAN OVERSIGHT

Call with Vice President Michael Pence on COVID-19

Monday, March 2, 2020, 12:00 p.m. –12:30 p.m.

EXTERNAL ACTIVITY TYPE

☐ **Meeting** ☐ **Lunch** ☐ **Dinner**

☒ **Call** ☐ **Photo-op** ☐ **Other**

EOG POINT OF CONTACT

Diane Moulton

CALL IN NUMBER

888-600-5819
Access Code: [redacted]

NOTE: There is only one line per Governor.

PURPOSE

Governor DeSantis will participate in a call on Coronavirus (COVID-19) with United States Vice President Michael Pence.

EVENT INFORMATION

Principals:	**THE GOVERNOR**
Format:	Call
Time:	12:00 p.m. – 12:30 p.m.
Press:	Closed
Attire:	NA

CONFIRMED PARTICIPANTS

The call is open to ALL Governors

AMERICAN OVERSIGHT

Agency Heads Meeting

Monday, March 2, 2020, 8:00 a.m. – 8:40 a.m.
Large Conference Room, Governor's Office, 400 S. Monroe Street, Tallahassee, FL 32399

EXTERNAL ACTIVITY TYPE

☒ **Meeting** ☐ **Lunch** ☐ **Dinner**

☐ **Call** ☐ **Photo-op** ☐ **Other**

EOG POINT OF CONTACT

Diane Moulton, (850) 980-1387

PURPOSE

Governor DeSantis will meet with agency heads regarding COVID-19.

EVENT INFORMATION

Principals:	**THE GOVERNOR**
Format:	Meeting
Time:	8:00 a.m. – 8:40 a.m.
Press:	Closed
Attire:	Business

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General Secretary of Health, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Health, Florida Department of Health*
3. Richard Prudom, *Secretary, Florida Department of Elder Affairs*
4. Mary Mayhew, *Secretary, Agency for Health Care Administration*
5. Richard Corcoran, *Secretary, Florida Department of Education*
6. Chad Poppell, *Secretary, Florida Department of Children and Families*
7. Jared Moskowitz, *Director, Florida Division of Emergency Management*
8. Mark Inch, *Secretary, Florida Department of Corrections*

AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Subject: Fwd: Briefs for Tomorrow
Date: Monday, March 2, 2020 12:14:02 PM
Attachments: 03022020 COVID MIAMI.docx

Get Outlook for iOS

From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Monday, March 2, 2020 12:10:56 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Miami Brief updated with additional RSVPs

From: Gambineri, Mara
Sent: Monday, March 2, 2020 11:21 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>;

AMERICAN OVERSIGHT

Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Miami Brief updated with additional RSVPs

From: Gambineri, Mara
Sent: Monday, March 2, 2020 8:55 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

AMERICAN OVERSIGHT

Tampa Brief updated with additional RSVPs.

From: Gambineri, Mara
Sent: Sunday, March 1, 2020 11:29 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

- Agency Heads Meeting
- Tampa Press Conference
- VPOTUS
- Miami Press Conference

NOTE: The press conference briefs will be updated in the morning when we get additional RSVPs.

Thank you,
Mara

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

EVENT POC/STAFFERS

EOG Regional Representative: Chelsea Aaron, (954) 328-2047, Silvia Castellanos, (786) 531-9842
EOG Communications: Cody McCloud, (850) 241-3728
DOH-Miami Dade Contact: Olga Connor, (305) 926-5960

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	County Health Department
Attire:	Business
Podium:	Yes
Weather:	76°F / Partly Cloudy - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Health, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*
5. Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*
6. Mark Racicot, *CEO, North Shore Medical Center*
7. Esteban Bovo, *Commissioner, Miami-Dade County Commission*
8. Rebecca Sosa, *Commissioner, Miami-Dade County Commission*
9. Roberto Martell, *Mayor, Medley*
10. Cliff Bauer, *Vice President of Government Relations, Miami Jewish Health*
11. Steven Sonenreich, *President and CEO, Mount Sinai Medical Center*
12. Matt Love, *Interim President and CEO, Nicklaus Children's Hospital*
13. Jose Pepe, *Commissioner, Miami-Dade County Commission*
14. Rodolfo Garcia, *CEO, Westchester General Hospital*
15. Emmanuel Louis, *Chief, Hialeah Fire Department*
16. Armando Rojas, *Emergency Manager, City of Hialeah*

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17. Jonathan Martinez, *Executive Officer, City of Hialeah Mayor's Office*
18. Carlos A. Gimenez, *Mayor, Miami-Dade County*
19. Chief Rowan Taylor, *Division Chief, Miami-Dade County Fire/EMS*
20. Senator Rudy Garcia, *CEO, Westchester General Hospital*
21. Dr. Jose David Suarez, *Chief Medical Officer, Westchester General Hospital*
22. Sue Willemsen, *Director of Infection Control, Westchester General Hospital*
23. Jennie Cox, *Director of Nursing, Westchester General Hospital*
24. Eli DelaRosa, *Director of ER, Westchester General Hospital*
25. Marlene Rabinovich, *Director of Risk Management, Westchester General Hospital*
26. Frederica Wilson, *Congresswoman, 24th District*

TIMELINE:

2:00 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health in Miami-Dade County **Met by:** Dr. Yesenia Villalta, Administrator, Florida Department of Health in Miami-Dade County
2:01 p.m.	**Governor DeSantis** and the group move to the Podium
2:02 p.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
2:09 p.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
2:14 p.m.	State Surgeon General Dr. Rivkees delivers remarks
2:21 p.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
2:30 p.m.	**Governor DeSantis** concludes Press Conference
2:31 p.m.	**Governor DeSantis** and group moves to Roundtable
2:32 p.m.	**Governor DeSantis** opens roundtable discussion
3:02 p.m.	**Governor DeSantis** concludes roundtable and departs for Lab Tour
3:05 p.m.	**Governor DeSantis** and group transition to Lab location **Met by**: Dr. Stephen White

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3:07 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Stephen White leads tour
3:30 p.m.	Lab tour concludes; **Governor DeSantis** and group depart

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BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

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During his career, Dr. Rivkees has been named as "One of America's Best Doctors," "One of America's Top Pediatricians" and "One of New York's Best Doctors." He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

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Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*

Stephen serves as the bioterrorism defense coordinator for the Florida Department of Health. He has held this position for nearly four years. He previously served in the same role from August 2011 to June 2015.

Stephen has a PhD in public health from Florida International Univiersity as well as bachelors and masters degrees from Texas Tech University in clinical laboratory science and practice management.

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Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*

Dr. Villalta was born in Miami, Florida. After graduating from Coral Gables High School, she attended Miami-Dade College, where she majored in chemistry. Dr. Villalta is a three-time graduate of the University of Miami School of Nursing, where she earned a Bachelors and Masters of Science in Nursing as well as a Doctor of Nursing Practice degree. Upon graduation, she worked in the private sector and then made a change to public health.

Dr. Villalta has nearly 13 years of experience in a variety of public health functions and 19 years in the field of nursing. She started her career with public health in 2005, at DOH-Miami-Dade as an Advanced Practice Registered Nurse. Dr. Villalta also served as Assistant Director of Nursing in 2007, until being appointed Executive Community Health Nursing Director in 2014.



Mark Racicot, *CEO, North Shore Medical Center*

Prior to his appointment to North Shore Medical Center Racicot was the chief executive officer at Florida Medical Center and he also served as the chief operating officer at Palmetto General Hospital where he was also the lead COO for Tenet's Miami-Dade Group hospitals. Under his leadership of Broward and Miami-Dade, Racicot implemented processes to improve standardization and efficiency across the five hospitals. He also helped create a regional capital plan to refurbish patient rooms over a three year period across the ten hospitals in Florida. At Palmetto, Racicot oversaw the design and construction of the hospital's new 31-bed clinical decision unit. He also managed a variety of projects including a new CT unit and MRI replacement in the imaging department and telemetry system upgrades on three nursing units. A known relationship builder, Racicot was also responsible for leading ancillary and support teams to significantly improve throughout and patient experience. He previously worked in healthcare in New England.

Racicot holds a Bachelor of Science degree in Civil Engineering from WPI and is a registered engineer. In addition, he has a Master of Business Administration from Fitchburg State University.

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Esteban Bovo, *Commissioner, Miami-Dade County Commission*

Esteban L. Bovo, Jr. was elected in 2011 to serve as the Miami-Dade County Commissioner representing District 13, which includes Hialeah, Miami Lakes, Palm Springs North, and neighboring areas of unincorporated Miami-Dade. On December 6th, 2016 Commissioner Bovo was elected Chairman of the Board of County Commissioners for the 2017-2018 term.

Bovo commenced his public service when he was appointed Councilman for the City of Hialeah in 1998. After being re-elected twice, Chairman Bovo's colleagues selected him as President of the Hialeah City Council and he remained in that capacity throughout his term. As Councilman, Bovo sponsored the anti-predator legislation and focused on improving the city for the residents.

In November 2008, Bovo was elected as State Representative for District 110 and was re-elected without opposition in 2010. During his tenure in the Florida Legislature, Bovo was an outspoken advocate for the historic Hialeah Park and worked diligently towards its re-opening. Throughout the 2009 legislative session, he also sponsored a resolution naming May as "A Safe Haven for Newborns Month," in recognition of the Gloria M. Silveiro Foundation. Additionally, he designated April 17, 2009 as "Bay of Pigs Memorial Day" in commendation of the Museum and Library for 2506 Assault Brigade, where historic memorabilia is preserved.

Bovo continued to focus his legislative agenda on the betterment and safety of our community by sponsoring the Ashley Nicole Valdes Act, which requires defendants who have been arrested for leaving the scene of a fatal accident to be held in custody until a judge ruling. Due to his tenacity and dedication to public service, his colleagues in the Florida Legislature nominated him as Chairman of the Hispanic Legislative Caucus and was subsequently chosen to chair the Committee of Business Regulation in Tallahassee.

Bovo as Chairman of the County Commission has restructured the commission committee system and established a Chairman's Policy Council to address several key issues facing our community. The Policy Council has been tasked with developing recommendations to address issues such as mass transit expansion funding, courthouse and jail infrastructure funding, sea level rise, housing affordability, and gun violence epidemic. As a County Commissioner, Esteban Bovo, Jr. maintains an open-door policy and continues his commitment to improving our quality of life in Miami-Dade County.

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Esteban L. Bovo, Jr. was born on June 12, 1962 in Queens, New York to Marilyn and Esteban Bovo-Carás.. Esteban Bovo has been a proud resident of Miami-Dade County for over 47 years and holds a Bachelor's degree in Political Science from Florida International University. He is married to Viviana and has five children; Oscar, Bianca, Esteban, Sofia, and Alessandro.



Rebecca Sosa, *Commissioner, Miami-Dade County Commission*

Rebeca Sosa has served on the Miami-Dade County Commission as District 6 commissioner since June 2001. She has been re-elected four times - most recently in 2014 without opposition- to represent the residents of the City of Miami, Coral Gables, West Miami, Hialeah and Miami Springs and the unincorporated communities of Schenley Park, Coral Villas, Red Bird, Coral Terrace, Little Gables and Fontainebleau.

On Nov. 20, 2012, she was elected by her colleagues as Chairwoman of the County Commission where she served a two-year term.

Commissioner Sosa was born in Camaguey, Cuba. She received her Bachelor Degree in Secondary Education from the University of Puerto Rico and a Bachelor Degree in Elementary Education from Saint Thomas University where she graduated Summa Cum Laude. She holds certifications both in elementary education and as an instructor for English for Speakers of Other Languages (ESOL). Commissioner Sosa has been an educator for more than 30 years and is currently a teacher-trainer for Miami-Dade County Public Schools.

Prior to joining Miami-Dade County, Commissioner Sosa served as mayor of the City of West Miami from 1994 to 2001 where her leadership resulted in the city's recovery from a 52 percent budget deficit, thus removing it from the Governor's Emergency List.



Roberto Martell, *Mayor, Town of Medley*

As Mayor of the Town of Medley, Roberto Martell is committed to serving his community. Mayor Roberto Martell began his public service in 2008 after being elected to the seat of Councilperson. In 2012, he was elected as Mayor of the Town of Medley, and in 2016 was re-elected for his second term as Mayor. Mayor Martell always puts forth the best interests of the residents, staff and business which make Medley what it is

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today.

Establishing his construction company, Martell Construction in 1987, Roberto Martell always excelled beyond the highest levels of expertise and honesty in the industry. Prior to beginning his company, Roberto Martell oversaw construction work on the Metro Rail, as well as drew up plans for new, turn-key properties. Inhis business, Martell believed in being straightforward and facilitating the construction process for his clients, including addressing any concerns regarding the before and during the construction, adhering to a strict construction timetable, and making sure work was completed in the most time and cost-effective way possible.

In March of 2016, Mayor Roberto Martell was appointed by Florida Governor Rick Scott to the Metropolitan Planning Organization of Miami-Dade County. Mayor Martell also proudly serve's on the following committee's: South Florida Regional Planning Council, MPO's Executive Policy Committee and the MPO's Fiscal Priorities Committee. Through his hard work and dedication, Mayor Martell continues to strive to bring economic growth and development to his Town.



Cliff Bauer, *Vice President of Government Relations, Miami Jewish Health*

Cliff Bauer oversees and represents Miami Jewish Health's PACE program and other public health programs and services to state and federal government agencies and regulators. He has more than 40 years of experience in healthcare management and has consulted for and guided healthcare associations on Medicare Advantage HMO programs and public health department grant programs.

Bauer is on the board of directors for the National PACE Association, Greater Miami Chamber of Commerce and Our Florida Promise, and is an adjunct professor at Florida International University.

He holds a Bachelor of Arts in biology from the University of Missouri and a master's degree in health administration from St. Louis University.

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Steven Sonenreich, *President & CEO, Mount Sinai Medical Center*

Steven D. Sonenreich's 35-year career in healthcare began at Mount Sinai Medical Center in 1976.

In 1996, Steve left Mount Sinai for the opportunity to become chief executive officer of Cedars Medical Center in Miami. Under his direction, Cedars won several awards for customer service and overall performance. The Mount Sinai Medical Center Board of Trustees recruited Steve back to the hospital in his current position in late October 2001.

Under Sonenreich's leadership, Mount Sinai has been designated one of America's Top Hospitals for the last five consecutive years by U.S. News & World Report. In addition, Sonenreich helped expand Mount Sinai's operations over six South Florida locations to include the region's only freestanding emergency department and multiple outpatient physician offices. He has been honored as 2012 Citizen of the Year by the Miami Beach Chamber of Commerce and he received an award from The South Florida Business Journal as one of the ten Miami Ultimate CEOs in 2012.

He earned his Bachelor of Arts degree from the State University of New York at Binghamton and a Master of Business Administration and Certification in Healthcare Administration from the University of Miami.



Matthew A. Love, *President and CEO, Nicklaus Children's Health System*

Matthew A. Love has accepted the permanent role of president and chief executive officer (CEO) at Nicklaus Children's Health System (NCHS) in January 2020. Love, who joined the health system as chief financial officer in October 2018, was appointed interim president and CEO by the NCHS board of directors in July 2019.

Love has more than 20 years of experience in financial and operational oversight in both adult and pediatric healthcare systems. Prior to joining NCHS, he served as senior vice president and chief financial officer of Regions for Mercy Health System in Ohio, where he led a team of seven regional chief financial officers.

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Jose Pepe, *Commissioner, Miami-Dade County Commission*

Commissioner Jose "Pepe" Diaz serves as the Commissioner for District 12, which includes the cities of Doral, Hialeah, Hialeah Gardens, Medley, Sweetwater, Virginia Gardens, and a large portion of unincorporated Miami-Dade County. He was first elected as commissioner in September 2002 and was re-elected to a fifth term in 2018. He also served as the Vice-Chairman of the Miami-Dade Board of County Commissioners from 2009-2010.

Commissioner Diaz has served in various capacities on different committees of the County Commission. Currently, he serves on the Health Care and County Operations Committee, the Public Safety and Rehabilitation Committee and the Parks, Recreation and Cultural Affairs Committee. He also serves as the Chairman of the Miami-Dade Value Adjustment Board and is a member of the South Florida Regional Planning Council. Additionally, Commissioner Diaz, who proudly served as a member of the U.S. Marine Corps, was appointed as Miami-Dade County's Military Liaison and also serves as the Chairman of Miami-Dade County's Military Affairs Board.

On the international level, Commissioner Diaz serves as Chairman of the International Trade Consortium Board and is an advocate for trade and forging partnerships with other nations. In March 2010, Commissioner Diaz was appointed by U.S. Trade Representative Ron Kirk to serve on the Intergovernmental Policy Advisory Committee on Trade (IGPAC), and proudly served until April 2018. In this capacity, Commissioner Diaz advised, consulted with, and made recommendations to the U.S. Trade Representative from the perspective of local governments. He also serves as Chairman of the Jay Malina International Trade Consortium (ITC), where he has been instrumental in making profitable connections for businesses on behalf of Miami-Dade County with the Caribbean and Latin America. He toured several Asian cities in 2005 (Tianjin, Hong Kong and Shanghai), met with government officials and business organizations to promote trade partnerships, and participated in a ceremony to mark a joint venture between Florida International University and Tianjin University of Commerce. The commissioner and the Asian delegation also secured a cooperative agreement for the County with Tianjin's Municipal People's Government.

Before joining the Commission, Commissioner Diaz worked to resolve the ongoing flooding issues throughout Miami-Dade County as Mayor of Sweetwater.

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Commissioner Jose "Pepe" Diaz is married and has three daughters. He was born in Pinar del Rio, Cuba and has lived in Sweetwater, Fla., for more than 30 years. In 1979, Commissioner Diaz enlisted in the U.S. Marine Corps and was honorably discharged in December 1984. In 1986, he began his career in public service as Chairman of the City of Sweetwater Police Retirement Trust Fund Board. For the next seven years, he served on the City of Sweetwater Commission and was elected Mayor of Sweetwater in May 1999.



Rodolfo Garcia, *CEO, Westchester General Hospital*

Rodolfo "Rudy" Garcia (born April 15, 1963) was a Republican member of the Florida Senate, representing the 40th District since 2001. Previously he was a member of the Florida House of Representatives from 1985 through 2000. He ran for Mayor of Hialeah, Florida in 2011, but lost. Garcia has ben the CEO of Westchester General Hospital since 2017.

Jonathan Martinez, *Executive Officer, City of Hialeah Mayor's Office*

Jonathan Martinez is the Mayor's Executive Officer in the City of Hialeah. He has served in this position for over two years. Prior to this, Martinez worked for the City of Hialeah for nearly thirteen years as a Community Development Administrative Officer and the Mayor's Liaison to Community Development. He is also a Trust Member at Citizen Independent Transportation Trust. Martinez attended Barry University.

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From: Thorpe, Amanda
To: Gambineri, Mara
Subject: Fwd: Commissioner Jay Monahan - Call Request with the Governor
Date: Thursday, March 12, 2020 9:54:26 AM

I didn't realize she sent this to Morgan as well, just FYI.

Sent from my iPhone

Begin forwarded message:

> **From:** "Shay A. Franco" <ShayFranco@pgatourhq.com>
> **Date:** March 12, 2020 at 9:04:47 AM EDT
> **To:** "Jones, Morgan" <Morgan.Jones@eog.myflorida.com>, "Thorpe, Amanda" <Amanda.Thorpe@eog.myflorida.com>
> **Subject: Commissioner Jay Monahan - Call Request with the Governor**
>
> Good morning Morgan and Amanda,
>
> I am emailing on behalf of Commissioner Jay Monahan at the PGA TOUR. The Commissioner would like to schedule a call with the Governor today re: COVID 19. Jay can make himself available anytime for the Governor.
>
> Can you please advise the best time to schedule the call and what the best number is to connect them?
>
> I am available on my cell if you need anything – 904.993.1786. Thank you in advance for all of your assistance.
>
> Warmest regards,
> Shay
>
> **Shay Franco**
> Office of the Commissioner
>
> PGA TOUR
> 112 PGA TOUR Blvd.
> Ponte Vedra Beach, FL 32082
> Office: 904.543.5126
> shayfranco@pgatourhq.com



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From: Ferre, Helen
To: Strum, Shane
Cc: Lukis, Adrian
Subject: Fwd: Coronavirus prompts new emergency declaration in Florida
Date: Monday, March 9, 2020 10:32:33 PM

Helen Aguirre Ferre
Director of Communications
Executive Office of the Governor

From: Ferre, Helen <Helen.Ferre@eog.myflorida.com>
Sent: Monday, March 9, 2020 10:31 PM
To: G Fineout
Cc: Beatrice, Meredith M.
Subject: Re: Coronavirus prompts new emergency declaration in Florida

Thank you for letting us know.

Helen Aguirre Ferre
Director of Communications
Executive Office of the Governor

From: Gary Fineout <gfineout@politico.com>
Sent: Monday, March 9, 2020 10:01:37 PM
To: Ferre, Helen <Helen.Ferre@eog.myflorida.com>
Cc: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Subject: FW: Coronavirus prompts new emergency declaration in Florida

FYI – this will be outside the paywall in the morning

Coronavirus prompts new emergency declaration in Florida

By Gary Fineout, Arek Sarkissian

03/09/2020 08:04 PM EDT

TALLAHASSEE — Florida Gov. Ron DeSantis declared a state of emergency due to the ongoing coronavirus threat in the state, capping off a surreal day in which the Legislature briefly shut down operations in the state capitol out of fear that five legislators might have been exposed to the respiratory virus.

DeSantis, who met with President Donald Trump Monday to discuss the crisis, sought to reassure Floridians that the state is preparing for the worst. But the governor said that there's no evidence that the disease is spreading through entire communities. So far, 18 people in the

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state have tested positive for the virus and there have been two fatalities.

“My hope is we continue to address this aggressively,” said DeSantis, who stressed that state officials were pursuing a strategy of containment.

“This is a fluid situation,” he said. “This is going to be a team effort, this is going to be a bottom-up effort.”

And while state officials are making preparations — including the possibility of shifting hundreds of thousands of students to virtual learning and urging nursing homes and hospitals to screen visitors — DeSantis said there were no plans to “dictate” to local communities that they should cancel events.

The governor’s calm was in stark contrast to a spectacle that unfolded in the Florida House before his remarks. In the middle of session, House Speaker Jose Oliva announced that five legislators and a staff member had agreed to quarantine themselves because they had attended conferences in Washington where participants had tested positive.

Oliva said the move was a precaution and that the five legislators — Republicans Anthony Sabatini of Howey-in-the-Hills, Byron Donalds of Naples, Thad Altman of Indialantic, Cord Byrd of Neptune Beach and House Democratic Leader Kionne McGhee — would be tested.

A House cleaning crew led by state Rep. Cary Pigman (R-Avon Park), an emergency doctor, sprayed and wiped the desks of the legislators. Ninety minutes later, the non-quarantined members were called back to the chamber. From the floor, Pigman said Florida Surgeon General Scott Rivkees had concluded that the five members faced a low risk of contracting the virus and would return to the chamber.

DeSantis declared a public health emergency March 1, but Monday‘s declared state of emergency gives the governor new powers. It gives Florida the ability to bring in out-of-state medical personnel, purchase supplies more quickly and deploy the Florida National Guard if necessary.

The ongoing crisis has been one of the most serious tests for DeSantis, as both he and Rivkees have come under criticism for the way they’ve released information.

U.S. Sen. Rick Scott (R-Fla.) over the weekend was among those asking questions, saying he was surprised to see that one of the fatalities was in Lee County, adjacent to his home county of Collier County.

“People are going to chirp,” DeSantis said when asked about Scott. He noted that state officials did not have test results for the Lee County resident until after they had died from the virus.

To view online:
https://subscriber.politicopro.com/states/florida/story/2020/03/09/coronavirus-prompts-new-emergency-declaration-in-florida-1266251

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From: Wagner, Maureen
To: Nunez, Jeanette
Subject: Fwd: Declaration of Public Health Emergency COVID-19
Date: Sunday, March 1, 2020 9:40:10 PM
Attachments: Declaration of Public Health Emergency COVID-19 3.1.20.pdf

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Get Outlook for iOS

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Sunday, March 1, 2020 9:36:48 PM
To: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Roberson, Shamarial <Shamarial.Roberson@flhealth.gov>; Coppola, Courtney <Courtney.coppola@flhealth.gov>; Rivkees. Scott <scott.rivkees@flhealth.gov>
Cc: Medved, Daniel T <Daniel.Medved@flhealth.gov>; Lamia, Christine E <Christine.Lamia@flhealth.gov>; Wilson, John <John.Wilson@flhealth.gov>; Young, Wanda <Wanda.Young@flhealth.gov>; Johnson, Vickie B <Vickie.Johnson@flhealth.gov>; Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; StateESF8.Planning <StateESF8.Planning@flhealth.gov>; Love, Andrew <Andrew.Love@flhealth.gov>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Tindle, Jade <jade.tindle@flhealth.gov>; Fullem, Linda <linda.fullem@flhealth.gov>; Bush, Amanda <Amanda.Bush@flhealth.gov>
Subject: Declaration of Public Health Emergency COVID-19

Good evening,

Please see the attached Declaration of Public Health Emergency for COVID-19 in the state of Florida. It is effective immediately. This will be filed with the Agency Clerk at 8:00 a.m. tomorrow.

Thank you,

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

AMERICAN OVERSIGHT

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.
R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please note:
Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.
Please consider the environment before printing this e-mail.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that appears to occur through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of February 29, 2020, COVID-19 has spread throughout China and to 67 other countries and territories, including 62 cases within the United States; and

WHEREAS, the Centers for Disease Control and Prevention recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

WHEREAS, on January 30, 2020, the World Health Organization declared a public health emergency of international concern related to COVID-19; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services declared that a public health emergency exists nationwide as a result of confirmed cases of COVID-19 in the United States; and

WHEREAS, one Hillsborough County resident and one Manatee County resident have tested presumptively positive for COVID-19; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and therefore directed that a Public Health Emergency be declared in the State of Florida; and

WHEREAS, implementation of basic precautions of infection control and prevention, including staying at home when ill and practicing respiratory and hand hygiene are necessary to slow or prevent the spread of COVID-19; and

WHEREAS, COVID-19 is a communicable disease with significant morbidity and mortality, and presents a severe danger to public health; and

WHEREAS, COVID-19 is a threat to public health in Florida.

NOW, THEREFORE, I, Scott A. Rivkees, M.D., State Surgeon General and State Health Officer, by virtue of Executive Order Number 20-51 issued by Governor Ron DeSantis, the authority vested in me by section 381.00315, Florida Statutes, and after consultation with

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Governor Ron DeSantis and public health officials within the Department of Health, do hereby declare that a public health emergency exists in the State of Florida. In order to respond to this emergency, the following shall commence:

Section 1. In order to protect public health, I find it is necessary for the Florida Department of Health to request assistance from the Centers for Disease Control and Prevention to address this public health emergency.

Section 2. In order to protect public health, I find it is necessary to advise individuals in the State of Florida that have traveled to an area that the Centers for Disease Control and Prevention has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or have been in close contact with an individual that has traveled to such an area, that develop symptoms of fever, cough, shortness of breath, or difficulty breathing within 14 days of such travel or close contact should immediately contact the Florida Department of Health in their current county and self-isolate until cleared by the Florida Department of Health.

Section 3. In order to protect public health, I find it is necessary to advise any individuals who believe they may have been exposed to COVID-19 to contact their local county health department **prior to** travelling to any physician's office, emergency department, hospital, or urgent care center, to ensure proper protective measures are taken to prevent further risk of spread to others.

Section 4. In order to protect public health, I find it is necessary to remind health care providers, hospitals, and labs that they are required to immediately report all suspected cases of COVID-19 to the local county health department to ensure a prompt public health response to prevent disease among close contacts.

Section 5. In order to protect public health, the Florida Department of Health will maintain an Incident Management Team to coordinate the public health response for the State of Florida.

Section 6. In order to protect public health, the Florida Department of Health, at such time when necessary, may take actions to protect the public health, pursuant to the authority of section 381.00315, Florida Statutes, including quarantine, isolation and other interventions.

Issued this 1st day of March 2020, in Department of Health offices, Tallahassee, Leon County, Florida.

Scott A. Rivkees, M.D.
State Surgeon General

AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Jacquot, Joe
Subject: Fwd: Draft Attorney Work Product
Date: Sunday, March 1, 2020 12:56:11 PM
Attachments: DRAFT 3.1.20.docx
DRAFT PHE covid19 3.1.20.docx

Get Outlook for iOS

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Sunday, March 1, 2020 11:53:01 AM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Draft Attorney Work Product

Will forward any suggested edits I get from the team as well.

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

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E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

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STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-51
(Declares a State of Emergency and Establishes COVID-19 Disease Response Protocol)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available, and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

Commented [SLLR1]: https://www.cdc.gov/coronavirus/2019-ncov/preparing-individuals-communities.html

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WHEREAS, two individuals in the state of Florida tested presumptively positive for COVID-19 on February 29, 2020, including a resident of Manatee County that was hospitalized in Sarasota County and a resident of Hillsborough County with recent travel to Italy; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, the CDC currently recommends community mitigation measures to be implemented by local authorities in communities where COVID-19 is occurring, including, temporary closures or dismissals of childcare facilities and schools, and other social distancing measures that increase the physical space between people including modifying, postponing, or cancelling mass gatherings; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I declare that a state of emergency exists in the following counties: Manatee, Sarasota, and Hillsborough Counties/the state of Florida,

DRAFT

AMERICAN OVERSIGHT

pursuant to his authority in section 381.00315, Florida Statutes. The State Health Officer is authorized and directed to use his judgment as to the duration and geographical boundaries of this public health emergency.

Section 2. Because of the foregoing conditions, I direct the State Health Officer and Surgeon General, Dr. Scott Rivkees, to declare a public health emergency in Manatee, Sarasota, and Hillsborough Counties/the state of Florida, pursuant to his authority in section 381.00315, Florida Statutes. The State Health Officer is authorized and directed to use his judgment as to the duration and geographical boundaries of this public health emergency.

Section 3. In accordance with section 381.0011(7), Florida Statutes, I declare the State Health Officer and Surgeon General as the State Coordinating Officer and direct the State Health Officer to take any action necessary to protect the public health.

Section 4. The State Health Officer is directed to follow the guidelines established by the CDC in establishing protocols to control the spread of COVID-19 and educate the public on prevention.

Section 5. In accordance with section 381.0011(7), Florida Statutes, I designate the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. The State Health Officer, or his designee, shall advise the Executive Office of the Governor on the implementation of these emergency response activities.

Section 6. I find that the special duties and responsibilities resting upon some State, regional, and local agencies and other governmental bodies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances, and orders they administer. Therefore, I issue the following authorizations:

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A. Pursuant to section 252.36(5)(a), Florida Statutes, the Executive Office of the Governor may suspend all statutes and rules affecting budgeting to the extent necessary to provide budget authority for state agencies to cope with this emergency. The requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such suspension issued by the Executive Office of the Governor, however, no such suspension shall remain in effect beyond expiration of this Executive Order, to include any extension.

B. Each state agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency. This includes, but is not limited to, the authority to suspend any and all statutes, rules, ordinances, or orders which affect leasing, printing, purchasing, travel, and the condition of employment and the compensation of employees. For the purposes of this Executive Order, "necessary action in coping with the emergency" means any emergency mitigation, response, or recovery action: (1) prescribed in the State Comprehensive Emergency Management Plan ("CEMP"); (2) directed by the Executive Office of the Governor; or (3) ordered by the State Coordinating Officer. The requirements of sections 252.46 and 120.54(4), Florida Statutes, shall not apply to any such suspension issued by a State agency; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extensions of this Order.

C. In accordance with section 456.0275, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under this Executive Order and to emergency personnel who

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have been activated by their state and local agency but who do not reside in an area or county covered by this Executive Order.

D. In accordance with section 252.38, Florida Statutes, each political subdivision within the State of Florida may waive the procedures and fom1alities otherwise required of the political subdivision by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;

2) Entering into contracts; however, political subdivisions are cautioned against entering into time and materials contracts without ceiling as defined by 2 CFR 200.318(j) or cost plus percentage contracts as defined by 2 CFR 200.323(d);

3) Incurring obligations;

4) Employment of permanent and temporary workers;

5) Utilization of volunteer workers;

6) Rental of equipment;

7) Acquisition and distribution, with or without compensation, of supplies, materials, and facilities; and,

8) Appropriation and expenditure of public funds.

E. All State agencies responsible for the use of State buildings and facilities may close such buildings and facilities in those portions of the State affected by this emergency, to the extent to meet this emergency. I direct each State agency to report the closure of any State building or facility to the Secretary of the Department of Management Services. Under the authority contained in section 252.36, Florida Statutes, I direct each County to report the closure of any building or facility operated or maintained by the County or any political subdivision therein

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to the Secretary of the Department of Management Services. Furthermore, I direct the Secretary of the Department of Management Services to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

Section 7. I find that the demands placed upon the funds appropriated to the agencies of the State of Florida and to local agencies are unreasonably great and may be inadequate to pay the costs of coping with this disaster. In accordance with section 252.37(2), Florida Statutes, I direct that sufficient funds be made available, as needed, by transferring and expending moneys appropriated for other purposes, moneys from unappropriated surplus funds, or from the Budget Stabilization Fund.

Commented [SLLR2]: Taken from hurricane EO. Prescription refill waiver most appropriate, but put the others in here too in an abundance of caution.

Section 8. All activities taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified.

Commented [SLLR3]: Necessary?

Section 9. The Florida Department of Health will actively monitor all asymptomatic travelers with no known exposure to COVID-19 who are identified by the CDC as being located in Florida for a period of 14 days after leaving the COVID-19 affected country. Active monitoring by the Florida Department of Health will include at least the following:

A. Risk assessment within 12 hours of the traveler's arrival in Florida.

B. Twice-daily temperature checks of the traveler reported to the Florida Department of Health.

Section 10. The Florida Department of Health, pursuant to its authority in section 391.00315, Florida Statutes, will quarantine or isolate all individuals meeting the CDC's definition of a Person Under Investigation ("PUI") for a period of 14 days or until the person tests negative for COVID-19.

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Section 11. I hereby direct the Florida Department of Health to make its own determinations as to quarantine and other necessary public health interventions as permitted under Florida law.

Section 12. All agencies under the direction of the Governor are directed to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order. Agencies not under the direction of the Governor are requested to provide such assistance as is required.

Section 13. This Executive Order shall expire sixty days from this date unless extended.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that appears to occur through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of February 29, 2020, COVID-19 has spread throughout China and to 31 other countries and territories, including 69cases within the United States; and

WHEREAS, the Centers for Disease Control and Prevention recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

WHEREAS, on January 30, 2020, the World Health Organization declared a public health emergency of international concern related to COVID-19; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services declared that a public health emergency exists nationwide as a result of confirmed cases of COVID-19 in the United States; and

WHEREAS, on March 1, 2020, two persons in Hillsborough and Sarasota counties tested presumptive positive for COVID-19; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order 20-XX, declaring that COVID-19 threatens the state of Florida with an emergency, and that as a consequence, a state of emergency exists in the State of Florida; and

WHEREAS, implementation of basic precautions of infection control and prevention, including staying at home when ill and practicing respiratory and hand hygiene are necessary to slow or prevent the spread of COVID-19; and

WHEREAS, COVID-19 is a communicable disease with significant morbidity and presents a severe danger to public health; and

WHEREAS, COVID-19 is a threat to public health in Florida.

NOW, THEREFORE, I, Scott A. Rivkees, M.D., State Surgeon General and State Health Officer, by virtue of Executive Order Number 20-XX issued by Governor Ron DeSantis, the authority vested in me by section 381.00315, Florida Statutes, and after consultation with Governor Ron DeSantis and public health officials within the Department of Health, do hereby

AMERICAN OVERSIGHT
FL-GOV-20-0899-A-001152

declare that a public health emergency exists in Hillsborough, Sarasota, and Manatee Counties/the State of Florida. In order to respond to this emergency, the following shall commence:

Section 1. In order to protect public health, I find it is necessary for the Florida Department of Health to request assistance from the Centers for Disease Control and Prevention to address this public health emergency.

Section 2. In order to protect public health, I find it is necessary to advise individuals in the state of Florida that have traveled to an area that the Centers for Disease Control and Prevention has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or have been in close contact with an individual that has traveled to such an area, that develop symptoms of fever, cough, shortness of breath, or difficulty breathing within 14 days of such travel or close contact should immediately contact the Florida Department of Health in their current county and self-isolate until cleared by the Florida Department of Health.

Section 3. In order to protect public health, I find it is necessary to require any individual that believes they may have been exposed to COVID-19 to contact their local county health department **prior to** travelling to any physician's office, emergency department, hospital, or urgent care center to ensure proper protective measures are taken to prevent further risk of spread to others.

Section 4. In order to protect public health, I find it is necessary to remind health care providers, hospitals, and labs that they are required to immediately report all suspected cases of COVID-19 to the local county health department to ensure a prompt public health response to prevent disease among close contacts.

Section 5. In order to protect public health, the Florida Department of Health will maintain an Incident Management Team to coordinate the public health response for the State of Florida.

Section 6. In order to protect public health, the Florida Department of Health, at such time when necessary, may take actions to protect the public health, pursuant to the authority of section 381.00315, Florida Statutes, including quarantine, isolation and other interventions.

Section 7. In order to protect public health, and in accordance with Executive Order 20-51 and section 456.0725, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to individuals in the state of Florida affected by this Public Health Emergency.

Issued this _____ day of March 2020, in Department of Health offices, Tallahassee, Leon County, Florida.

DRAFT
Scott A. Rivkees, M.D.
State Surgeon General

AMERICAN OVERSIGHT

From:	Swearingen, Rick
To:	Moulton, Diane
Subject:	Fwd: FW: Fw: DCF HR 2020-032:**IMPORTANT** Leave Information Related to COVID-19
Date:	Sunday, March 15, 2020 10:22:23 AM
Attachments:	COVID-19_FAQs_for_HR_Practitioners_[03-03-2020].pdf

The verbiage came from Christie Lucie at DOH and lists 'recommendations"

---------- Forwarded message ----------
From: "Foy, Tom" <TomFoy@fdle.state.fl.us>
Date: Mar 15, 2020 9:53 AM
Subject: FW: Fw: DCF HR 2020-032:**IMPORTANT** Leave Information Related to COVID-19
To: "Swearingen, Rick" <RickSwearingen@fdle.state.fl.us>,"Pritt, Jennifer" <JenniferPritt@fdle.state.fl.us>
Cc: "Draa, Ronald" <RonaldDraa@fdle.state.fl.us>,"Pyle, Michelle" <MichellePyle@fdle.state.fl.us>,"Plessinger, Gretl" <GretlPlessinger@fdle.state.fl.us>

> This new directives and guidance just came out. We will need to message to all employees today before anyone who traveled returns to work tomorrow.
>
> Sent from my Verizon, Samsung Galaxy smartphone
>
> -------- Original message --------
> From: "Phillips, Mike" <MikePhillips@fdle.state.fl.us>
> Date: 3/15/20 9:43 AM (GMT-05:00)
> To: "Foy, Tom" <TomFoy@fdle.state.fl.us>
> Subject: Fwd: Fw: DCF HR 2020-032:**IMPORTANT** Leave Information Related to COVID-19
>
> Calling you
> ---------- Forwarded message ----------
> From: "Luce, Christie" <Christie.Luce@flhealth.gov>
> Date: Mar 15, 2020 9:42 AM
> Subject: Fw: DCF HR 2020-032:**IMPORTANT** Leave Information Related to COVID-19
> To: "Duffey, Mike" <MikeDuffey@fdle.state.fl.us>,"Phillips, Mike" <MikePhillips@fdle.state.fl.us>,"McElheney, MaryAlice" <MaryAlice.McElheney@FloridaDEP.gov>,"Kohnke, John" <john.kohnke@myfloridacfo.com>
> Cc: "Woodlief, Douglas" <Douglas.Woodlief@flhealth.gov>
>
> All,
> As of this very moment, the exclusion recommendation is anyone that

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has:

- been on a cruise anywhere,
- left the US,
- been to one of the domestic "red dot" areas (more info to come on that), or
- been on a commercial airplane in the LAST TWO WEEKS.

  These people should self-isolate for 14 days from the date of their last known exposure risk.

Attached is guidance I received from my DMS contact here at the SEOC.

As you know, the situation is changing rapidly and this information is valid as of the time I send it.

Christie

RL

From: Roberts, Bruce L <bruce.roberts@myflfamilies.com>
Sent: Sunday, March 15, 2020 9:03 AM
To: Luce, Christie <Christie.Luce@flhealth.gov>
Cc: Ingram, Rosalyn <Rosalyn.Ingram@dms.myflorida.com>
Subject: FW: DCF HR 2020-032:**IMPORTANT** Leave Information Related to COVID-19

Good morning,

This is what was sent out to DCF staff yesterday from our HR department.

Best Regards,

Bruce Roberts FCCM, FCCN

Deputy Director, Office of Contracts & Procurement
Economic Self Sufficiency Program
Department of Children and Families
1317 Winewood Blvd., Bldg. 3

AMERICAN OVERSIGHT

Tallahassee, FL 32399
Office: 850-717-4439
Work Cell: 850-933-0326
bruce.roberts@myflfamilies.com

OFFICE OF ECONOMIC SELF-SUFFICIENCY
MYFLFAMILIES.COM

From: HR INFORMATION <HR.Information@myflfamilies.com>
Sent: Saturday, March 14, 2020 4:30 PM
To: DCF.All.Members <DCF.All.Members@myflfamilies.com>
Subject: DCF HR 2020-032:**IMPORTANT** Leave Information Related to COVID-19

TO: All DCF Employees

PURPOSE: To notify you on leave use as it relates to Coronavirus Disease 2019 (COVID-19). Please adhere to the following:

- When on personal travel, state employees should follow the Centers for Disease Control and Prevention (CDC) best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- Employees who travel or who live with an individual who has traveled internationally will not be allowed to return to work for 14 days upon return to the United States. If an employee is unable to return to work due to the stipulations mentioned above, available annual, sick, or personal leave (personal leave includes personal holiday and any compensatory leave) must be used. Employees who can work remotely may be able to do so with supervisor/management approval. Employees without available leave or approval to receive sick leave donations in accordance with the department's Sick Leave Transfer Plan, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the CDC or a state public health agency will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual, or personal leave during this 14-day period. Employees who can work remotely may be able to do so with supervisor/management approval. Employees without available leave or approval to receive sick leave donations in accordance with the department's Sick Leave Transfer Plan, and who are unable to work remotely, may be subject to leave without pay.
- Employees who self-isolate due to possible exposure, even if not displaying symptoms of COVID-19, upon request of the Supervisor must provide appropriate supporting information and/or documentation. Employee will need to utilize available sick, annual, or personal leave during this 14-day period. Employees who

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can work remotely may be able to do so with supervisor/management approval. Employees without available leave or approval to receive sick leave donations in accordance with the department's Sick Leave Transfer Plan, and who are unable to work remotely, may be subject to leave without pay.

- Employees who have taken sick leave as a result of displaying possible COVID-19 symptoms such as fever, cough, runny nose, etc. may return to work once they no longer pose a health hazard to fellow employees which will require a medical release.

NOTE: Administrative leave may **not** be utilized at this time. Administrative leave may only be utilized as outlined in CFOP 60-40, Chapter 8, Leave for Disasters and Other Emergency Conditions.

Please see the attached Frequently Asked Questions (FAQs) for additional information.

If you have any questions regarding leave use, please contact your local Human Resources Business Partner. Requests/questions related to working remotely should be directed to your supervisor/management.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and provide guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities.

Thank you.

ATTENTION: PLEASE DO NOT REPLY TO THIS EMAIL. This email address is not monitored and any requests submitted to this email address will not be responded to or processed. If you have questions or need assistance, the appropriate contact information is indicated above. Or you may create a ticket in the MyHR411 Self Service Portal. Please visit http://eww.dcf.state.fl.us/myhr411/SelfService/ to find training on how to create tickets and view communications regarding the use of the Human Resources self-service portal.

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Department of MANAGEMENT SERVICES
Division of State Human Resource Management

COVID-19: Frequently Asked Questions
HR Practitioners (SPS Agencies Only)

1. What resources are available for more information about COVID-19?

- Executive Order Number 20-51
- Florida Department of Health's COVID-19 Resources
- Centers for Disease Control and Prevention's COVID-19 Resources
- Human Resources Pandemic Emergency Response Program Manual
- Department of Health's COVID-19 Call Center 1-(866) 779-6121 or COVID-19@flhealth.gov. The Call Center is available Monday through Friday, 8:00am to 7:00pm.

2. If an employee is ordered by the Florida Department of Health (FDOH) or the U.S. Center for Disease Control (CDC) to mandatory isolation related to COVID-19, what leave should be used by an employee during this period?

Since the employee would be under a mandatory isolation as ordered by either the FDOH or the CDC, the employee would be eligible to use his/her accrued sick leave or leave without pay for work time missed while on an ordered isolation period, regardless of whether the employee has tested positive for COVID-19. However, if an employee is not ill and is not ordered to remain in isolation by FDOH or CDC, or any other health care practitioner, an employee is not eligible to use sick leave, but may use annual leave, compensatory leave or leave without pay, subject to the approval of the agency.

3. Are OPS employees eligible for paid hours off during an isolation period?

No. The use of accrued leave is only available to employees filling salaried positions within the SPS. OPS employees are specifically excluded pursuant to Rule 60L-33.005, Florida Administrative Code (F.A.C.), Other Personal Services Employment.

4. Are supervisors authorized to send sick employees home?

As always, if the health of fellow employees is endangered by an employee exhibiting observable symptoms of an infectious disease, supervisors have the authority and obligation to require the employee to leave the workplace. Where practicable, supervisors should first seek the approval of their manager, division director, or human resources before sending a sick employee home. Symptoms of the COVID-19 virus include fever, cough, or shortness of breath.

5. Are leave requests under the Family and Medical Leave Act and the State's Family Supportive Work Program permitted for a qualifying personal illness or to care for sick family members during the response to COVID-19?

Yes. Employer obligations under the federal FMLA and state FSWP continue. Agencies should support employees seeking medical assistance for themselves and their families including the approval of FMLA and FSWP for eligible employees, when appropriate.

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6. If a school or day care center closes in response to COVID-19 and employees request leave to be off with their children, may employees use sick leave to stay home with their children?

Sick leave is not authorized when the need for leave is solely related to childcare of a healthy child when schools or daycares have closed. Employees may only use sick leave to care for children who are sick. Agencies should follow normal policies and procedures including Rule 60L-34.0042, F.A.C., when determining if sick leave is appropriate. Agencies are encouraged to be flexible, to the extent possible, when reviewing leave requests to care for children who are unable to attend school or day care centers that close in response to COVID-19. If everyone in the family is well, employees should use annual leave or compensatory leave.

Note: If schools and day care centers are closed in response to COVID-19, employees will not be allowed to bring their children to work.

7. Is management permitted to rescind approved annual and compensatory leave?

Yes, if an employee's absence would disrupt the State's business operations (e.g., significant staffing shortages). Before rescinding approved leave, management should seek staff to volunteer for work. Rescinding leave that is already in progress should be reasonably based on an employee's ability to return to work.

8. Do agencies have the authority to require a medical certification before allowing an employee to return to work from any infectious disease?

Yes. Medical certifications may be required at the agency's discretion.

9. If an individual is under isolation and/or experiencing symptoms consistent with COVID-19, may agencies permit and/or encourage employees to telework as an option in order to minimize interactions between employees at the work facility (social distancing)?

If the nature of an employee's work responsibilities can be accomplished away from the assigned work facility and if any necessary technological/equipment needs can be satisfied, the agency may permit and encourage employees to telework as a way to reduce the face-to-face contacts between employees at the regular work location. Agencies should review their telework policies to ensure they are current and up-to-date and consider whether any component of their policies should be modified to allow broader use of telework as appropriate.

10. Can agencies require employees to work from home?

If an employee is not experiencing symptoms of an illness that could endanger others and if the employee has not been asked to self-isolate by either FDOH or the CDC, an employer cannot force the employee to work from home.

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11. How should agencies manage their contingent workforce such as contractors, volunteers, and OPS employees?

Agencies should plan for the possibility that their contingent workforce may be impacted by COVID-19 and should plan accordingly. While the State Personnel System does not provide paid leave to individuals in these work arrangements, as with its own employees, agencies should also be flexible to the needs of the contingent workforce and plan for the possibility that the contingent workforce may be limited. Additionally, agencies may consider using contingent workers as a way to continue normal operations if a significant portion of the regular workforce is impacted by COVID-19.

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From: Ernst, Colleen
To: Uthmeier, James; Jacquot, Joe
Subject: Fwd: FYI Employment Lawsuit
Date: Wednesday, March 18, 2020 3:24:30 PM
Attachments: Pitts_EOG.pdf

FYI

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From: Francis Carbone <Francis.Carbone@apdcares.org>
Sent: Wednesday, March 18, 2020 3:23:26 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: FYI Employment Lawsuit

Francis Carbone
General Counsel
Agency for Persons with Disabilities
4030 Esplanade Way
Tallahassee, Florida 32399-0950
(850) 933-0394

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Filing # 104886923 E-Filed 03/13/2020 11:49:42 PM

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR LEON COUNTY, FLORIDA

TEDDI PITTS

Plaintiff,

v.

STATE OF FLORIDA, OFFICE OF THE GOVERNOR,

Defendant.
_____/

CASE NO.: 20-CA- 2020 CA 000504
FLA BAR NO.: 0739685

COMPLAINT

Plaintiff, TEDDI PITTS, hereby sues Defendant, STATE OF FLORIDA, OFFICE OF THE GOVERNOR, and alleges:

NATURE OF THE ACTION

1. This is an action brought under Chapter 112, Florida Statutes.

2. This action involves claims which are, individually, in excess of Thirty Thousand Dollars ($30,000.00), exclusive of costs and interest.

THE PARTIES

3. At all times pertinent hereto, Plaintiff, TEDDI PITTS, has been a resident of the State of Florida and was employed by Defendant State of Florida. Plaintiff is a member of a protected class due to her submission of a grievance reporting and disclosing Defendant's malfeasance, misfeasance and/or gross misconduct. Plaintiff was retaliated against after reporting Defendant's unlawful employment practices.

4. At all times pertinent hereto, Defendant, STATE OF FLORIDA, OFFICE OF THE GOVERNOR, has been organized and existing under the laws of the State of Florida. At all times

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pertinent to this action, Defendant has been an "employer" as that term is used under the applicable laws identified above. Defendant was Plaintiff's employer as it relates to these claims.

CONDITIONS PRECEDENT

5. Plaintiff has satisfied all conditions precedent to bringing this action in that Plaintiff filed a charge of discrimination with the Equal Employment Opportunity Commission and the Florida Commission on Human Rights ("FCHR"). This action is timely filed thereafter.

STATEMENT OF THE ULTIMATE FACTS

6. Plaintiff, a protected whistleblower, was employed as the Executive Director of Florida Transportation Commission ("FTC").

7. From May 2018 to May 2019, Plaintiff filed four (4) Whistleblower Charges with the FCHR against the Florida Department of Transportation ("FDOT") and the FTC wherein she reported misfeasance, malfeasance, or gross misconduct by FDOT and FTC.

8. On May 9, 2018, Plaintiff filed a Whistleblower Charge of Discrimination with the FCHR, predominately addressing FTC's retaliatory conduct towards her after reporting and investigating an unauthorized $5.5 billion surplus.

9. Plaintiff filed her second Whistleblower Charge with the FCHR on December 12, 2018 and addressed FTC and FDOT's continued retaliation.

10. Plaintiff filed her third Whistleblower Charge with the FCHR on January 29, 2019, wherein she identified FTC's retaliatory actions against her, including, but not limited to, her constructive and/or actual termination by FTC.

11. On March 8, 2019, Plaintiff filed the fourth Whistleblower Charge with FCHR alleging retaliation and interference with Plaintiff's business relationships by FTC and Defendant Governor's Office.

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12. The Defendant, Office of Governor, was provided a copy of all of these charges as required by law.

13. In retaliation for her filing of these charges and for her reporting of the misfeasance, malfeasance, and/or gross misconduct by these Defendants, the Defendant Office of Governor has retaliated against Plaintiff by blocking her job opportunities specifically but not limited to the following: on April 23, 2019, Plaintiff was contacted by the Florida Agency for Persons with Disabilities ("APD"), and asked if she would be interested in a vacant position as its Deputy Director of Budget and Planning which not had been advertised.

14. On April 23, 2019, Plaintiff interviewed for the position with APD Chief of Staff David Dobbs and on April 24, 2019, she interviewed with the APD Director Barbara Palmer.

15. Director Palmer offered Plaintiff the position which Plaintiff accepted.

16. Director Palmer told Plaintiff that because the position was a leadership position, they had to let the Governor's Office know who they wanted to hire and that she would make the call that afternoon.

17. Plaintiff was interviewed by Defendant Office of Governor Deputy Chief of Staff James Blair on May 17, 2019. Blair told Plaintiff he had to run it up the ladder. Blair told APD Dodds and Palmer that the interview went great and that he was impressed.

18. On May 31, 2019, APD Chief of Staff Dobbs called Plaintiff and told her the Governors Office did not approve her hire and wanted to see more applicants. Dobbs told the Defendant Office of Governor that Plaintiff was the best they were going to find, but they told him no, and to send more applicants. Dobbs expressed that he was very disappointed that Office of Governor was taking these actions and that this had never happened before. APD Dobbs stated that it was normally just a formality and that APD always made the determination for hire.

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19. Plaintiff was denied this job opportunity due to the Defendant Office of Governor retaliation for Plaintiff's filing of her previous charges and reporting of misfeasance, malfeasance, and/or gross misconduct by FDOT, FTC, and Office of Governor. There is a causal connection between Plaintiff's continued reporting under the Public Whistleblower's Act and the continued retaliation prohibiting Plaintiff form obtaining one or more job, the above job being only an example of positions she has been denied, upon information and belief, due to the actions of the Defendant in retaliation against her.

20. Plaintiff has retained the undersigned to represent her interests in this cause and is obligated to pay a fee for these services. Defendant should be made to pay said fee under the laws referenced above.

COUNT I
PUBLIC WHISTLEBLOWER RETALIATION

21. Paragraphs 1 through 20 above are incorporated herein by reference.

22. This count sets forth a claim against Defendant under §112.3187, et seq., Florida Statutes.

23. Plaintiff was a public employee protected under the provisions of Chapter 112, Florida Statutes.

24. As stated more specifically in part above, Plaintiff reported and disclosed violations of rules, regulations and laws, and/or malfeasance, misfeasance and/or gross misconduct to persons both inside and outside of her normal chain of command, and to others having the authority to investigate, police, manage and otherwise remedy the violations of rules, regulations and laws that she reported. Plaintiff also disclosed this information when she participated in investigations, hearings, or other agency inquiries. Plaintiff reported malfeasance, misfeasance, and other acts specifically outlined in §112.3187(5), Florida Statutes.

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25. After reporting these matters and/or participating in investigations, hearings, or other agency inquiries, as related in part above, Plaintiff was the victim of retaliatory actions set forth in part above including without limitation her termination.

26. The failure to hire Plaintiff in one or more jobs and/or being blocked from one or more positions is the result of her reporting violations of rules, regulations or laws, and/or her reporting malfeasance, misfeasance or gross misconduct, and/or her participating in investigations, hearings or other inquiries, specified in part above.

27. The actions of all employees within Defendant who affected Plaintiff's prospective employment adversely did so at least in part in retaliation against her for her "whistleblowing" activities.

28. As a direct and proximate result of the actions taken against her by Defendant, Plaintiff has suffered injury, including but not limited to past and future wage losses, loss of benefits, emotional pain and suffering, loss of the capacity for the enjoyment of life and other tangible and intangible damages. These damages have occurred in the past, are occurring at present and will occur in the future. Plaintiff is entitled to injunctive relief.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff demands judgment against Defendant for the following:

(a) that process issue and this Court take jurisdiction over this case;

(b) that this Court grant equitable relief against Defendant under the applicable counts set forth above, mandating Defendant's obedience to the laws enumerated herein and providing other equitable relief to Plaintiff;

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(c) enter judgment against Defendant and for Plaintiff awarding all legally-available general and compensatory damages and economic loss to Plaintiff from Defendant for Defendant's violations of law enumerated herein;

(d) enter judgment against Defendant and for Plaintiff awarding all legally-available damages for emotional pain and suffering to Plaintiff from Defendant for Defendant's violations of law enumerated herein.

(e) enter judgment against Defendant and for Plaintiff permanently enjoining Defendant from future violations of law enumerated herein;

(f) enter judgment against Defendant and for Plaintiff awarding Plaintiff attorney's fees and costs;

(g) award Plaintiff interest where appropriate; and

(h) grant such other further relief as being just and proper under the circumstances, including but not limited to reinstatement.

DEMAND FOR TRIAL BY JURY

Plaintiff hereby demands a trial by jury on all issues herein that are so triable.

DATED this 13th day of March 2020.

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Respectfully submitted,

/s/ Marie A. Mattox
Marie A. Mattox [FBN 0739685]
MARIE A. MATTOX, P. A.
203 North Gadsden Street
Tallahassee, FL 32301
Telephone: (850) 383-4800
Facsimile: (850) 383-4801
Marie@mattoxlaw.com
Secondary emails:
marlene@mattoxlaw.com
michelle@mattoxlaw.com

ATTORNEYS FOR PLAINTIFF

AMERICAN OVERSIGHT

From: McCloud, Cody
To: Ferre, Helen; Strum, Shane; Beatrice, Meredith M.; Lukis, Adrian; Moulton, Diane
Subject: Fwd: FYI
Date: Tuesday, March 3, 2020 11:24:37 PM
Attachments: COVID-19 Data - Daily Report 2020-03-03 500PM.pdf
Confidential COVID Case Rollup 03_3_20_2.docx
EMT COVID Rollup 030320.docx

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From: Roberson, Shamarial <Shamarial.Roberson@flhealth.gov>
Sent: Tuesday, March 3, 2020 10:41:21 PM
To: McCloud, Cody <Cody.McCloud@eog.myflorida.com>
Subject: FYI

Good evening,

Attached please find today's leadership reports.

- EMT COVID Roll-up
- Case Reporting Numbers
- Epi Investigation Case Roll-Up – Confidential

Please note: This email contains confidential information protected by Florida Statute.

Shamarial Roberson, DrPH, MPH
Deputy Secretary for Health
Florida Department of Health
4052 Bald Cypress Way, Bin A-13
Tallahassee, FL 32399-1721
Phone: 850-245-4391
Email: shamarial.roberson@flhealth.gov
****

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media on request. Your e-mail communications may therefore be subject to public disclosure.

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 3, 2020 at 5:07 PM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	929
CDC notifications	689
Other notifications*	240
Type of exposure	
Travel exposure	789
Airline/vessel contact	48
Close contact with case	88
Unknown	4
Exposure risk (cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html)	
High	19
Medium	647
Unknown (not contacted yet)	12
Low/no identified risk**	251
Total persons of high, medium, or unknown risk	678
Still being monitored	253
Contacted in person	94
Persons still monitored by top 10 counties	
Sarasota	63
Broward	48
Orange	20
Dade	19
Manatee	14
Hillsborough	13
Duval	11
Pinellas	8
Volusia	5
Leon	5

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case contact investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	62
Tested negative	24

Confirmed and probable cases

Cases in Florida residents	3
Confirmed	2
Repatriated confirmed cases	1
Probable	0
Cases in non-Florida residents	1
Confirmed	1
Probable	0

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381.0031(6) F.S.

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Tuesday, March 3, 2020 at 7:30 p.m.

CASES TO DATE

- 62 persons under investigation
- 24 negatives
- 3 cases in Florida residents
    - 2 diagnosed in Florida
    - 1 diagnosed and isolated in another state
- 1 presumptive positive (non-Florida resident) being sent to CDC today
- 38 tests in state results pending
- 929 people monitored to date
- 253 of that 929 are currently being monitored

The newly reported case diagnosed in another state was a Florida resident repatriated from China to Washington state and will remain in Washington until they test negative.

People who have tested positive for COVID-19 will remain in isolation until they test negative.

Call Center hotline hours extended: 8 a.m. – 8 p.m. EST and will extent to 12:00 a.m. EST on March 4.

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Incident Management

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Established a public call-center for questions regarding COVID-19. Call center will launch Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumtive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.

Disease Control - COMPLETED

- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

Disease Control – IN PROGRESS

- Developing laboratory guidance for implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.

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- Validating laboratory test kits in state public health labs.
- Close contacts of presumtive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Confirmatory testing from CDC on presumtive cases expected on March 2.

Pandemic Preparedness - COMPLETED

- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.

Pandemic Preparedness – IN PROGRESS

- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.

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- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Pending scheduling of weekly emergency management partner call for pandemic planning in coordination with the Division of Emergency Management.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19.
March 3, 2020	• Conducted call with Florida Healthcare Association for nurnsing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation.

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KEY MEETINGS

Internal DOH IMT Meetings	Federal Meetings	External DOH Coordinated Meetings

Monday
COVID IMT Community Mitigation Group Tactics Meeting 9:30 a.m. Daily Rm 301 4052 Bldg. **CDC All State Update Call - 2019 nCoV** 2:00 p.m. Weekly Bridgeline: 1(800)857-6697 Passcode: [redacted]
Tuesday
COVID IMT Community Mitigation Group Tactics Meeting 9:30 a.m. Daily Rm 301 4052 Bldg. **County Health Department COVID-19 Updates** 10:30 a.m. Weekly Call In: 888-585-9008 Pin: [redacted] **DOH COVID-19 Incident Management Team Meeting** 1:00 p.m. Twice a Week In-Person
Wednesday
DOH Executive Management Meeting 8:30 a.m. Weekly Call In: 888-585-9008 Pin: [redacted] **COVID IMT Community Mitigation Group Tactics Meeting** 9:30 a.m. Daily Rm 301 4052 Bldg. **DOH State Public Health and Healthcare Stakeholders** 2:00 p.m. Weekly Call In: 888-585-9008 Pin: [redacted] **CDC Public Health Response Operations** 3:00 p.m. Twice Weekly Bridgeline: 1(888)455-7719 Passcode: [redacted]

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Thursday
COVID IMT Community Mitigation Group Tactics Meeting 9:30 a.m. Daily Rm 301 4052 Bldg. **Joint Planning Meeting with SERT** 9:30 a.m. Weekly **SERT Emergency Coordinating Officer Brief** 2:00 p.m.
Friday
COVID IMT Community Mitigation Group Tactics Meeting 9:30 a.m. Daily Rm 301 4052 Bldg. **DOH COVID-19 Incident Management Team Meeting** 1:00 p.m. Twice a Week In-Person **DOH Bi-Weekly Epidemiology Call** 10:00 a.m. Every Other Week **CDC Public Health Response Operations** 3:00 p.m. Twice Weekly Bridgeline: 1(888)455-7719 Passcode: [redacted]

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From: Jones, Morgan
To: Gambineri, Mara
Subject: Fwd: Feeding Northeast Florida
Date: Monday, March 16, 2020 9:57:17 AM

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From: Michael O'Connell <MichaelOConnell@pgatourhq.com>
Sent: Friday, March 13, 2020 12:23:00 PM
To: Marsha Oliver <MarshaOliver@pgatourhq.com>
Cc: Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Chris Reimer <ChrisReimer@pgatourhq.com>; Kristopher Brant <KristopherBrant@pgatourhq.com>; Jared Rice <JaredRice@pgatourhq.com>; Emily Tillo <EmilyTillo@pgatourhq.com>; Jen Hendrich <JenHendrich@pgatourhq.com>; Courtney Crews <CourtneyCrews@pgatourhq.com>; Azhar Mohammad <AzharMohammad@pgatourtpc.com>; Seth Giambalvo <SethGiambalvo@pgatourhq.com>; Adam Wilson <AdamWilson@pgatourhq.com>; Ashley Turner <AshleyTurner@pgatourhq.com>
Subject: Re: Feeding Northeast Florida

Marsha,
Did you have any plans already to shoot the distribution tomorrow? If not, I would like to cover. Don't want to step on anyone's toes if you already have coverage planned.
Michael

Sent from my iPhone

> On Mar 13, 2020, at 12:16 PM, Marsha Oliver <MarshaOliver@pgatourhq.com> wrote:
>
> The Feeding Northeast Florida truck will be here at the Clubhouse loading dock at 1:30 p.m. for the pick-up of the Clubhouse food items.
> Billy is scheduled to arrive at 1:45 p.m. at the Clubhouse as is Susan King, CEO of Feeding Northeast Florida.
>
> **Marsha Oliver**
> Senior Director, Community Outreach
>
> PGA TOUR
> THE PLAYERS Championship
> 13000 Sawgrass Village Circle, Building 6
> Ponte Vedra Beach, FL 32082
> Office: 904.273.3542
> Mobile: 904.735.9893
> MarshaOliver@pgatourhq.com
>
> *THE PLAYERS 2020, March 10-15*

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<mime-attachment.gif>



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AMERICAN OVERSIGHT

From:	Tweed, Christina
To:	Gambineri, Mara
Subject:	Fwd: Follow-Up Vice President's Discussion with Our Nation's Governors on COVID-19 Coordination & Preparedness
Date:	Monday, March 2, 2020 6:33:04 PM
Attachments:	image001.png image002.png

Get Outlook for iOS

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Monday, March 2, 2020 6:29:43 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Hoelscher, Douglas L. EOP/WHO <Douglas.L.Hoelscher@who.eop.gov>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Imhoff, Olivia <Olivia.P.Imhoff2@who.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Subject: Follow-Up Vice President's Discussion with Our Nation's Governors on COVID-19 Coordination & Preparedness



Our Nations' Governors,

Thank you for joining today's discussion between the **Vice President and Our Nation's Governors on COVID-19 Coordination & Preparedness**. Below you will find a readout of the briefing along with additional resources.

Vice President Mike Pence today participated in a discussion with more than 50 of our Nation's governors to provide an update on the work of the White House Coronavirus Task Force, to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus, and to thank governors and state and local leaders—particularly state and local health officials—for their leadership.

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The Vice President first introduced Ambassador Debbie Birx. M.D. as the White House Coronavirus Coordinator. Dr. Birx is a world renowned expert in handling the HIV/AIDS epidemic who will play a critical role in the Administration's efforts and understands the importance of a whole-of-government approach alongside governors, state and local leaders.

Next, U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, and Centers for Disease Control & Prevention (CDC) Principal Deputy Director Dr. Anne Schuchat provided a status update on the Coronavirus, outlined ongoing Federal efforts, and discussed State and local actions with the governors.

Governor Larry Hogan, Chair of the National Governors Association, joined the Vice President in person, and other governors joined via video teleconference or phone.

Since the very beginning of the coronavirus outbreak, the President has taken an unprecedented whole-of-government approach to protect the American people, thus the Vice President pledged to convene the governors for a teleconference on a weekly basis, assuring that Federal leaders will continue its close coordinate with our Nation's governors and other State and local leaders on a Whole-of Government Approach to the developing situation.

Moving forward, the Vice President asks that you keep the following resources close at hand.

Helpful Agency Contact Information: Below, please find contact information for our Intergovernmental Affairs colleagues across the Federal family.

- U.S. Department of Health and Human Services – Darcie Johnston (Office – 202-853-0582 / Cell – 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security – Cherie Short (Office – 202-441-3101 / Cell – 202-893-2941 / Email – cherie.short@hq.dhs.gov)

AMERICAN OVERSIGHT

- U.S. Department of State – Bill Killion (Office – 202-647-7595 / Cell – 202-294-2605 / Email – killionw@state.gov)
- U.S. Department of Transportation – Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)

The Office of the Vice President and White House Office of Intergovernmental Affairs (IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance.

Office of the Vice President		
Name	**Cell Phone**	**Email**
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

White House Office of Intergovernmental Affairs		
Name	**Cell Phone**	**Email**
Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Up-To-Date Information: Additional helpful resources and up-to-date information can be found on the below websites and social media channels.

For background and the most up-to-date information, please visit the Centers for Disease Control and Prevention Coronavirus Disease 2019 website: HERE

U.S. Department of Health and Human Services
- Twitter (**here**)
- Facebook (**here**)

Centers for Disease Control and Prevention
- Twitter (**here**)
- Facebook (**here**)

AMERICAN OVERSIGHT

From: Moulton, Diane
To: Lukis, Adrian
Subject: Fwd: Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President
Date: Monday, March 16, 2020 3:57:06 PM
Attachments: image001.png

Sent from my iPhone

Begin forwarded message:

> **From:** "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>
> **Date:** March 16, 2020 at 3:53:35 PM EDT
> **Cc:** "Hoelscher, Douglas L. EOP/WHO" <Douglas.L.Hoelscher@who.eop.gov>, "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>, "Swint, Zachariah D. EOP/WHO" <Zachariah.D.Swint2@who.eop.gov>
> **Subject: RE: Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President**
>
> A follow-up, you can find **The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread** guidelines online now here: http://45.wh.gov/1e5aC9.
>
> ---
>
> **From:** Pottebaum, Nic D. EOP/WHO
> **Sent:** Monday, March 16, 2020 3:27 PM
> **To:** Nic Pottebaum (Nicholas.D.Pottebaum@who.eop.gov) <Nicholas.D.Pottebaum@who.eop.gov>
> **Cc:** Douglas.L.Hoelscher@who.eop.gov; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
> **Subject:** Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President
>
> 
>
>
> Governors and Governors' Senior Staff,
>
> In follow up to today's Governor-Only Briefing with the President & Vice

AMERICAN OVERSIGHT

President today (Monday, March 16), attached is the guidance referenced in the briefing being released today, "**The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread**."

Additionally, below you will find additional information referenced on today's briefing call/VTC.

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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UPDATES
President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19

<!--[if !supportLists]-->• <!--[endif]-->Presidential Proclamation Here

<!--[if !supportLists]-->• <!--[endif]-->Letter from President Donald J. Trump on Emergency Determination Under the Stafford Act to U.S. Department of Homeland Security, Department of Treasury, U.S. Department of Health & Human Services, and Federal Emergency Management Agency. The letter includes specific recommendation to governors including:

<!--[if !supportLists]-->○ <!--[endif]-->"In order to meet the challenges caused by this emergency pandemic, **I have encouraged all State and local governments to activate their Emergency Operations Centers and to review their emergency preparedness plans.** In the meantime, I expect FEMA to continue to review all ways in which it can provide assistance to States consistent with the authorities provided to it by this letter and by statute."

<!--[if !supportLists]-->○ <!--[endif]-->"I **encourage all governors and tribal leaders to consider requesting Federal assistance under this provision of the Stafford Act, pursuant to the statutory criteria**. I stand ready to expeditiously consider any such request."

<!--[if !supportLists]-->• <!--[endif]-->President Donald J. Trump Has Mobilized the Full Resources of the Federal Government to Respond to the Coronavirus

<!--[if !supportLists]-->• <!--[endif]-->FEMA Fact Sheet

Expanding Testing & State-Approved Diagnostic Testing Resources

AMERICAN OVERSIGHT

<!--[if !supportLists]-->• <!--[endif]-->**Technical Assistance for State Labs:** 24/7 Technical Assistance for Labs: 1-888-463-6332.

<!--[if !supportLists]-->• <!--[endif]-->**Questions or Inquiry for Mobile Testing (primarily for healthcare workers, first responders, and those over the age of 65 year of age)**: Please have your team or emergency manager reach out to your FEMA regional manager found here for more information.

<!--[if !supportLists]-->• <!--[endif]-->**Helpful Guidance for Your State Health Officer & State Health Lab**: FAQs on Diagnostic Testing (more here).

<!--[if !supportLists]-->• <!--[endif]-->FDA gives flexibility to New York State Department of Health, FDA issues Emergency Use Authorization Diagnostic

<!--[if !supportLists]-->• <!--[endif]-->HHS Funds Development of COVID-19 Diagnostic Tests

Framework Mitigation Strategies for Communities with Local COVID-19 Transmission

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.

<!--[if !supportLists]-->• <!--[endif]-->A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission *(more* here*; 10-page frame work for States, localities, and communities).*

<!--[if !supportLists]-->• <!--[endif]-->CDC mitigation strategies for Santa Clara (CA), Seattle (WA), New Rochelle (NY), Florida, and Massachusetts.

Centers for Medicare & Medicaid Services (CMS) Resources for States

On Friday, the Trump Administration announced aggressive actions and regulatory flexibilities to help healthcare providers and states respond to and contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is taking several actions following President Trump's declaration of a national emergency due to COVID-19. A press release outlining CMS announcement can be found here. A fact sheet outlining these actions can be found here.

<!--[if !supportLists]-->• <!--[endif]-->**Flexibility and Relief for State Medicaid Agencies**: The national emergency declaration also enables CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under section 1135 waivers. States and territories are now encouraged to assess their needs and request these available flexibilities, which are outlined in the Medicaid and CHIP Disaster Response Toolkit.

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Examples of flexibilities available to states under section 1135 waivers include the ability to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, allow providers to provide care in alternative settings, waive prior authorization requirements, and temporarily suspend certain pre-admission and annual screenings for nursing home residents. For more information and to access the toolkit, visit here.

<!--[if !supportLists]-->• <!--[endif]-->**Waivers and Flexibilities for Hospitals and other Healthcare Facilities**: CMS will temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements. CMS will also issue several blanket waivers, listed on the website below, and the CMS Regional Offices will review other provider-specific requests. These waivers provide continued access to care for beneficiaries. For more information on the waivers CMS has granted, visit here.

<!--[if !supportLists]-->• <!--[endif]-->**Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance**: As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here and all CMS guidance related to COVID-19 can be found here.

AMERICAN OVERSIGHT

From: Jack Moss
Subject: Fwd: Fw:
Date: Tuesday, March 3, 2020 11:28:34 AM

---------- Forwarded message ---------
This is the best email I have seen on the Corona Virus prevention ...

> **Sent:** Tue, Mar 3, 2020 at 8:17 AM
> **Subject:**
> I received this on a neighborhood chat email I believe it has the best recommendations about the COVID-19 virus.
>
> Good advice from James Robb, M.D., Fellow of the College of American Pathologists, posted 2/26/2020: Subject: What I am doing for the upcoming COVID-19 (coronavirus) pandemic. Dear Colleagues, as some of you may recall, when I was a professor of pathology at the University of California San Diego, I was one of the first molecular virologists in the world to work on coronaviruses (the 1970s). I was the first to demonstrate the number of genes the virus contained. Since then, I have kept up with the coronavirus field and its multiple clinical transfers into the human population (e.g., SARS, MERS), from different animal sources. The current projections for its expansion in the US are only probable, due to continued insufficient worldwide data, but it is most likely to be widespread in the US by mid to late March and April. Here is what I have done and the precautions that I take and will take. These are the same precautions I currently use during our influenza seasons, except for the mask and gloves:
>
> 1) NO HANDSHAKING! Use a fist bump, slight bow, elbow bump, etc.
>
> 2) Use ONLY your knuckle to touch light switches. elevator buttons, etc.. Lift the gasoline dispenser with a paper towel or use a disposable glove.
>
> 3) Open doors with your closed fist or hip - do not grasp the handle with your hand, unless there is no other way to open the door. Especially important on bathroom and post office/commercial doors.
>
> 4) Use disinfectant wipes at the stores when they are available, including wiping the handle and child seat in grocery carts.
>
> 5) Wash your hands with soap for 10-20 seconds and/or use a greater than 60% alcohol-based hand sanitizer whenever you return home from ANY activity that involves locations where other people have been.
>
> 6) Keep a bottle of sanitizer available at each of your home's entrances. AND in your car for use after getting gas or touching other contaminated objects when you can't immediately wash your hands.

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7) If possible, cough or sneeze into a disposable tissue and discard. Use your elbow only if you have to. The clothing on your elbow will contain infectious virus that can be passed on for up to a week or more! What I have stocked in preparation for the pandemic spread to the US:

1) Latex or nitrile latex disposable gloves for use when going shopping, using the gasoline pump, and all other outside activity when you come in contact with contaminated areas. Note: This virus is spread in large droplets by coughing and sneezing. This means that the air will not infect you! BUT all the surfaces where these droplets land are infectious for about a week on average - everything that is associated with infected people will be contaminated and potentially infectious. The virus is on surfaces and you will not be infected unless your unprotected face is directly coughed or sneezed upon. This virus only has cell receptors for lung cells (it only infects your lungs) The only way for the virus to infect you is through your nose or mouth via your hands or an infected cough or sneeze onto or into your nose or mouth.

2) Stock up now with disposable surgical masks and use them to prevent you from touching your nose and/or mouth (We touch our nose/mouth 90X/day without knowing it!). This is the only way this virus can infect you - it is lung-specific. The mask will not prevent the virus in a direct sneeze from getting into your nose or mouth - it is only to keep you from touching your nose or mouth.

3) Stock up now with hand sanitizers and latex/nitrile gloves (get the appropriate sizes for your family). The hand sanitizers must be alcohol-based and greater than 60% alcohol to be effective.

4) Stock up now with zinc lozenges. These lozenges have been proven to be effective in blocking coronavirus (and most other viruses) from multiplying in your throat and nasopharynx. Use as directed several times each day when you begin to feel ANY "cold-like" symptoms beginning. It is best to lie down and let the lozenge dissolve in the back of your throat and nasopharynx. Cold-Eeze lozenges is one brand available, but there are other brands available. I, as many others do, hope that this pandemic will be reasonably contained, BUT I personally do not think it will be. Humans have never seen this snake-associated virus before and have no internal defense against it. Tremendous worldwide efforts are being made to understand the molecular and clinical virology of this virus. Unbelievable molecular knowledge about the genomics, structure, and virulence of this virus has already been achieved. BUT, there will be NO drugs or vaccines available this year to protect us or limit the infection within us. Only symptomatic support is available. I hope these personal thoughts will be helpful during this potentially catastrophic pandemic. You are welcome to share this email

AMERICAN OVERSIGHT

From: Wagner, Maureen
To: Nunez, Jeanette
Cc: Folsom, David; Colucci, Monica
Subject: Fwd: GD LBL 3.2.20
Date: Sunday, March 1, 2020 9:00:36 PM
Attachments: GD LBL 3.2.20.docx

Get Outlook for iOS

From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>

Sent: Sunday, March 1, 2020 8:58:02 PM

To: Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>

Subject: GD LBL 3.2.20

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 2, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 2
Passengers: THE GOVERNOR, Robert Mons
Location: The Capitol

8:00-8:30am

GOVERNOR'S AGENCY HEADS MEETING
Location: Large Conference Room, The Capitol

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 7
Passengers: THE GOVERNOR, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Tallahassee International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

AMERICAN OVERSIGHT

§119.071(2)(d) F.S.

W/D: §119.071(2)(d) F.S.

Location: §119.071(2)(d) F.S.

FBO: §119.071(2)(d) F.S.

Address: §119.071(2)(d) F.S.

Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 7

Passengers: THE GOVERNOR, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio

Location: Florida Department of Health Tampa Branch Laboratory

10:30am-12:00pm

PRESS CONFERENCE

Location: Florida Department of Health Tampa Branch Laboratory

Address: 3602 Spectrum Boulevard, Tampa, FL 33612

12:00-12:30pm

CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19

Location: During Movement

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 8

Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio

Location: Tampa Executive Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)

W/U: §119.071(2)(d) F.S.

Location: §119.071(2)(d) F.S.

FBO §119.071(2)(d) F.S.

Address: §119.071(2)(d) F.S.

AMERICAN OVERSIGHT

Phone: §119.071(2)(d) F.S.

W/D: §119.071(2)(d) F.S.

Location: §119.071(2)(d) F.S.

FBO: §119.071(2)(d) F.S.

Address: [redacted]

Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 8

Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio

Location: Florida Department of Health in Miami Dade County

2:00-3:30pm

PRESS CONFERENCE

Location: Florida Department of Health in Miami Dade County

Address: 1350 Northwest 14th Street, Miami, FL 33125

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 8

Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio

Location: Miami International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)

W/U: §119.071(2)(d) F.S.

Location: §119.071(2)(d) F.S.

FBO: §119.071(2)(d) F.S.

Address: [redacted]

Phone: §119.071(2)(d) F.S.

W/D: §119.071(2)(d) F.S.

Location: §119.071(2)(d) F.S.

FBO: §119.071(2)(d) F.S.

AMERICAN OVERSIGHT

Address: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 4

Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio

Location: The Governor's Mansion

RON

Location: The Governor's Mansion

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 2, 2020

§119.071(2)(d) F.S.

DRIVE TIME §119.071(2)(d) F.S.)
Manifest: 2
Passengers: THE GOVERNOR, Robert Mons
Location: The Capitol

8:00-8:30am

GOVERNOR'S AGENCY HEADS MEETING
Location: Large Conference Room, The Capitol

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 7
Passengers: THE GOVERNOR, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Tallahassee International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

W/D: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
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Address: §119.071(2)(d) F.S.

Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 7
Passengers: THE GOVERNOR, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Florida Department of Health Tampa Branch Laboratory

10:30am-12:00pm

PRESS CONFERENCE
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard, Tampa, FL 33612

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

12:00-12:30pm

CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19
Location: During Movement

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Tampa Executive Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
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Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Florida Department of Health in Miami Dade County

2:00-3:30pm

PRESS CONFERENCE
Location: Florida Department of Health in Miami Dade County
Address: 1350 Northwest 14th Street, Miami, FL 33125

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Miami International Airport

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)

W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.
Phone: §119.071(2)(d) F.S.

W/D: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: The Governor's Mansion

RON

Location: The Governor's Mansion

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Moulton, Diane
Subject: Fwd: GOVERNORS Only CALL - WEDNESDAY MARCH 18, 1:00 p.m. EST
Date: Tuesday, March 17, 2020 5:41:15 PM

Mara Gambineri
Director of External Affairs
Executive Office of Governor Ron DeSantis
407-575-4966

From: Tweed, Christina <Christina.Tweed@eog.myflorida.com>
Sent: Tuesday, March 17, 2020 5:37:03 PM
To: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject: Fwd: GOVERNORS Only CALL - WEDNESDAY MARCH 18, 1:00 p.m. EST

Get Outlook for iOS

From: McBride, Bill <BMcBride@nga.org>
Sent: Tuesday, March 17, 2020 5:36:30 PM
To: McBride, Bill <BMcBride@nga.org>
Subject: GOVERNORS Only CALL - WEDNESDAY MARCH 18, 1:00 p.m. EST

Good afternoon,

The National Governors Association will host a Governors only call to discuss the COVID-19 situation on **Wednesday, March 18 at 1:00 P.M. EST**

Please use the following link to register:

https://zoom.us/meeting/register/v5Iod-urqjIpZYUqJvKtuv_4RxYD0SZIvg

As an added security precaution, it is important that you register the same number the governor will be calling in from in order to access the call.

Please direct questions to Ryan Solt at rsolt@nga.org.

An agenda will be provided to your office after receiving an RSVP. **Again, this call is intended for Governors.**

Thank you.

Bill McBride | Executive Director

| National Governors Association | 202-624-5320

AMERICAN OVERSIGHT

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Washington, DC 20001

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www.nga.org

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From: Wagner, Maureen
To: Nunez, Jeanette
Subject: Fwd: HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response
Date: Wednesday, March 4, 2020 2:26:08 PM

Get Outlook for iOS

From: Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>
Sent: Wednesday, March 4, 2020 2:23:06 PM
To: Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>
Subject: HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response

Dear Partner –

Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC) is announcing upcoming action to provide initial resources to a limited number of state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19).

"State and local governments are the backbone of our public health system. They have been essential partners in the ongoing work to contain and mitigate the spread of COVID-19 in the United States," said HHS Secretary Alex Azar. "The Trump Administration is acting swiftly through every avenue we have to ensure state and local governments have the support they need to combat this outbreak."

"CDC is committed to working with state, local, tribal and territorial public health departments to mitigate community spread of novel coronavirus in this nation," said CDC Director Robert R. Redfield, M.D. "Our partners are on the front lines of this response and we support their efforts to increase needed public health capacity to confront the challenges this virus presents."

Using funds provided to CDC through the HHS Secretary's Transfer, CDC will:

- Award an initial $25 million cooperative agreement to the states and local jurisdictions who have borne the largest burden of response and preparedness activities to date. This is an initial award for those jurisdictions who require immediate assistance for activities such as monitoring of travelers, data management, lab equipment, supplies, staffing, shipping, infection control, and surge staffing. Once supplemental funding is provided, support will be provided to all states and local jurisdictions for a variety of critical public health activities.

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- Award an initial $10 million cooperative agreement to state and local jurisdictions to begin implementation of coronavirus surveillance across the U.S., building on existing influenza activities and other surveillance systems. This initial award is for a limited number of jurisdictions. Once supplemental funding is provided, additional support will be provided to all states and local jurisdictions to enhancing testing and surveillance.

CDC will use existing networks to reach out to state and local jurisdictions to access this initial funding.

For more information about COVID-19, please visit CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Sincerely,
Darcie

Darcie L. Johnston
Director, Intergovernmental Affairs
U.S. Department of Health and Human Services
Darcie.Johnston@hhs.gov

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From:	Joseph Reilly
To:	Strum, Shane
Subject:	Fwd: IMPORTANT ANNOUNCEMENT FROM MHS CHIEF MEDICAL OFFICER - CORANAVIRUS (COVID-19) UPDATE
Date:	Sunday, March 8, 2020 7:25:54 PM
Attachments:	image002.png image003.png image004.png image005.png CMO COVID Final 3-8-20.pdf

---

Begin forwarded message:

From: "Reilly, Joseph" <jreilly@mhs.net>
Date: March 8, 2020 at 7:24:49 PM EDT
To: Joseph Reilly <joereilly@me.com>
Subject: Fwd: IMPORTANT ANNOUNCEMENT FROM MHS CHIEF MEDICAL OFFICER - CORANAVIRUS (COVID-19) UPDATE

Begin forwarded message:

From: MHS Communication <MHSCommunication@mhs.net>
Date: March 8, 2020 at 7:21:45 PM EDT
To: ALL MHS <ALLMHS@mhs.net>
Subject: IMPORTANT ANNOUNCEMENT FROM MHS CHIEF MEDICAL OFFICER - CORANAVIRUS (COVID-19) UPDATE

Dear Memorial Team,

We are continuing to monitor the development of 2019 Novel Coronavirus Disease (COVID-19). It is imperative as a healthcare team we remain focused on the safety and privacy of our patients, staff and community and prepared to provide the level of care needed to manage a virus of this kind.

At this time, the Florida Department of Health in Broward County has reported two presumptive positive cases of the 2019 Novel Coronavirus (COVID-19) in Broward County. We are working closely with and following the lead of all local, state and federal organizations at the forefront of the coronavirus response, including the Centers for Disease Control and Prevention (CDC) and Florida Department of Health in Broward County. Memorial

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has policies and practices in place to minimize exposures to respiratory pathogens including virus that causes COVID-19, and we are taking all appropriate and necessary precautions for the safety and well-being of our employees, patients and community.

You can help us by informing your family and friends of the following guideline:

- Anyone with signs/symptoms of sore throat, fever, chills, cold, cough, nausea, vomiting, or diarrhea should not visit patients in the hospital.

- **MemorialDocNow – FREE virtual visits:** Encourage use for anyone who would like a telehealth alternative to assess symptoms. Memorial is making this service available for FREE to everyone in our community through March 31 at this time with the use of the "MemorialCares" code.

Protective Equipment:

Before using protective equipment (masks, gowns, etc.), please ensure that you are using it according to hospital guidelines.

All symptomatic patients need a procedure mask immediately

All healthcare workers caring for a Person Under Investigation of COVID-19 wear:
Gloves, Gown, N95 Respirator, Face Shield

For a full presentation of this with illustrations, please refer to the Intranet under:

MHS COVID-19 Educational Toolkit & Resources

Operational Changes:

During this respiratory infection season, we are taking necessary precautions to keep everyone at our hospitals safe. For this reason, we are making a few adjustments to our visiting policy, limiting our access points and implementing screenings.

To view these changes, please follow these links for the intranet and also Memorial's external facing websites:

- **MHS:** https://www.mhs.net/patients-visitors/coronavirus-disease
- **JDCH:** https://www.jdch.com/patients-families/coronavirus-

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disease

Public Classes:

In an abundance of caution, all public classes have been cancelled. If you are unsure about the status of your class or event, please contact the organizer or check the events page on our web.

Employee Communication: It's important that you maintain communication with your supervisor.

- **MHS Intranet:**
  - **Human Resources** is posting updates and new information as it becomes available
  - **Infectious Disease Information Page:** provides updated information for clinicians about patient care and management of COVID-19

Please remain in contact with your leader during this time. We also encourage you to stay updated with the CDC's information at cdc.gov/coronavirus/2019-ncov/index.html.

Thank you for your continued commitment to our community.

Sincerely.

CONFIDENTIALITY NOTICE: DO NOT FORWARD THIS MESSAGE TO OTHERS WITHOUT PERMISSION OF THE SENDER.

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Stanley W. Marks, M.D.

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Memorial Healthcare System

Stanley W. Marks, M.D., FACS
Senior Vice President & Chief Medical Officer
954-265-5936 | mhs.net | jdch.com

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Memorial Healthcare System

MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE

Dear Memorial Team,

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Thank you for your continued commitment to our community.

Sincerely.

Stanley W. Marks, M.D.

Memorial Healthcare System

Stanley W. Marks, M.D., FACS
Senior Vice President & Chief Medical Officer
954-265-5936 | mhs.net | jdch.com

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From:	Spencer, Chris
To:	Gambineri, Mara
Subject:	Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)
Date:	Friday, March 13, 2020 10:22:17 AM
Attachments:	image001.png image002.png image003.png image004.png

Begin forwarded message:

From: "Clark, David" <David.Clark@eog.myflorida.com>
Date: March 13, 2020 at 10:14:24 AM EDT
To: "Spencer, Chris" <Chris.Spencer@LASPBS.STATE.FL.US>
Cc: "Cramer, Kim" <Kim.Cramer@laspbs.state.fl.us>, "Grasel, Laurie" <Laurie.Grasel@LASPBS.STATE.FL.US>, "Parrish, Katie" <Katie.Parrish@dms.myflorida.com>, "Vickers, Mary Beth" <MaryBeth.Vickers@LASPBS.STATE.FL.US>, "Kruse, Mark" <Mark.Kruse@LASPBS.STATE.FL.US>
Subject: FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)

FYI

Thank you

Sincerely,

David Clark
Deputy Chief of Staff
Executive Office of Governor DeSantis
850-717-9236 (office) / 850-488-4155 (fax)

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

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Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your

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specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida



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Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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From:	Eifert, James O Maj Gen USAF NG FLARNG (USA)
To:	Moskowitz, Jared
Cc:	Strum, Shane; Moulton, Diane; Oglesby, Mark; Reinwald, Allison NFG NG FLARNG (USA)
Subject:	Fwd: JTF COVID Commander"s Notes 17 Mar 2020
Date:	Tuesday, March 17, 2020 7:58:59 AM
Attachments:	SnrLdr Update_170700MAR20.pdf JTF-FL CDR SITREP 17 MAR 2020.docx

Jared,
Below and attached please find a quick SITREP from JTF-FL forces.

BLUF: All missions proceeding on schedule. Broward team waiting on sampling kits to begin drive thru ops.

Lemme know if you have questions/concerns.

Cheers,

Eif

James O. Eifert, MAJ Gen
The Adjutant General of Florida
(904) 823-0107
Cell: (904) 481-6387

From: "Ladd, Michael A COL USARMY NG FLARNG (USA)" <michael.a.ladd10.mil@mail.mil>
Date: Tuesday, March 17, 2020 at 7:35:40 AM
To: "Eifert, James O Maj Gen USAF NG FLARNG (USA)" <james.o.eifert.mil@mail.mil>, "Carruthers, Robert G COL USARMY NG FLARNG (USA)" <robert.g.carruthers.mil@mail.mil>
Cc: "Reinwald, Allison NFG NG FLARNG (USA)" <allison.reinwald2.nfg@mail.mil>, "Johnson, Gray A Jr COL USARMY NG FLARNG (USA)" <gray.a.johnson.mil@mail.mil>, "Steele, John L III Col USAF NG FLANG (USA)" <john.l.steele.mil@mail.mil>, "Lanham, David CSM USARMY NG FLARNG (USA)" <david.lanham.mil@mail.mil>, "Evans, Elizabeth A LTC USARMY NG FLARNG (USA)" <elizabeth.a.evans16.mil@mail.mil>, "Harlamor, Alexander V LTC USARMY NG FLARNG (USA)" <alexander.v.harlamor.mil@mail.mil>, "Manley, William M NFG NG FLARNG (USA)" <william.m.manley2.nfg@mail.mil>
Subject: JTF COVID Commander's Notes 17 Mar 2020

Gentlemen,

- FLNG currently has 598 on State Active Duty with a projection to go 608 by WED 18 MAR 2020.

- FLNG (TF 50) conducted direct planning efforts with Broward County officials and Memorial Hospital Staff. Final coordination with DEM has PPE, POD Set Up Package and Sampling kits all projected for rapid delivery to the footprint. TF 50 will conduct rehearsals and training with hospital / DOH staff as they prepare for logistics push. The mission is on glide path for execution later this week.

- TF 50 continues support to the State Logistics Readiness Center (SLRC).

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- FLNG continues to aggressively seek and apply force protection methods to safeguard our Soldiers and Airmen while supporting the Citizens of Florida. The Joint Planning Group is conducting contingency planning to project resource shortfalls, protocol for infected FLNG personnel and support to mega-city testing sites.

- FLNG TF COVID continues to re-evaluate distance versus physical manning while maintaining operational capability. JTF COVID continues to conduct command and control, planning and coordination with COVID response stakeholders.

Very Respectfully,

Mike

MICHAEL A. LADD
Colonel, Florida Army National Guard
J3, Director of Military Support (DOMS)

National J3 FAC Chair

Office: (904) 823-0430
Cell: [redacted]

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Joint Task Force - Florida (COVID-19)

As of 170800MAR2020

Commander's Summary:
JTF-FLORIDA Conducts Phase I (Mobilize/Deploy Operations). FDEM is currently in Phase III (Cluster of Linked Cases in FLORIDA) with preparation into Phase IV (Multiple Un-linked Cases in FLORIDA). There are no known cases affec ing Soldiers of the Florida National Guard. FLNG has **598 Soldiers and Airmen** supporting COVID-19. JTF-FLORIDA con inues conduct ongoing missions and stands ready to execute Broward County mission once tasked.

Mission Roll-Up

- LOG Desk SEOC (Msn# 0565)
- SLRC (Msn# 0122)
- ESF-13 Staffing SEOC (Msn# 0301)
- Medical, security, logistics & C2 (Msn# 0370)
- FLNG LNO Broward County (Msn# 0601)

TF50 (ME)
Task: Provide SERT LOG, SLRC staffing support and BPT provide medical support mission in Broward County on order.
Purpose: Assist civil authorities with the protec ion of life and prevent virus spread.

83 (SE1)
Task: Provide support to main effort TF 50 and ESF-13 SEOC.
Purpose: Provide National Guard civil support to local authorities

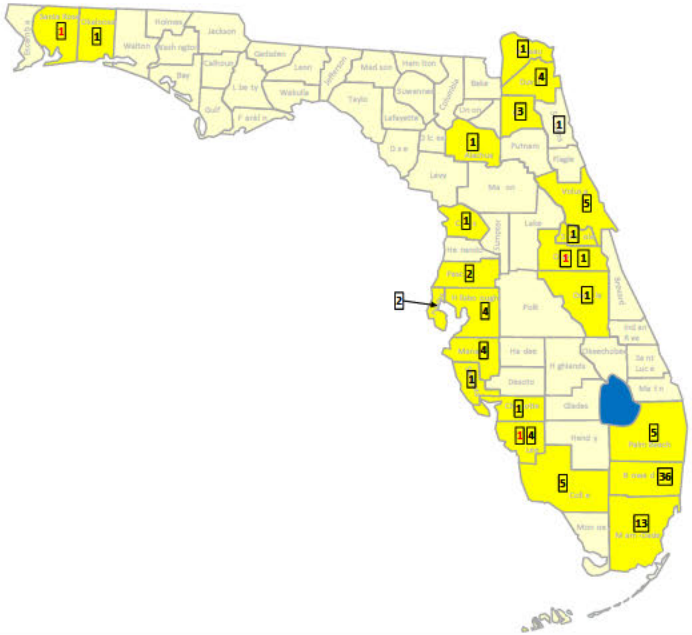
164 (SE2)
Task: Provide support to main effort TF 50
Purpose: Provide National Guard civil support to local authorities

FLANG (SE3)
Task: Provide support to main effort TF 50
Purpose: Provide National Guard civil support to local authorities

JFHQ (SE4)
Task: Provide support to main effort TF 50
Purpose: Provide National Guard civil support to local authorities

53 (SE5)
Task: Provide support to main effort TF 50
Purpose: Provide National Guard civil support to local au horities

Area of Operations / Interest



EMAC
EMAC Supporting States: None

EQUIPMENT
None

SAD PERSONNEL

JFHQ-FL Total Avail:	5,000
FLARNG	561
FLANG	37
FLNG Total:	**598**
EMAC	0
T10	0
Total JTF-FL:	**598**
MAX AUTH Strength:	**N/A**

***As of 170700 MAR 20**

JTF-FLORIDA Mission Profiles

- SEOC plans, operations, logistics support
- State Logistics Readiness Center (SLRC)
- Medical Support
- Security
- C2

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JTF-FL COMMANDER'S SITREP
JTF COVID-19

Line 1 (Period, DTG): 160700 MAR 2020 – 170700 MAR 2020

Line 2 (Unit): JTF-FLORIDA

Line 3 (Reference, Event): JTF-COVID-19

Line 4 (Originator, UIC): W8AKAA

Line 5 (Reported Unit, UIC): JTF-COVID-19

Line 6 (Home Location): RFE Armory, SR 207, St Augustine, FL

Line 7 (Present Location):

- SEOC/ESF-13 located in Tallahassee, FL
- JTF-COVID located in RFE Armory, St Augustine, FL
- TF-53 located in Pinellas Park, FL
- 164 ADA located in Orlando, FL
- 83 TC located in Tallahassee, FL
- 50 RSG located in Homestead, FL

Line 8 (Activity): JTF-CODID is in Phase I (Alert/Mobilize/Deploy).

- TF-53 Mobilized 139x 68W (133 to TF 50, 8 to CBJTC)
- TF-83 Mobilized 43 (23 SAD,/12 ADOS/8 AGR)
- 164 ADA BDE Mobilized 10 (9x 68W, 1x JOC)
- 50 RSG Mobilized 208
- 1 CERF-P (-) (C2 and Med Triage Element) in Homestead, FL
- 5 TF LNO deployed (3x ESF13, 2x JOC)

Line 9 (Effectiveness):

- JTF-FL
  - Received 3 missions in the last 24 hours, 6 missions to date
- 83 TC
  - Tasked CERF-P in 2 counties
- 50 RSG
  - Tasked SLRC/ TF MED Support

Line 10 (FF Disposition):

- 50 RSG is preparing to execute logistic missions ISO FL State Logistics Plan
- TF 83 Refining staff estimates
- 164 ADA BPT support security operations
- TF-53 Updating estimates/ preparing communications equipment
- FLANG continue CERFP and PAO support

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Line 11 (Location): JTF-COVID JOC is located at RFE Armory, Saint Augustine, FL.

Line 12 (Capabilities): FLNG has 5,000 available for response. Reviewing COA for recalling retired medical personnel up to the rank of COL.

Line 13 (Operations):

- Army 561
- Air 37
- **JTF-FL Total: 598**

Line 14 (Situation):

- Past Activities
  - FLNG mobilized and conducting link up with local authority for planning
  - JOC established with minimum physical staff / remainder telework
  - Final planning efforts for Memorial Hospital drive through testing mission
- Present Activities
  - SEOC and ESF-13 and LOG Desk support
  - SLRC Operations
  - COA Dev for mega-city drive through testing sites
  - COA Dev for plan of action regarding infected NG troops
- Future Activities
  - LSA Operations
  - Support to Mega-City Drive thru testing sites
  - SERT LNO Operations
  - SLRC Operations
  - Potential Support to Law Enforcement
  - Medical Community Support (Mobile Testing Sites & Cruise Ships)

Line 15 (Joint Logistics):

- 50 RSG provides logistical support to the force, augmentation to SEOC Log Branch and supporting the state logistics at the SLRC.

Line 16 (Comms): JTF-FL is providing voice and data capabilities / virtual networking capability has been consistent and with minor interruption

- NSTR

Line 17 (Personnel) JTF-FL Total: 5,000 Available

Line 18 (Significant Events): Number of Florida residents infected as of 161800 Mar 2020: 137, 4 deaths

Line 19 (CDR's Evaluation): JTF-FL continues to conduct support operations to the State's COVID-19 response. We are well engaged with DEM and the FL DoH in order to drive our contingency planning efforts. We currently have no unmet needs but should this mission

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continue long term or FLNG personnel become infected, we may need to look at additional resourcing strategies.

Line 20 (Cost Estimate): Total estimated SAD costs as of 16 MAR 2020: $ 152,400.00
Total SAD Pay to Date: $57,150.00
Total SAD Sustainment to Date: $81,915.00
Total SAD Supplies & Equipment to Date: $13,335.00

Line 21 (Authentication): COL Michael Ladd, J3, JTF COVID-19.

JTF-FL Shared Situational Awareness COP: https://share.dhs.gov/flngops?launcher=false

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From: Wagner, Maureen
To: Nunez, Jeanette
Cc: Colucci, Monica
Subject: Fwd: [EXTERNAL] Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Long-Term Care Facilities
Date: Wednesday, March 11, 2020 9:37:52 PM
Attachments: Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Long-Term Care Facilities.pdf

Please see attached Monica , please print for LGs briefing material

Get Outlook for iOS

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Wednesday, March 11, 2020 8:04:31 PM
To: Wagner, Maureen <Maureen.Wagner@eog.myflorida com>
Subject: FW: [EXTERNAL] Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Long-Term Care Facilities

Forgot to copy you on the last one. I've got you on future ones.

From: Mahon, Jason
Sent: Wednesday, March 11, 2020 7:24 PM
To: 'Gambineri, Mara' <Mara.Gambineri@eog.myflorida com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; 'Ferre, Helen' <Helen.Ferre@eog.myflorida com>; 'Beatrice, Meredith M.' <Meredith.M.Beatrice@eog.myflorida com>; 'Russo, Katherine' <Katherine.Russo@eog.myflorida com>; 'stephanie.kopelousos@eog.myflorida com' <stephanie.kopelousos@eog.myflorida.com>; Coppola, Courtney <Courtney.coppola@flhealth.gov>
Subject: FW: [EXTERNAL] Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Long-Term Care Facilities

Please see below and attached. Thank you!

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery com>
Sent: Wednesday, March 11, 2020 7:22 PM
To: Mahon, Jason <Jason.Mahon@em.myflorida com>
Subject: [EXTERNAL] Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Long-Term Care Facilities

Banner

FOR IMMEDIATE RELEASE
March 11, 2020

Contact: Joint Information Center on COVID-19 for the State of Florida
(850) 815-4940, ESF14@em myflorida.com

Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Long-Term Care Facilities

TALLAHASSEE, Fla. – Today, at Governor DeSantis' direction, Florida Division of Emergency Management Director Jared Moskowitz issued an Emergency Order temporarily restricting visitation to nursing homes, assisted living facilities (ALFs), adult family-care homes, long-term care facilities and adult group homes.

By restricting visitation, the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This order has been issued in recognition of the fact that the elderly and those with underlying medical conditions are at higher risk for serious illness from COVID-19. This is also consistent with directions given by the Federal Centers for Medicare and Medicaid Services.

People who will now be restricted from visi ing nursing homes, ALFs, adult family-care homes, long-term care facilities and adult group homes include:

- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;
- Any person showing or presenting symptoms of cough, fever, shortness of breath, or sore throat;
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction wi h the person(s) who is infected with COVID-19;
- Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States;
- Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States;
- Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or
- Any person who resides in a community with confirmed community spread of COVID-19, as identified by he Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility.

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For a PDF copy of the full Emergency Order, click **HERE**.

###

https://content govdelivery com/accounts/FLDEM/bulletins/280a986

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This email was sent to Jason.Mahon@em.myflorida.com using GovDelivery Communications Cloud on behalf of Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee, FL 32399-2100



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Joint Information Center on COVID-19 for the State of Florida

FOR IMMEDIATE RELEASE
March 11, 2020

Contact: Joint Information Center on COVID-19 for the State of Florida
(850) 815-4940, ESF14@em.myflorida.com

Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Long-Term Care Facilities

TALLAHASSEE, Fla. – Today, at Governor DeSantis' direction, Florida Division of Emergency Management Director Jared Moskowitz issued an Emergency Order temporarily restricting visitation to nursing homes, assisted living facilities (ALFs), adult family-care homes, long-term care facilities and adult group homes.

By restricting visitation, the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This order has been issued in recognition of the fact that the elderly and those with underlying medical conditions are at higher risk for serious illness from COVID-19. This is also consistent with directions given by the Federal Centers for Medicare and Medicaid Services.

People who will now be restricted from visiting nursing homes, ALFs, adult family-care homes, long-term care facilities and adult group homes include:

- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;
- Any person showing or presenting symptoms of cough, fever, shortness of breath, or sore throat;
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19;
- Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States;
- Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States;

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- Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or
- Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility.

For a PDF copy of the full Emergency Order, click **HERE**.

###

AMERICAN OVERSIGHT

From: Lukis, Adrian
To: Strum, Shane
Subject: Fwd: [EXTERNAL] RE: 9 p.m. Press Release - With Edits
Date: Friday, March 13, 2020 12:09:06 AM
Attachments: Miami Dademb.docx

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From: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>

Sent: Friday, March 13, 2020 12:06:00 AM

To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>

Cc: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Mahon, Jason <Jason.Mahon@em.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>

Subject: FW: [EXTERNAL] RE: 9 p.m. Press Release - With Edits

Adrian,

See attached for review.

Thanks,

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Bequer, Samantha <Samantha.Bequer@em.myflorida.com>

Sent: Thursday, March 12, 2020 11:59 PM

To: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mahon, Jason <Jason.Mahon@em.myflorida.com>

Subject: RE: [EXTERNAL] RE: 9 p.m. Press Release - With Edits

---

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From: Bequer, Samantha

Sent: Thursday, March 12, 2020 11:45 PM

To: 'Beatrice, Meredith M.' <Meredith.M.Beatrice@eog.myflorida.com>; Mahon, Jason <Jason.Mahon@em.myflorida.com>

Subject: RE: [EXTERNAL] RE: 9 p.m. Press Release

From: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>

Sent: Thursday, March 12, 2020 10:19 PM

To: Bequer, Samantha <Samantha.Bequer@em.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>

Cc: Mahon, Jason <Jason.Mahon@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Coppola, Courtney <Courtney.coppola@flhealth.gov>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>

Subject: [EXTERNAL] RE: 9 p.m. Press Release

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Jason - see updates attached

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Bequer, Samantha <Samantha.Bequer@em.myflorida.com>

Sent: Thursday, March 12, 2020 8:58 PM

To: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>

Cc: Mahon, Jason <Jason.Mahon@em.myflorida.com>

Subject: 9 p.m. Press Release

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Samantha Bequer
Press Secretary
Florida Division of Emergency Management
Desk: 850-815-4133
Cell: 850-591-9544
Samantha.Bequer@em.myflorida.com

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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Joint Information Center on COVID-19 for the State of Florida

FOR IMMEDIATE RELEASE
March 13, 2020

Contact: Joint Information Center on COVID-19 for the State of Florida
(850) 815-4940, ESF14@em.myflorida.com

Florida Department of Health Announces One Additional Positive COVID-19 Case in Florida for March 12th

TALLAHASSEE — Tonight, the Florida Department of Health announced one additional positive case of coronavirus disease (COVID-19), bringing the total confirmed new cases for Thursday, March 12th to 17 individuals who tested positive for COVID-19. To keep Florida residents and visitors safe and aware about the status of the virus, the Department is issuing regular updates as information becomes available.

This latest positive COVID-19 case, in addition to 15 others, were tested in Florida Department of Health labs. The positive COVID-19 case in Seminole County was performed through a partnership with AdventHealth Altamonte Springs*. The Department of Health is now including results from private laboratories in these daily reports. Results from private labs will initially include fewer details, such as travel, because the state epidemiological team does not learn about the private lab cases until the results are added into the state system. As soon as the Department of Health learns of a positive case from a private lab, the epidemiological investigation begins. The Department of Health will provide additional information about private lab cases as soon as details become available.

New Positive Case

- A 42-year old male in Miami-Dade County has tested positive for COVID-19. This individual is isolated and will continue to remain isolated until cleared by public health officials. This is a travel related case and is associated with exposure to an international traveler.

International Travel

U.S. Department of State – Global Level 3 Health Advisory

The U.S. Department of State advises U.S. citizens to reconsider travel abroad due to the global impact of COVID-19. Many areas throughout the world are now experiencing COVID-19 outbreaks and taking action that may limit traveler mobility, including quarantines and border restrictions. Even countries, jurisdictions, or areas where cases have not been reported may restrict travel without notice.

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CDC Guidelines

The Florida Department of Health is advising all individuals who have traveled internationally to follow **CDC guidelines**, summarized below:

- **Level 3 Travel Advisory:** CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Department or health care provider.
- **Level 2 Travel Advisory and Cruises:** Travelers should monitor their health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and they should call ahead to a health care professional or their county health department before seeking treatment.
    - According to CDC, a cruise ship is defined as a passenger vessel involving the movement of large numbers of people in closed and semi-closed settings.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider or local County Health Department (CHD) and mention their recent travel or close contact, unless they are experiencing an emergency.

If a person has had close contact with someone showing these symptoms who has recently traveled from areas or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the County Health Department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or March 2020 to self-isolate for 14 days following their date of return to the United States, and if ill, immediately contact their CHD or health care provider. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with COVID-19, including 11 positive cases in Florida.

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COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	Age	Sex	Travel** Related
1	Manatee	63	Male	No
2	Hillsborough	29	Female	Yes
3	Santa Rosa	71	Male	Yes
4	Broward	75	Male	No
5	Broward	65	Male	No
6	Lee	77	Female	Yes
7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No
13	Volusia	60	Female	Yes
14	Broward	69	Female	No
15	Nassau	68	Male	Yes
16	Collier	73	Male	Yes
17	Collier	68	Female	Yes
18	Collier	64	Female	Yes
19	Pinellas	67	Male	Yes
20	Pinellas	64	Male	Yes
21	Pasco	46	Male	Yes
22	Miami-Dade	56	Male	Yes
23	Broward	70	Male	Under Investigation
24	Lee	57	Male	Under Investigation

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25	Broward	65	Male	Under Investigation
26	Broward	61	Male	Yes
27*	Seminole	68	Male	Yes
28	Palm Beach	73	Male	Yes
29	Palm Beach	74	Male	Yes
30	Sarasota	50	Male	Under Investigation
31	Sarasota	70	Male	Under Investigation
32	Alachua	24	Female	Yes
33	Volusia	70	Male	Yes
34	Duval	83	Male	Under Investigation
35	Clay	57	Male	Under Investigation
36	Broward	28	Female	Under Investigation
37	Broward	25	Female	Under Investigation
39	Broward	68	Female	Under Investigation
40	Broward	36	Male	Under Investigation
41	Hillsborough	49	Female	Under Investigation
42	Lee	77	Male	Under Investigation
43	Miami-Dade	42	Male	Yes

* The Department of Health will confirm cases reported by commercial labs.

** A known history of exposure to COVID-19 outside of the state.

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Port Everglades Advisory

The Department, through an extensive epidemiological investigation, has identified four positive COVID-19 cases associated with Port Everglades in Broward County, Florida. All three cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

- The Department recommends all individuals experiencing symptoms who have recently traveled through Port Everglades to immediately contact their CHD or health care provider and self-isolate for 14 Days.
- The Department also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isolate at home.
- The Department is working to connect with all employees at Metro Cruise Services who may have come into contact with the three individuals who have tested positive for COVID-19 to provide the employees with the appropriate guidance and monitoring.
- The Department is working in close consultation with the CDC on this investigation.
- CDC recommends that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms, immediately self-isolate and contact their CHD or health care provider.

COVID-19 Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121. The Call Center is available 24 hours a day**. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

Actions the State of Florida has taken on COVID-19:

- Governor Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
- Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19.
- Governor Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Emergency.
- State Surgeon General Dr. Scott Rivkees declared a Public Health Emergency for COVID-19 in Florida.
- Established an Incident Management Team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.

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- Conducted public health and health care stakeholder conference calls to provide statewide updates on the current outbreak situation, response actions and guidance for pandemic planning. Over five hundred participants joined these calls.
- Participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities and hospitals.
- Established a public call center for questions regarding COVID-19.
- Developed and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
- Implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
- Distributed CDC Interim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic close contacts of confirmed cases at their home or non-home residential settings to CHDs.
- Distributed the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enhanced Surveillance and Preparedness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
- Implemented testing at all three State Public Health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- In an effort to be proactive, and only as a precautionary measure if COVID-19 evolves in Florida, Florida Virtual School (FLVS) has partnered with the Florida Department of Education to offer all school districts student support and teacher professional development tailored to the online learning environment. The Florida Department of Education in partnership with FLVS is training an additional 10,000 teachers statewide on the Virtual Teacher Training for COVID-19. Superintendents who are interested in offering their teachers the Virtual Teacher Training for COVID-19 should work with their County Virtual Principals to provide a list of teachers to FLVS through: https://www.flvs.net/FLVSTeacherTraining.
- Governor DeSantis directed the Florida Division of Emergency Management and the Agency for Health Care Administration to take action to restrict access to vulnerable populations for those who may have been exposed to COVID-19. The Governor also directed the Florida Department of Corrections to suspend visitation at state prisons for 30 days.

What You Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on

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objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local CHD and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the CHD.

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The health care provider will work with the Department to determine if the person should be tested for COVID-19.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Jacquot, Joe
Subject: Fwd: additional background
Date: Sunday, March 1, 2020 12:31:38 PM
Attachments: EO14-280.pdf
EO1629.pdf
H1N1 DOH Declaration Public Health Emergency 5-1-09 (1).pdf
020416-declaration-public-health-emergency Zika.pdf

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From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Thursday, February 27, 2020 10:03:54 AM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>
Subject: Fwd:

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From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Wednesday, February 26, 2020 4:08:59 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject:

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.

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R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please note:
Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.
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STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 14-280
(Establishes Ebola Virus Disease Response Protocol)

WHEREAS, the Ebola Virus Disease ("EVD") is a severe, potentially fatal illness that can spread among humans through direct contact with the bodily fluid of an infected person or the remains of an infected person; and

WHEREAS, earlier this year, a new and significant outbreak of EVD emerged in West Africa; and

WHEREAS, the World Health Organization previously declared EVD a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent EVD outbreak in West Africa, the Centers for Disease Control and Prevention ("CDC") in cooperation with the United States Department of Homeland Security have instituted enhanced EVD screening for travelers from EVD-affected countries in West Africa at certain airports in the United States; and

WHEREAS, the CDC currently sends to the Florida Department of Health lists of travelers from EVD-affected countries for the purpose of monitoring persons with possible EVD exposure; and

WHEREAS, the CDC Interim Guidance for Monitoring and Movement of Persons with EVD Exposure currently recommends that asymptomatic travelers with a high risk of exposure to EVD be conditionally released to the community for self-monitoring and daily contact with public health authorities for a period of 21 days following the last known EVD exposure; and

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WHEREAS, the CDC Interim Guidance also currently recommends that asymptomatic travelers with no known exposure to EVD engage in self-monitoring through twice daily temperature checks for a period of 21 days after leaving the EVD-affected country; and

WHEREAS, it is necessary and appropriate to take action to ensure that EVD remains controlled, and that residents of Florida remain safe and secure;

NOW, THEREFORE, I, RICK SCOTT, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, do hereby promulgate the following Executive Order, to take immediate effect:

Section 1. The Florida Department of Health will actively monitor all asymptomatic travelers with no known exposure to EVD who are identified by the CDC as being located in Florida for a period of 21 days after leaving the EVD-affected country. Active monitoring by the Florida Department of Health will include at least the following:

A. An in-person risk assessment within 12 hours of the traveler's arrival in Florida.

B. Twice daily, in-person temperature checks of the traveler.

Section 2. The Florida Department of Health, pursuant to its authority in section 381.00315(4), Florida Statutes, will quarantine all high-risk travelers from EVD-affected countries in West Africa who are identified by the CDC as being located in Florida for a period of 21 days following last known EVD exposure.

Section 3. I hereby direct the Florida Department of Health to make its own determinations as to quarantine and other necessary public health interventions as permitted under Florida law.

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Section 4. All agencies under the direction of the Governor are directed to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order. Agencies not under the direction of the Governor are requested to provide such assistance as is required.

IN TESTIMONY WHEREOF, I have hereunto set my hand and cause the Great Seal of the State of Florida to be affixed, at Tallahassee, the Capitol, this 25th day of October, 2014.

GOVERNOR

ATTEST:

SECRETARY OF STATE

FILED
2014 OCT 25 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 16-29

(Governor Scott Directs Public Health Emergency in Four Counties for Zika Virus)

WHEREAS, the World Health Organization declared a Public Health Emergency of International Concern related to the Zika virus on February 1, 2016; and

WHEREAS, there have been nine confirmed travel-related cases of the Zika virus in Florida (none of which have been pregnant women) in Miami-Dade, Hillsborough, Lee, and Santa Rosa Counties; and

WHEREAS, the Zika virus is transmitted by a bite from an infected Aedes mosquito and other transmittal methods are still being determined; and

WHEREAS, the Zika virus has been associated with microcephaly and neurological disorders including Guillain- Barré Syndrome; and

WHEREAS, instances of microcephaly and neurological disorders have been diagnosed in infants and are believed to have been contracted in utero as a result of the mother being bitten by an infected Aedes mosquito; and

WHEREAS, although Florida's current nine Zika cases were travel-related, Aedes mosquitos are common in Florida; and

WHEREAS, it is necessary and appropriate to take action to ensure that the Zika virus remains controlled, and that residents of Florida remain safe and healthy.

NOW, THEREFORE, I, RICK SCOTT, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section 1(a) of the Florida Constitution and by the Public Health Act, and all other applicable laws, promulgate the following Executive Order, to take immediate effect:

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FL-GOV-20-0899-A-001238

Section 1. Because of the foregoing conditions, I direct the State Health Officer and Surgeon General, Dr. John Armstrong, to declare a public health emergency in Miami-Dade, Hillsborough, Lee, and Santa Rosa Counties, pursuant to its authority in section 381.00315, Florida Statutes. The State Health Officer is authorized and directed to use his judgment as to the duration and the geographical boundaries of this public health emergency.

Section 2. In accordance with section 381.0011(7), Florida Statutes, I direct the State Health Officer to take any action necessary to protect the public health. Further, I direct the State Health Officer to immediately notify the Commissioner of Agriculture of this threat to public health pursuant to section 388.45, Florida Statutes. Furthermore, this statute authorizes the Commissioner of Agriculture to issue a mosquito declaration in Miami-Dade, Hillsborough, Lee and Santa Rosa Counties. Special attention shall be paid to residential areas, as CDC guidance indicates that backpack mosquito spray measures may be most effective.

Section 3. The State Health Officer is directed to follow the guidelines established by the Centers for Disease Control and Prevention ("CDC") in establishing protocols to control the spread of the Zika virus and educate the public on prevention.

Section 4. In accordance with section 381.0011(7), Florida Statutes, I designate the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. The State Health Officer, or his designee, shall advise the Executive Office of the Governor on the implementation of these emergency response activities.

Section 5. All actions taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified.

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Section 6. I hereby direct the Florida Department of Health to make its own determinations as to further resources and information needed in the State from the CDC to combat the spread of Zika and other measures that may need to be taken to protect public health.

Section 7. I hereby direct the Department of Environmental Protection and the Fish and Wildlife Conservation Commission to support the Department of Agriculture and Consumer Services in any way as it develops extensive mosquito control plans to contain the spread of this illness in partnership with Florida's counties, cities, and mosquito control districts.

Section 8. All agencies under the direction of the Governor are directed to fully cooperate with the Florida Department of Health, and any representative thereof in the furtherance of this Order. Agencies not under the direction of the Governor are requested to provide such assistance as is required.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 3rd day of February, 2016.

GOVERNOR

ATTEST:

SECRETARY OF STATE

FILED
2016 FEB -3 PM 2:54
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

AMERICAN OVERSIGHT

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

STATE OF FLORIDA

DEPARTMENT OF HEALTH

DECLARATION OF PUBLIC HEALTH EMERGENCY

As a consequence of confirmed cases of Swine Influenza A (swH1N1) in Broward and Lee Counties, the potential for the disease to further spread throughout the State of Florida, and after consultation with Governor Charlie Crist and public health officials within the Department of Health, I, Ana M. Viamonte Ros, M.D., MPH, State Surgeon General, pursuant to the authority vested in me under section 381.00315(1)(b), Florida Statutes, do hereby determine that a public health emergency exists in the State of Florida involving swH1N1 that has the potential to result in substantial injury or harm to the public health.

In order to protect the public health, I hereby suspend the pharmaceutical pedigree requirements under section 499.01212(1), Florida Statutes, as applicable to the wholesale distribution of the prescriptions drugs Tamiflu and Relenza needed to cope with this emergency.

In accordance with section 381.00315(1)(b), Florida Statutes, this Declaration shall remain in effect for sixty days unless amended, rescinded, or renewed with the concurrence of the Governor.

Ana Maria Viamonte Ros

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

AMERICAN OVERSIGHT

4052 Bald Cypress Way • Tallahassee, FL 32399

16 FEB -3 PM 6:19

OFFICE OF THE CLERK

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS, Zika fever, a dengue-like illness caused by a flavivirus transmitted by the Aedes mosquito, has been diagnosed in Central and South America, Mexico, the Carribbean and other areas in the world. Outbreaks of the fever have occurred in Africa, Southeast Asia and the Pacific Islands; and

WHEREAS, the World Health Organization has declared a Public Health Emergency of International Concern related to the Zika virus on February 1, 2016; and

WHEREAS, there have been nine confirmed travel-related cases of the Zika virus (none of which have been pregnant women) in Miami-Dade, Hillsborough, Lee, and Santa Rosa counties, Florida; and

WHEREAS, the Zika virus is transmitted by a bite from an infected Aedes mosquito and other transmission methods are still being determined; and

WHEREAS, there are reports of infants born with microcephaly and persons contracting neurological disorders including Guillain-Barre Syndrome in areas where Zika virus has been diagnosed; and

WHEREAS, although Florida's current nine Zika cases were travel-related, Aedes mosquitos are common in Florida;

NOW, THEREFORE, I, John H. Armstrong, MD, FACS, Surgeon General of Florida and State Health Officer, by virtue of Executive Order Number 16-29 of Governor Rick Scott and the authority vested in me by section 381.00315, Florida Statutes, do hereby declare that a public health emergency exists in Florida. In order to respond to this emergency, the following shall commence:

1. Section 1. The Commissioner of Agriculture is hereby notified of this threat to public health from the Zika virus transmission to humans from the bite of an infected Aedes mosquito. Further, the appropriate resources of the Department of Health are available to the Commissioner of Agriculture in execution of the powers and duties outlined in section 388.45, Florida Statutes.

2. Section 2. This Public Health Emergency Declaration shall be limited to the following counties:

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FL-GOV-20-0899-A-001242

a. Miami-Dade;
b. Hillsborough;
c. Lee; and
d. Santa Rosa.

2. Section 3. On or before February 15, 2016, a meeting shall be convened in the above detailed counties that will include at a minimum the following participants, a representative from:

   a. the county commission;
   b. the city commissions;
   c. the mosquito control board;
   d. the county extension office;
   e. the county health department;
   f. the tourist development council;
   g. emergency management;
   h. the airport or port authority, as applicable;
   i. the county medical society; and
   j. any other necessary community partners.

At the meeting, the following topics shall be discussed: mosquito control best practices and public outreach strategies for those communities with high risk or vulnerable populations. The County Health Officer shall prepare a summary of the meeting and develop action plans for the execution of prevention programs and provide it to the Department of Health's Central incident command offices.

3. Section 4. The County Health Officers for those affected counties shall develop an outreach program for local medical professionals to increase awareness and access to diagnostic tools.

Executed this 3rd day of February 2016, in Department of Health Offices, Tallahassee, Leon County, Florida.

John H. Armstrong, M.D., FACS
State Surgeon General

AMERICAN OVERSIGHT
FL-GOV-20-0899-A-001243

From: Gambineri, Mara
To: Obenshain, Tucker T. EOP/OVP
Subject: Fwd: final release
Date: Friday, March 6, 2020 9:53:05 PM
Attachments: DRAFT 3.6.2020mb.docx

Mara Gambineri
Director of External Affairs
Executive Office of Governor Ron DeSantis
407-575-4966

From: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Sent: Friday, March 6, 2020 9:51:22 PM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Cc: Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.myflorida.com>; Coppola, Courtney <Courtney.coppola@flhealth.gov>
Subject: final release

J- send now

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

AMERICAN OVERSIGHT

March 6, 2020

DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA

TWO CONFIRMED DEATHS REGARDING COVID-19

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health has announced updates regarding the 2019 coronavirus disease (COVID-19) in Florida. Two individuals have died and two new presumptive positive cases have been identified in Broward County.

Deceased Individuals

- A previously announced COVID-19 patient in Santa Rosa County has died, following an international trip.
- A new case of a COVID-19 patient in her seventies in Lee County has died, following an international trip.

New Presumptive Positive Cases

- A 75-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.
- A 65-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

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Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

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For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The Department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information about the Florida Department of Health, please visit www.FloridaHealth.gov.

##

AMERICAN OVERSIGHT

From:	Jones, Morgan
To:	Aaron, Chelsea; Ash, Ryan; Beatrice, Meredith M.; Beaubien, Beau; Castellanos, Silvia; Clark, David; FDLE, Mansion; Ferre, Helen; Gambineri, Mara; Henderson, Olivia; Jacquot, Joe; Kopelousos, Stephanie; Lukis, Adrian; Marquez, Jonas; McCloud, Cody; Meiner, Drew; Mons, Robert; Moscone, William; Moulton, Diane; Mowat, Lexey; Saccio, Steven; Strum, Shane; Thorpe, Amanda; Tweed, Christina; Vasquez, David; Wonsock, Kiersten M.
Subject:	GD LBL 3.19.20
Date:	Wednesday, March 18, 2020 7:58:38 PM
Attachments:	GD LBL 3.19.20.docx

GOVERNOR RON DESANTIS LINE BY LINE
THURSDAY, MARCH 19, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 2
Passengers: THE GOVERNOR, Robert Mons
Location: The Capitol

7:30-8:00am **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

8:00-8:30am **FOX AND FRIENDS INTERVIEW REGARDING COVID-19**
Location: The Governor's Office, The Capitol

8:30am-2:00pm **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

2:00-2:30pm **NATION'S GOVERNORS CALL WITH VICE PRESIDENT MIKE PENCE**
Location: Via Phone

2:30-5:00pm **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 2
Passengers: THE GOVERNOR, Robert Mons
Location: The Governor's Mansion

RON
Location: The Governor's Mansion

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS LINE BY LINE
THURSDAY, MARCH 19, 2020

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DRIVE TIME (§119.071(2)(d) F.S.)
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2:30-5:00pm **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 2
Passengers: THE GOVERNOR, Robert Mons
Location: The Governor's Mansion

RON
Location: The Governor's Mansion

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

From: Jones, Morgan
To: Aaron, Chelsea; Ash, Ryan; Beatrice, Meredith M.; Beaubien, Beau; Castellanos, Silvia; Clark, David; FDLE, Mansion; Ferre, Helen; Gambineri, Mara; Henderson, Olivia; Jacquot, Joe; Kopelousos, Stephanie; Lukis, Adrian; Marquez, Jonas; McCloud, Cody; Meiner, Drew; Mons, Robert; Moscone, William; Moulton, Diane; Mowat, Lexey; Saccio, Steven; Strum, Shane; Thorpe, Amanda; Tweed, Christina; Vasquez, David; Wonsock, Kiersten M.
Subject: GD LBL 3.2.20
Date: Sunday, March 1, 2020 6:52:54 PM
Attachments: GD LBL 3.2.20.docx

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 2, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 2
Passengers: THE GOVERNOR, Robert Mons
Location: The Capitol

8:00-8:30am

GOVERNOR'S AGENCY HEADS MEETING
Location: Large Conference Room, The Capitol

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 7
Passengers: THE GOVERNOR, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Tallahassee International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

W/D: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 7
Passengers: THE GOVERNOR, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Florida Department of Health Tampa Branch Laboratory

AMERICAN OVERSIGHT

10:30am-12:00pm **PRESS CONFERENCE**
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard, Tampa, FL 33612

12:00-12:30pm **CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: During Movement

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Tampa Executive Airport

§119.071(2)(d) F.S. **TRAVEL TIME (§119.071(2)(d) F.S.)**
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.
Phone: §119.071(2)(d) F.S.
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Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address:
Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Florida Department of Health in Miami Dade County

2:00-3:30pm **PRESS CONFERENCE**
Location: Florida Department of Health in Miami Dade County
Address: 1350 Northwest 14th Street, Miami, FL 33125

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette

AMERICAN OVERSIGHT

Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Miami International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)

W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.
Phone: §119.071(2)(d) F.S.
W/D: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: The Governor's Mansion

RON

Location: The Governor's Mansion

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 2, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 2
Passengers: THE GOVERNOR, Robert Mons
Location: The Capitol

8:00-8:30am

GOVERNOR'S AGENCY HEADS MEETING
Location: Large Conference Room, The Capitol

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 7
Passengers: THE GOVERNOR, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Tallahassee International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
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Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 7
Passengers: THE GOVERNOR, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Florida Department of Health Tampa Branch Laboratory

10:30am-12:00pm

PRESS CONFERENCE
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard, Tampa, FL 33612

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

12:00-12:30pm

CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19
Location: During Movement

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Tampa Executive Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
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Location: §119.071(2)(d) F.S.
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Address: §119.071(2)(d) F.S.
Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Florida Department of Health in Miami Dade County

2:00-3:30pm

PRESS CONFERENCE
Location: Florida Department of Health in Miami Dade County
Address: 1350 Northwest 14th Street, Miami, FL 33125

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 8
Passengers: THE GOVERNOR, Lt. Governor Jeanette Nuñez, Dr. Scott Rivkees, Dr. Shamarial Roberson, Richard Corcoran, Robert Mons, Cody McCloud, Steven Saccio
Location: Miami International Airport

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AMERICAN OVERSIGHT

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)

W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
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FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: The Governor's Mansion

RON

Location: The Governor's Mansion

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

From: Jones, Morgan
To: Aaron, Chelsea; Ash, Ryan; Beatrice, Meredith M.; Beaubien, Beau; Castellanos, Silvia; Clark, David; FDLE, Mansion; Ferre, Helen; Gambineri, Mara; Henderson, Olivia; Jacquot, Joe; Kopelousos, Stephanie; Lukis, Adrian; Marquez, Jonas; McCloud, Cody; Meiner, Drew; Mons, Robert; Moscone, William; Moulton, Diane; Mowat, Lexey; Saccio, Steven; Strum, Shane; Thorpe, Amanda; Tweed, Christina; Vasquez, David; Wonsock, Kiersten M.
Subject: GD LBL 3.7.20
Date: Friday, March 6, 2020 2:48:00 PM
Attachments: GD LBL 3.7.20.docx

GOVERNOR RON DESANTIS LINE BY LINE
SATURDAY, MARCH 7, 2020

10:00-11:45am

DON VELLER SEMINOLE GOLF COURSE GRAND RE-OPENING
Location: Don Veller Seminole Golf Course
Address: 2550 Pottsdamer Street, Tallahassee, FL 32310

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: Tallahassee International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

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Location: §119.071(2)(d) F.S.

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Address: §119.071(2)(d) F.S.

Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: Port Everglades Administration Building

2:30-4:00pm

MEETING WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19
Location: Port Everglades Administration Building
Address: 1850 Eller Drive, Fort Lauderdale, FL 33316

AMERICAN OVERSIGHT

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 4

Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio

Location: Fort Lauderdale-Hollywood International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)

W/U: §119.071(2)(d) F.S.

Location: §119.071(2)(d) F.S.

FBO: §119.071(2)(d) F.S.

Address: §119.071(2)(d) F.S.

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Address: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 4

Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio

Location: The Governor's Mansion

RON

Location: The Governor's Mansion

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS LINE BY LINE
SATURDAY, MARCH 7, 2020

10:00-11:45am

DON VELLER SEMINOLE GOLF COURSE GRAND RE-OPENING
Location: Don Veller Seminole Golf Course
Address: 2550 Pottsdamer Street, Tallahassee, FL 32310

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: Tallahassee International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
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DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: Port Everglades Administration Building

2:30-4:00pm

MEETING WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19
Location: Port Everglades Administration Building
Address: 1850 Eller Drive, Fort Lauderdale, FL 33316

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: Fort Lauderdale-Hollywood International Airport

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)

W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

Phone: §119.071(2)(d) F.S.
W/D: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 4
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio
Location: The Governor's Mansion

RON

Location: The Governor's Mansion

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Jones, Morgan
Subject: GD LBL 3.8.20
Date: Sunday, March 8, 2020 3:43:00 PM
Attachments: GD LBL 3.7.20.docx

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 9, 2020

12:00-12:30pm **CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
VIA PHONE

RON
Location: The Governor's Mansion

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

From:	Jones, Morgan
To:	Aaron, Chelsea; Ash, Ryan; Beatrice, Meredith M.; Beaubien, Beau; Castellanos, Silvia; Clark, David; FDLE, Mansion; Ferre, Helen; Gambineri, Mara; Henderson, Olivia; Jacquot, Joe; Kopelousos, Stephanie; Lukis, Adrian; Marquez, Jonas; McCloud, Cody; Meiner, Drew; Mons, Robert; Moscone, William; Moulton, Diane; Mowat, Lexey; Saccio, Steven; Strum, Shane; Thorpe, Amanda; Tweed, Christina; Vasquez, David; Wonsock, Kiersten M.
Subject:	GD LBL 3.9.20
Date:	Sunday, March 8, 2020 4:18:53 PM
Attachments:	GD LBL 3.9.20.docx

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 9, 2020

12:00-12:30pm **CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Via Phone

RON
Location: The Governor's Mansion

AMERICAN OVERSIGHT

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MONDAY, MARCH 9, 2020

12:00-12:30pm **CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Via Phone

RON
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AMERICAN OVERSIGHT

From: McBride, Bill
To: McBride, Bill
Subject: GOVERNORS CHIEF OF STAFF CALL -TUESDAY, MARCH 17 5:00 p.m. (EST)
Date: Monday, March 16, 2020 5:04:01 PM

Good afternoon,

We have received requests from some Governor's Chiefs of Staff to convene a call with Chiefs to share information and exchange ideas regarding the COVID-19 situation.

Call will be: **Tuesday, March 17 at 5 p.m. (EST)**

Call in information is:

Dial -In Number 877-853-5257 (US Toll Free)
Conference ID: 429 372 6596
Password: [redacted]
Or iPhone one-tap (US Toll Free): 8778535257,,4293726596#

If you have specific topics you would like to be covered on the call please reply with them to this email.
NGA professional staff from the Center for Best Practices and Office of Government Relations will be on the call to facilitate answers.

We are aware of your time constraints, our aim is make the call concise and productive.

Thank you.
Bill

Bill McBride | Executive Director

National Governors Association
444 North Capitol Street NW
Suite 267
Washington, DC 20001

202-624-5320
bmcbride@nga.org
www.nga.org

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AMERICAN OVERSIGHT

From:	Beatrice, Meredith M.
To:	Ferre, Helen; Strum, Shane; Lukis, Adrian; Clark, David; Kopelousos, Stephanie; Spencer, Chris; Gambineri, Mara; Clark, David; Beaubien, Beau; Russell, Tyler; DeCerchio, Anna; Meiner, Drew; Moulton, Diane
Cc:	Vickers, Mary Beth; Apthorp, Ashley; Marquez, Jonas; Moscone, William; Ash, Ryan
Subject:	Governor Talking Points - Tampa and Miami
Date:	Monday, March 2, 2020 9:38:59 AM
Attachments:	3.2 Coronavirus Tampa.docx 3.2 Coronavirus Miami.docx

Good morning,

Attached are today's talking points.

Thanks,

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

AMERICAN OVERSIGHT

Coronavirus – Tampa

Speaking Order

1. **Governor DeSantis**
2. Lt. Governor Nunez
3. Dr. Rivkees

Talking Points

[INTRODUCTION]

- Good morning. Thank you all for joining us here at the Florida Department of Health Tampa Branch Laboratory.

- I'm here with Lieutenant Governor Jeanette Nunez, State Surgeon General Dr. Scott Rivkees, Deputy Secretary for Health Dr. Shamarial Roberson and Education Commissioner Richard Corcoran to provide an update on Coronavirus (COVID-19).

- Last week, Lieutenant Governor Nunez, Dr. Rivkees and I met with Vice President Mike Pence, U.S. Surgeon General Jerome Adams and Assistant Surgeon General Admiral Stephen Redd to discuss preparedness efforts here in Florida.

- The Vice President assured us that we have the full support of the federal government.

[ANNOUNCEMENT]

- Last night, the Department of Health announced that there are two presumptive positive cases of 2019 Coronavirus disease in Florida.

- The first patient is an adult resident in Manatee County without travel history to countries identified for restricted travel by the CDC.

- The second patient is an adult resident in Hillsborough County with a history of travel to Italy.

AMERICAN OVERSIGHT

- In total, 23 people have been tested. The state is currently monitoring 184 and 795 have been monitored.

- **The two individuals who have tested positive remain in isolation at this time. Despite these cases, the overall immediate threat to the public remains low.**

- **With that said, we still need to ensure that our state is prepared.**

- Last night, I issued an Executive Order establishing the Department of Health, under Dr. Rivkees' leadership, as the agency responsible for the response and coordination of the relevant state agencies for the COVID-19 response.

- In the Order I also directed the Department of Health to declare a public health emergency to better equip our state with the resources needed to handle this threat.

- The Public Health Emergency ensures that healthcare providers, hospitals and labs immediately report all suspected cases to the Department of Health.

- It also advises individuals of the proper protective measures that need to be taken regarding the possible exposure to COVID-19.

- Individuals that have traveled to an area that the CDC has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or those that have been in contact with someone who has traveled to these places, should immediately contact the Florida Department of Health upon developing symptoms.

- These symptoms include fever, cough, shortness of breath, or difficulty breathing. Current countries at a Level 3 Travel Health Notice include China, Iran, South Korea and Italy. Japan is at an Alert Level 2 Travel Health Notice.

- To prevent the risk of spreading, the Public Health Emergency also advises individuals who believe they may have been exposed to COVID-19 to contact their local county health department prior to traveling to any physician's office, emergency department, hospital or urgent care center.

AMERICAN OVERSIGHT

[FLORIDA DEPARTMENT OF HEALTH INVOLVEMENT]

- The Florida Department of Health has been fully engaged from the very beginning with their response and epidemiology teams working on this issue since the first week of January.

- **The Department of Health is now able to test for Coronavirus. Labs in Tampa, Jacksonville and Miami can conduct the tests.**

- **This allows test results to be available to state health officials in 24 to 48 hours, as opposed to 3-5 days.**

- We have an Incident Management Team (IMT) in place, and we are working in lockstep with the CDC, receiving multiple updates daily.

- Hundreds of dedicated DOH professionals are responding, including staff in Tallahassee's Central Office and each of our 67 County Health Departments.

- We have also engaged the medical community through correspondence and weekly calls, and have established a DOH website related to COVID-19 at **www.floridahealth.gov/COVID-19**.

- This is the best and most up-to-date source for information and guidance regarding COVID-19 in Florida.

- The State of Florida is fully committed to doing everything we can to prepare for and respond to COVID-19.

- With that, I'd like to introduce Lieutenant Governor Jeanette Nunez.

AMERICAN OVERSIGHT

Coronavirus – Miami

Speaking Order

1. **Governor DeSantis**
2. Lt. Governor Nunez
3. Dr. Rivkees

Talking Points

[INTRODUCTION]

- Good morning. Thank you all for joining us here at the Florida Department of Health in Miami-Dade County.

- I'm here with Lieutenant Governor Jeanette Nunez, State Surgeon General Dr. Scott Rivkees, Deputy Secretary for Health Dr. Shamarial Roberson and Education Commissioner Richard Corcoran to provide an update on Coronavirus (COVID-19).

- Last week, Lieutenant Governor Nunez, Dr. Rivkees and I met with Vice President Mike Pence, U.S. Surgeon General Jerome Adams and Assistant Surgeon General Admiral Stephen Redd to discuss preparedness efforts here in Florida.

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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- The State of Florida is fully committed to doing everything we can to prepare for and respond to COVID-19.

- With that, I'd like to introduce Lieutenant Governor Jeanette Nunez.

AMERICAN OVERSIGHT

From:	seniorwoodman@aol.com
To:	Jacquot, Joe
Cc:	MaryGay.Templeton@ahca.myflorida.com; william.roberts@ahca.myflorida.com; mary.clemmons@ahca.myflorida.com
Subject:	Governor"s Order Restricting Visitors to ALFs and Nursing Homes
Date:	Monday, March 16, 2020 1:14:29 PM
Attachments:	DEM_ORDER_NO._20-002_In_re_COVID-19_Public_Health_Emergency_Issued_March_11_2020_.pdf COMPLAINT The Crossings.pdf

Dear Mr. Jacquot,

I write in the hope that you may be able to help me with something. Attached is a copy of the Governor's order restricting, not banning, visitors to ALFs and nursing facilities. Unless this has been amended, in writing and signed, this is the governing document with respect to visitors.

I've also attached a copy of the lawsuit against the facility and the executive director.

My husband is in an assisted living facility that currently has a negligence and abuse lawsuit filed against it and the acting executive director. My visits with my husband aren't social. My visits with my husband assist in his care. I count the number of bruises on his body, and if he has more bruises than he did after my last visit, I ask why. Most times, caregivers do not know. Oftentimes the caregivers do not call me when he does fall. I check his diaper rash and fungus breakouts that he gets from being in a wet diaper for too long. I check for UTIs and dehydration. I feed him. Before sitting him in a chair in the common area, I check to make sure that it isn't wet or that it doesn't have feces on it from another incontinent resident. I check his bedding and oftentimes change it myself because a cover was simply pulled over a chux that is wet from urine or diarrhea. I clean the feces that is smeared on his bathroom grab bars, the wall next to the garbage can, the doorknob, and on the floor and in the grout. I make sure that he is wearing his glasses and that they are clean. I make sure that his shirt isn't on him backward and that the clothes he is wearing are his clothes and that they fit. I monitor his medicine. I deliver some of his medicine to the facility. I clean, clip and/or file his toenails and fingernails. He doesn't blow his nose anymore so I clean his nose. I clean his ears. I keep his ears and nose hair trimmed so that it is easier to clean his nose and his ears. These aren't social visits, they are visits that are critical to his care. In addition, my husband has late-stage Alzheimer's disease. He hasn't said my name in a year. He doesn't understand talking on the phone, FaceTime or Skype. If he doesn't see me for 30 days, he will forget me … and once he is finally allowed to see me, he won't remember me. My husband is a decorated, disabled Vietnam combat veteran.

If you would like to see the pictures of my husband's bruises, as well as the unclean, unsanitary condition of his room and the common areas, I am happy to provide that to you as well.

Even under this order, some facilities are allowing immediate family members to self-report symptoms and/or exposure and have their temperatures taken. If they don't have a fever, they are allowed to visit their loved ones. My husband will die from a fall because he is unsupervised before he "might" catch this virus. I understand wanting to protect the elderly … but this one size fits all solution simply doesn't. We need to come up with something else. Please contact me to discuss what the alternatives may be.

Thank you,

Patty Brosky Wood
Corporate and Securities Paralegal
961 Apollo Beach Boulevard, #102
Apollo Beach, Florida 33572
813.507.3598

AMERICAN OVERSIGHT

STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-002

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting certain individuals from visiting facilities. For purposes of this order, a facility includes nursing homes, assisted living

AMERICAN OVERSIGHT

facilities, adult family-care homes, long-term care facilities, and adult group homes. The order applies as follows:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours is prohibited from visiting a facility; or

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat is prohibited from visiting a facility; or

c. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or

d. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and

AMERICAN OVERSIGHT

Prevention or a state public health agency, is prohibited from visiting a facility.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 11th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: 3/11/20

AMERICAN OVERSIGHT

Filing # 102114799 E-Filed 01/23/2020 01:46:17 PM

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA
CIVIL DIVISION

THE ESTATE OF ROSEMARY HELEN RIEDLE, by and through JEANETTE M. RIEDLE, Personal Representative,

Plaintiff,

vs.

CASE NO:

THE CROSSINGS AT RIVERVIEW, LLC; SABER HEALTHCARE HOLDINGS, LLC; CHP II RIVERVIEW FL TENANT, LLC; CHP II TRS HOLDING, INC.; FOSTER DEVELOPMENT, INC.; and PAMELA CUTSURIES (as to THE CROSSINGS AT RIVERVIEW),

Defendants.
_____/

COMPLAINT

Plaintiff, THE ESTATE OF ROSEMARY HELEN RIEDLE, by and through JEANETTE M. RIEDLE, Personal Representative, and by and through undersigned counsel, hereby sues Defendants, THE CROSSINGS AT RIVERVIEW, LLC; SABER HEALTHCARE HOLDINGS, LLC; CHP II RIVERVIEW FL TENANT, LLC; CHP II TRS HOLDING, INC.; FOSTER DEVELOPMENT, INC.; and PAMELA CUTSURIES and alleges:

JURISDICTION, PARTIES AND VENUE ALLEGATIONS

1. This is an action for damages in excess of Thirty Thousand Dollars ($30,000.00).

2. On May 7, 2017, ROSEMARY HELEN RIEDLE was admitted to THE CROSSINGS AT RIVERVIEW, located at 8451 US Highway 301 S, Riverview, FL, 33578, in Hillsborough County, where she remained in primary residence until she was discharged on February 24, 2019.

AMERICAN OVERSIGHT
FL-GOV-20-0899-A-001276

3. Plaintiff, JEANETTE M. RIEDLE, is the Personal Representative of THE ESTATE OF ROSEMARY HELEN RIEDLE, pursuant to Letters of Administration, dated October 24, 2019, which are attached hereto as Exhibit "A".

4. THE CROSSINGS AT RIVERVIEW, is a fictitious name owned by Defendant, THE CROSSINGS AT RIVERVIEW, LLC. Following a change of ownership effective in 2018, THE CROSSINGS AT RIVERVIEW was owned by CHP II RIVERVIEW FL TENANT, LLC.

5. Defendant, THE CROSSINGS AT RIVERVIEW, LLC, is an active Florida limited liability company, with its principal place of business at 26691 Richmond Road, Bedford Heights, OH, 44146, which is doing business in Florida.

6. THE CROSSINGS AT RIVERVIEW, LLC conducted and engaged in business activities within the State of Florida; engaged in substantial and not isolated activities within the State of Florida; and purposely availed itself of the privileges of the State of Florida, through its ownership of, leasing of, operation of, management of, and/or consultation with assisted living facilities, including THE CROSSINGS AT RIVERVIEW, within the State of Florida. Accordingly, pursuant to Florida Statute §48.193, THE CROSSINGS AT RIVERVIEW, LLC is subject to the jurisdiction of the courts of the State of Florida.

7. THE CROSSINGS AT RIVERVIEW, LLC committed tortious acts against ROSEMARY HELEN RIEDLE in the State of Florida. Each tortious act is specifically alleged in the subsequent counts. Accordingly, pursuant to Florida Statute §48.193(1)(b), THE CROSSINGS AT RIVERVIEW, LLC is subject to the jurisdiction of the Courts of the State of Florida.

8. THE CROSSINGS AT RIVERVIEW, LLC is the licensee that operated the assisted living facility during ROSEMARY HELEN RIEDLE's residency and as such owed a

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-001277

duty to ROSEMARY HELEN RIEDLE to exercise reasonable care in its operation according to §429.29(3) and §429.26 Florida Statutes.

9. Defendant, SABER HEALTHCARE HOLDINGS, LLC, is an active Ohio limited liability company, with its principal place of business at 26691 Richmond Road, Bedford Heights, OH, 44146, which is doing business in Florida.

10. SABER HEALTHCARE HOLDINGS, LLC holds 100 percent sole ownership of THE CROSSINGS AT RIVERVIEW, LLC.

11. SABER HEALTHCARE HOLDINGS, LLC conducted and engaged in business activities within the State of Florida; engaged in substantial and not isolated activities within the State of Florida; and purposely availed itself of the privileges of the State of Florida, through its ownership of, leasing of, operation of, management of, and/or consultation with assisted living facilities, including THE CROSSINGS AT RIVERVIEW, within the State of Florida. Accordingly, pursuant to Florida Statute §48.193, SABER HEALTHCARE HOLDINGS, LLC is subject to the jurisdiction of the courts of the State of Florida.

12. SABER HEALTHCARE HOLDINGS, LLC committed tortious acts against ROSEMARY HELEN RIEDLE in the State of Florida. Each tortious act is specifically alleged in the subsequent counts. Accordingly, pursuant to Florida Statute §48.193(1)(b), SABER HEALTHCARE HOLDINGS, LLC is subject to the jurisdiction of the Courts of the State of Florida.

13. SABER HEALTHCARE HOLDINGS, LLC is an entity that owned, operated, managed and oversaw THE CROSSINGS AT RIVERVIEW, and as such, owed a duty to ROSEMARY HELEN RIEDLE to exercise reasonable care according to §429.29(3), Florida Statutes.

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-001278

14. A change in ownership of THE CROSSINGS AT RIVERVIEW occurred during ROSEMARY HELEN RIEDLE's residency.

15. CHP II RIVERVIEW FL TENANT, LLC also held the license to operate the nursing home during ROSEMARY HELEN RIEDLE's residency.

16. Defendant, CHP II RIVERVIEW FL TENANT, LLC, is an active Delaware foreign limited liability company, with its principal place of business at 450 S Orange Ave, Orlando, FL, 32801, which is doing business in Florida.

17. CHP II RIVERVIEW FL TENANT, LLC conducted and engaged in business activities within the State of Florida; engaged in substantial and not isolated activities within the State of Florida; and purposely availed itself of the privileges of the State of Florida, through its ownership of, leasing of, operation of, management of, and/or consultation with assisted living facilities, including THE CROSSINGS AT RIVERVIEW, within the State of Florida. Accordingly, pursuant to Florida Statute §48.193, CHP II RIVERVIEW FL TENANT, LLC is subject to the jurisdiction of the courts of the State of Florida.

18. CHP II RIVERVIEW FL TENANT, LLC committed tortious acts against ROSEMARY HELEN RIEDLE in the State of Florida. Each tortious act is specifically alleged in the subsequent counts. Accordingly, pursuant to Florida Statute §48.193(1)(b), CHP II RIVERVIEW FL TENANT, LLC is subject to the jurisdiction of the Courts of the State of Florida.

19. CHP II RIVERVIEW FL TENANT, LLC is the licensee that operated the assisted living facility during ROSEMARY HELEN RIEDLE's residency and as such owed a duty to ROSEMARY HELEN RIEDLE to exercise reasonable care in its operation according to §429.29(3) and §429.26 Florida Statutes.

AMERICAN OVERSIGHT

20. Defendant, CHP II TRS HOLDING, INC., is an active Delaware foreign profit corporation, with its principal place of business at 450 S Orange Avenue, Orlando, FL, 32801, which is doing business in Florida.

21. CHP II TRS HOLDING, INC. is the sole 100 percent owner of CHP II RIVERVIEW FL TENANT, LLC.

22. CHP II TRS HOLDING, INC. conducted and engaged in business activities within the State of Florida; engaged in substantial and not isolated activities within the State of Florida; and purposely availed itself of the privileges of the State of Florida, through its ownership of, leasing of, operation of, management of, and/or consultation with assisted living facilities, including THE CROSSINGS AT RIVERVIEW, within the State of Florida. Accordingly, pursuant to Florida Statute §48.193, CHP II TRS HOLDING, INC. is subject to the jurisdiction of the courts of the State of Florida.

23. CHP II TRS HOLDING, INC. committed tortious acts against ROSEMARY HELEN RIEDLE in the State of Florida. Each tortious act is specifically alleged in the subsequent counts. Accordingly, pursuant to Florida Statute §48.193(1)(b), CHP II TRS HOLDING, INC. is subject to the jurisdiction of the Courts of the State of Florida.

24. CHP II TRS HOLDING, INC. is an entity that owned, operated, managed and oversaw THE CROSSINGS AT RIVERVIEW, and as such, owed a duty to ROSEMARY HELEN RIEDLE to exercise reasonable care according to §429.29(3), Florida Statutes.

25. Defendant, FOSTER DEVELOPMENT, INC., is an active Missouri foreign profit corporation, with its principal place of business at 1240 E Independence Street, Suite 200, Springfield, MO, 65804, which is doing business in Florida.

AMERICAN OVERSIGHT

26. FOSTER DEVELOPMENT, INC. is the management company for CHP II RIVERVIEW FL TENANT, LLC.

27. FOSTER DEVELOPMENT, INC. conducted and engaged in business activities within the State of Florida; engaged in substantial and not isolated activities within the State of Florida; and purposely availed itself of the privileges of the State of Florida, through its ownership of, leasing of, operation of, management of, and/or consultation with assisted living facilities, including THE CROSSINGS AT RIVERVIEW, within the State of Florida. Accordingly, pursuant to Florida Statute §48.193, FOSTER DEVELOPMENT, INC. is subject to the jurisdiction of the courts of the State of Florida.

28. FOSTER DEVELOPMENT, INC. committed tortious acts against ROSEMARY HELEN RIEDLE in the State of Florida. Each tortious act is specifically alleged in the subsequent counts. Accordingly, pursuant to Florida Statute §48.193(1)(b), FOSTER DEVELOPMENT, INC. is subject to the jurisdiction of the Courts of the State of Florida.

29. FOSTER DEVELOPMENT, INC. is an entity that owned, operated, managed and oversaw THE CROSSINGS AT RIVERVIEW, and as such, owed a duty to ROSEMARY HELEN RIEDLE to exercise reasonable care according to §429.29(3), Florida Statutes.

30. Defendant, PAMELA CUTSURIES, was at all material times hereto a resident of the State of Florida and the Administrator at THE CROSSINGS AT RIVERVIEW.

31. Defendant, PAMELA CUTSURIES, was an administrator at the assisted living facility during ROSEMARY HELEN RIEDLE'S residency and as such owed a duty to ROSEMARY HELEN RIEDLE to exercise reasonable care according to §429.29(3) and §429.26, Florida Statutes.

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32. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Florida Statute §429 and Florida Administrative Code 58A.

33. Pursuant to Chapter §429.255(1)(b) & Florida Administrative Code 58A, all staff in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residency in the facility and has the further responsibility for monitoring the continuing appropriateness of placement of a resident in the facility.

34. PAMELA CUTSURIES conducted and engaged in business activities within the State of Florida; engaged in substantial and not isolated activities within the State of Florida; and purposely availed herself of the privileges of the State of Florida, through her ownership of, leasing of, operation of, and/or consultation with assisted living facilities, including THE CROSSINGS AT RIVERVIEW, within the State of Florida. Accordingly, pursuant to Florida Statute §48.193, PAMELA CUTSURIES is subject to the jurisdiction of the courts of the State of Florida.

35. PAMELA CUTSURIES committed tortious acts against ROSEMARY HELEN RIEDLE in the State of Florida. Each tortious act is specifically alleged in the subsequent counts, which include violations of Chapter 429 and common law. Accordingly, pursuant to Florida Statute §48.193(1)(b), PAMELA CUTSURIES is subject to the jurisdiction of the courts of the State of Florida.

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36. PAMELA CUTSURIES is an individual that operated, managed and oversaw THE CROSSINGS AT RIVERVIEW, and as such, owed a duty to ROSEMARY HELEN RIEDLE to exercise reasonable care according to §429.29(3), Florida Statutes.

37. Pursuant to Florida Statute 429.29(1), the owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility.

38. Plaintiff has performed all conditions precedent to commencement of this action.

Count I
Non-Lethal Negligence Damages Against
THE CROSSINGS AT RIVERVIEW, LLC; SABER HEALTHCARE HOLDINGS, LLC; CHP II RIVERVIEW FL TENANT, LLC; CHP II TRS HOLDING, INC.; FOSTER DEVELOPMENT, INC.; and PAMELA CUTSURIES

39. Plaintiff re-alleges Paragraphs 1 through 38 above.

40. The acts and omissions of Defendants, as set forth herein, constitute violations of the residents' rights of ROSEMARY HELEN RIEDLE, pursuant to Florida Statute §429.28.

41. Defendants owed a duty to ROSEMARY HELEN RIEDLE to properly hire, retain and supervise employees on Defendants' staff and to ensure that any such licensed nurses or resident care aides exercised care consistent with the prevailing professional standard of care for a nurse.

42. Notwithstanding the responsibility of the Defendants to provide ROSEMARY HELEN RIEDLE with reasonable care, Defendants failed to act reasonably in the care of ROSEMARY HELEN RIEDLE by failing to ensure or monitor the appropriateness of placement in this facility; failing to provide ROSEMARY HELEN RIEDLE a safe environment; failing to prevent and protect ROSEMARY HELEN RIEDLE from falling and being injured by falls in the facility; failing to monitor and adequately respond to changes in physical signs and symptoms of

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ROSEMARY HELEN RIEDLE; failing to properly train and supervise staff; failing to provide adequate and appropriate supervision to ensure ROSEMARY HELEN RIEDLE's safety; and failing to provide ROSEMARY HELEN RIEDLE with adequate and appropriate health care consistent with established and recognized standards within the community.

43. Additionally, Defendants endangered residents, including ROSEMARY HELEN RIEDLE, by failing to use reasonable care in accepting and keeping residents in order to obtain maximum census levels, which allows for increased revenues. The Defendants further endangered residents by failing to adjust staffing levels to meet the needs of the residents, including ROSEMARY HELEN RIEDLE, which significantly contributed to the following failures: failure to provide ROSEMARY HELEN RIEDLE a safe environment; failure to prevent and protect ROSEMARY HELEN RIEDLE from falling and being injured by falls in the facility; failure to monitor and adequately respond to changes in physical signs and symptoms of ROSEMARY HELEN RIEDLE; failure to properly train and supervise staff; failure to provide adequate and appropriate supervision to ensure ROSEMARY HELEN RIEDLE's safety; and failure to provide ROSEMARY HELEN RIEDLE with adequate and appropriate health care consistent with established and recognized standards within the community.

44. Defendants each knew or should have known that the above-described failures occurred or were likely to occur thus exposing ROSEMARY HELEN RIEDLE to injury.

45. Defendants' breach of the duties owed to Plaintiff as set forth herein was the legal cause of the loss, injury and damages suffered by ROSEMARY HELEN RIEDLE, which included numerous falls, a skin tear to her left elbow, and a hematoma to her head.

46. As a direct and proximate result of Defendants' negligent acts and omissions, ROSEMARY HELEN RIEDLE suffered bodily injury and resulting pain and suffering,

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disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life, expense of hospitalization, medical and nursing care and treatment, and aggravation of a previously existing condition.

WHEREFORE, Plaintiff demands judgment against the Defendants for damages as stated above and further demands a trial by jury, together with such other and further relief as this Court deems appropriate.

Count II
Lethal Negligence Damages Against
THE CROSSINGS AT RIVERVIEW, LLC; SABER HEALTHCARE HOLDINGS, LLC; CHP II RIVERVIEW FL TENANT, LLC; CHP II TRS HOLDING, INC.; FOSTER DEVELOPMENT, INC.; and PAMELA CUTSURIES

47. Plaintiff re-alleges Paragraphs 1 through 38 above.

48. This is a claim for lethal negligence seeking survival damages.

49. The acts and omissions of Defendants, as set forth herein, constitute violations of the residents' rights of ROSEMARY HELEN RIEDLE, pursuant to Florida Statute §429.28.

50. Defendants owed a duty to ROSEMARY HELEN RIEDLE to properly hire, retain and supervise employees on Defendants' staff and to ensure that any such licensed nurses or resident care aides exercised care consistent with the prevailing professional standard of care for a nurse.

51. Notwithstanding the responsibility of the Defendants to provide ROSEMARY HELEN RIEDLE with reasonable care, Defendants failed to act reasonably in the care of ROSEMARY HELEN RIEDLE by failing to ensure or monitor the appropriateness of placement in this facility; failing to provide ROSEMARY HELEN RIEDLE a safe environment; failing to prevent and protect ROSEMARY HELEN RIEDLE from falling and being injured by falls in the facility; failing to monitor and adequately respond to changes in physical signs and symptoms of

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ROSEMARY HELEN RIEDLE; failing to properly train and supervise staff; failing to provide adequate and appropriate supervision to ensure ROSEMARY HELEN RIEDLE's safety; and failing to provide ROSEMARY HELEN RIEDLE with adequate and appropriate health care consistent with established and recognized standards within the community.

52. Additionally, Defendants endangered residents, including ROSEMARY HELEN RIEDLE, by failing to use reasonable care in accepting and keeping residents in order to obtain maximum census levels, which allows for increased revenues. The Defendants further endangered residents by failing to adjust staffing levels to meet the needs of the residents, including ROSEMARY HELEN RIEDLE, which significantly contributed to the following failures: failure to provide ROSEMARY HELEN RIEDLE a safe environment; failure to prevent and protect ROSEMARY HELEN RIEDLE from falling and being injured by falls in the facility; failure to monitor and adequately respond to changes in physical signs and symptoms of ROSEMARY HELEN RIEDLE; failure to properly train and supervise staff; failure to provide adequate and appropriate supervision to ensure ROSEMARY HELEN RIEDLE's safety; and failure to provide ROSEMARY HELEN RIEDLE with adequate and appropriate health care consistent with established and recognized standards within the community.

53. Defendants each knew or should have known that the above-described failures occurred or were likely to occur thus exposing ROSEMARY HELEN RIEDLE to injury.

54. Defendants' breach of the duties owed to Plaintiff as set forth herein was the legal cause of the loss, injury and damages suffered by ROSEMARY HELEN RIEDLE, which included numerous falls, a skin tear to her left elbow, and a hematoma to her head.

55. As a direct and proximate result of Defendants' negligent acts and omissions, ROSEMARY HELEN RIEDLE suffered bodily injury and resulting pain and suffering,

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disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life, expense of hospitalization, medical and nursing care and treatment, aggravation of a previously existing condition and ultimately, caused the death of ROSEMARY HELEN RIEDLE, on February 24, 2019.

WHEREFORE, Plaintiff demands judgment against the Defendants for damages as stated above and further demands a trial by jury, together with such other and further relief as this Court deems appropriate.

Count III
Wrongful Death Damages Against
THE CROSSINGS AT RIVERVIEW, LLC; SABER HEALTHCARE HOLDINGS, LLC; CHP II RIVERVIEW FL TENANT, LLC; CHP II TRS HOLDING, INC.; FOSTER DEVELOPMENT, INC.; and PAMELA CUTSURIES

56. Plaintiff re-alleges Paragraphs 1 through 38 above.

57. This is a claim for lethal negligence seeking wrongful death damages.

58. The acts and omissions of Defendants, as set forth herein, constitute violations of the residents' rights of ROSEMARY HELEN RIEDLE, pursuant to Florida Statute 429.28.

59. Defendants owed a duty to ROSEMARY HELEN RIEDLE to properly hire, retain and supervise employees on Defendants' staff and to ensure that any such licensed nurses or resident care aides exercised care consistent with the prevailing professional standard of care for a nurse.

60. Notwithstanding the responsibility of the Defendants to provide ROSEMARY HELEN RIEDLE with reasonable care, Defendants failed to act reasonably in the care of ROSEMARY HELEN RIEDLE by failing to ensure or monitor the appropriateness of placement in this facility; failing to provide ROSEMARY HELEN RIEDLE a safe environment; failing to prevent and protect ROSEMARY HELEN RIEDLE from falling and being injured by falls in the

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facility; failing to monitor and adequately respond to changes in physical signs and symptoms of ROSEMARY HELEN RIEDLE; failing to properly train and supervise staff; failing to provide adequate and appropriate supervision to ensure ROSEMARY HELEN RIEDLE's safety; and failing to provide ROSEMARY HELEN RIEDLE with adequate and appropriate health care consistent with established and recognized standards within the community.

61. Additionally, Defendants endangered residents, including ROSEMARY HELEN RIEDLE, by failing to use reasonable care in accepting and keeping residents in order to obtain maximum census levels, which allows for increased revenues. The Defendants further endangered residents by failing to adjust staffing levels to meet the needs of the residents, including ROSEMARY HELEN RIEDLE, which significantly contributed to the following failures: failure to provide ROSEMARY HELEN RIEDLE a safe environment; failure to prevent and protect ROSEMARY HELEN RIEDLE from falling and being injured by falls in the facility; failure to monitor and adequately respond to changes in physical signs and symptoms of ROSEMARY HELEN RIEDLE; failure to properly train and supervise staff; failure to provide adequate and appropriate supervision to ensure ROSEMARY HELEN RIEDLE's safety; and failure to provide ROSEMARY HELEN RIEDLE with adequate and appropriate health care consistent with established and recognized standards within the community.

62. Defendants each knew or should have known that the above-described failures occurred or were likely to occur thus exposing ROSEMARY HELEN RIEDLE to injury.

63. Defendants' breach of the duties owed to Plaintiff as set forth herein was the legal cause of the loss, injury and damages suffered by ROSEMARY HELEN RIEDLE, which included numerous falls, a skin tear to her left elbow, and a hematoma to her head.

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64. As a direct and proximate result of Defendants' negligent acts and omissions, ROSEMARY HELEN RIEDLE died on February 24, 2019.

65. As a direct and proximate result of the Defendants' acts and omissions, which resulted in the death of ROSEMARY HELEN RIEDLE, the Estate of ROSEMARY HELEN RIEDLE has incurred extensive medical, nursing, funeral, and other expenses.

66. ROSEMARY HELEN RIEDLE died with surviving children, JEANETTE M. RIEDLE, DONNA SAMULOWITZ, ROBERT RIEDLE, JR., MD., and DEBRA BURNS, all of whom are potential beneficiaries of a recovery for wrongful death.

67. As a result of the death of ROSEMARY HELEN RIEDLE, JEANETTE M. RIEDLE, DONNA SAMULOWITZ, ROBERT RIEDLE, JR., MD., and DEBRA BURNS suffered loss of support and services and will suffer such losses in the future, loss of parental companionship, instruction and guidance, and mental pain and suffering.

68. JEANETTE M. RIEDLE is the Personal Representative of the Estate of ROSEMARY HELEN RIEDLE. On behalf of the Estate of ROSEMARY HELEN RIEDLE, JEANETTE M. RIEDLE seeks recovery of medical and funeral expenses chargeable to the Estate.

WHEREFORE, Plaintiff demands judgment against the Defendant for damages as stated above and further demands a trial by jury, together with such other and further relief as this Court deems appropriate.

Count IV
Breach of Fiduciary Duty
THE CROSSINGS AT RIVERVIEW, LLC and CHP II RIVERVIEW FL TENANT, LLC

69. Plaintiff re-alleges and incorporates herein by reference paragraphs 1 through 7, 15 through 18, and 38 above.

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70. This is a claim that presents a theory of recovery based upon the presence of a fiduciary duty owed by Defendants, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, exclusive of and in addition to all rights encompassed in negligence or Chapter 429, Fla. Stat.

71. At all times material, ROSEMARY HELEN RIEDLE was incapable of independently providing for all of her necessary care and services to attain and maintain the highest practicable physical, mental, and psychosocial well-being.

72. ROSEMARY HELEN RIEDLE was incapable of dealing with THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC on equal terms, and was incapable of engaging in any arm's length relationships with THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC.

73. ROSEMARY HELEN RIEDLE placed a special confidence and trust in THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC to provide for all of her necessary care and services to attain and maintain the highest practicable physical, mental, and psychosocial well-being. ROSEMARY HELEN RIEDLE also relied on THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC to provide such care and services.

74. THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC accepted the special confidence and trust placed upon them by ROSEMARY HELEN RIEDLE by admitting her into THE CROSSINGS AT RIVERVIEW and by reserving the right to specifically determine the level of care, protection, supplies and services that would be provided to ROSEMARY HELEN RIEDLE.

75. THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL

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TENANT, LLC individually and collectively controlled, oversaw and orchestrated every single aspect of ROSEMARY HELEN RIEDLE's existence, from the mundane (such as the clothing worn) to the vital (such as determining when and how healthcare would be provided, as well as how much food and water ROSEMARY HELEN RIEDLE could consume).

76. ROSEMARY HELEN RIEDLE was solely and particularly dependent upon the employees, officers, directors, and agents of THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC to provide for his daily care, protection, services, supplies and personal and intimate needs.

77. THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC developed a special relationship with ROSEMARY HELEN RIEDLE by virtue of the nature of the care and services provided, the supposedly superior knowledge, skill and abilities, the enormous disparity of power and unequal bargaining position, Defendants, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, enjoyed over ROSEMARY HELEN RIEDLE, as well as his inability to care for and provide for herself.

78. This special relationship allowed Defendants, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, to occupy a position of confidence toward ROSEMARY HELEN RIEDLE, which required fidelity, loyalty, good faith, and fair dealing by Defendants, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC. Additionally, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC had a duty to refrain from engaging in self-dealing.

79. THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC systematically accepted monies intended for the provision of care and services

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to the residents, including ROSEMARY HELEN RIEDLE, while representing that the THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC would provide the full value of the care and services as required.

80. At all times material to this action, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC named herein was a fiduciary of ROSEMARY HELEN RIEDLE.

81. At all times material to this action, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC owed a fiduciary duty to ROSEMARY HELEN RIEDLE.

82. Defendants, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC failed to provide the full value of care and services as promised and as required.

83. Notwithstanding their fiduciary duties to ROSEMARY HELEN RIEDLE, Defendants, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, acted and failed to act in material breach of the duties owed to ROSEMARY HELEN RIEDLE and to the direct detriment of residents, including ROSEMARY HELEN RIEDLE. Instead THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC acted or failed to act in ways to promote its own interests and in ways in contravention of the interests of the residents, including ROSEMARY HELEN RIEDLE.

84. THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC breached and violated its relationship of trust, special confidence, and its fiduciary obligations and duties owed to ROSEMARY HELEN RIEDLE by:

a) allowing the use of revenues and assets obtained from residents and their

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payor sources for inflated, unreasonable and improper inter-company fees and transfers designed and created for the benefit of THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC's affiliates, parents, owners and corporate entities, instead of utilizing said resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, including ROSEMARY HELEN RIEDLE as required; and,

b) entering into numerous contracts that were for the benefit of THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, their owners and operators and worked to the detriment of residents, including ROSEMARY HELEN RIEDLE. These contracts included, but not limited to, lease and sub-lease agreements, back office agreements, pharmacy goods and services agreements, management agreements, and therapy services agreements.

85. In violating their fiduciary obligations and duties to ROSEMARY HELEN RIEDLE, as referenced herein, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC knew, or should have known, that ROSEMARY HELEN RIEDLE would suffer harm.

86. Defendants', THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC's breaches of the duties owed to ROSEMARY HELEN RIEDLE, as set forth herein were the legal cause of the loss, injury and damages suffered by ROSEMARY HELEN RIEDLE.

WHEREFORE, Plaintiff demands judgment for disgorgement of profits and any

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consequential damages against THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC and further demands a trial by jury together with such other and further relief as this Court deems appropriate.

Count V
Aiding and Abetting Breach of Fiduciary Duty
SABER HEALTHCARE HOLDINGS, LLC; CHP II TRS HOLDING, INC.; and FOSTER DEVELOPMENT, INC.
(the "Corporate Defendants")

87. Plaintiff re-alleges and incorporates herein by reference paragraphs 1 through 3, 9 through 12, 20 through 23, 25 through 28, and 38 above.

88. This is a claim that presents a theory of recovery based upon the presence and breach of a fiduciary duty owed by Defendants, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, aided and abetted by the Corporate Defendants, exclusive of and in addition to all rights encompassed in negligence or Chapter 429, Fla. Stat.

89. As set forth in Count IV above, Defendants, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, owed and breached fiduciary duties it owed to the residents of THE CROSSINGS AT RIVERVIEW, including ROSEMARY HELEN RIEDLE.

90. The Corporate Defendants are related entities within a single enterprise or joint venture which all share common ownership, directors, officers and managers.

91. The Corporate Defendants had knowledge of ROSEMARY HELEN RIEDLE's fiduciary relationship with THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC by virtue of the nature of the care and services required, the supposedly superior knowledge, skill and abilities, and the enormous disparity of power and

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unequal bargaining position that the THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC enjoyed over ROSEMARY HELEN RIEDLE.

92. By reason of their shared and/or common ownership, directors, officers and managers and contractual relationships, the Corporate Defendants, knew of the fiduciary duties THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC owed to ROSEMARY HELEN RIEDLE and knew of THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC's breach of those duties as described in the preceding Count.

93. The Corporate Defendants knew that the residents at THE CROSSINGS AT RIVERVIEW, including ROSEMARY HELEN RIEDLE, were incapable of independently providing their own necessary care and were solely and specifically dependent upon the employees, officers, directors, and agents to provide for their basic daily care, protection, services, supplies, and personal and intimate needs.

94. The Corporate Defendants knowingly participated and provided substantial assistance and encouragement to THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC in connection with its breach of fiduciary duties to ROSEMARY HELEN RIEDLE, as set forth in detail within Count IV, above.

95. In addition to this knowledge, the Corporate Defendants aided and abetted Defendant THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC in its breach of fiduciary duties and rendered substantial assistance and encouragement for the same, by, among other things:

a) exercising dominance and control over THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC's revenues by regularly

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and repeatedly sweeping virtually all of the facility's revenues into an account controlled by the Corporate Defendants and/or their designee;

b) knowingly and intentionally taking, creating and accepting inter-company fees and transfers, comprised of revenues obtained from the residents and designed to improperly and unjustly enrich the Corporate Defendants, instead of allowing the facility to utilize said resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, including ROSEMARY HELEN RIEDLE, as required;

c) knowingly and intentionally taking, creating and accepting inter-company fees and transfers, comprised of revenues obtained from residents, for the purpose of insulating themselves from civil liability, regulatory oversight and accountability;

d) structuring and approving contracts between the Corporate Defendants and THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, which the Corporate Defendants knew or should have known would result in the diversion of facility revenues necessary to provide the care and services to its residents, including ROSEMARY HELEN RIEDLE;

e) overseeing and approving the THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC's acceptance of monies from residents, including ROSEMARY HELEN RIEDLE, knowing the facility could not provide full value of the care and services to meet the care and safety needs of the residents;

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f) directly or indirectly misrepresenting the nature of the relationship between the Corporate Defendants and THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, in which Corporate Defendants, by virtue of their common owners, officers and managers, controlled the business operations and working capital of the facility and inappropriately commingled its revenues by making intra-company transfers to related facilities;

g) structuring the managing and operating business model for the facility in a way that constrained its ability to provide the level of care and services to residents, including ROSEMARY HELEN RIEDLE, while simultaneously benefitting upstream corporate entities; and,

h) influencing, advocating, and approving THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC's improper payments to the Corporate Defendants, which they knew or should have known exceeded amounts a prudent and cost conscious buyer would pay, and which they also knew or should have known would cause the monies intended for the provision of care and services to the residents, including ROSEMARY HELEN RIEDLE, to be depleted.

96. The conduct of the Corporate Defendants, as aforesaid, constitutes aiding and abetting THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC's breach of fiduciary duty and subjects the Corporate Defendants to liability for the harm suffered by Plaintiff.

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97. In aiding and abetting THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC in violating fiduciary obligations and duties to ROSEMARY HELEN RIEDLE as referenced herein, the Corporate Defendants knew, or should have known, that ROSEMARY HELEN RIEDLE would suffer harm.

98. As a result of the Corporate Defendants aiding and abetting in the breaches of fiduciary duties by THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC, the Corporate Defendants were improperly and unjustly enriched, THE CROSSINGS AT RIVERVIEW, LLC; and CHP II RIVERVIEW FL TENANT, LLC was left without the necessary resources to function in the residents' best interests, and ROSEMARY HELEN RIEDLE suffered both the injuries set forth herein as well as economic harm.

WHEREFORE, Plaintiff demands judgment against the Corporate Defendants for disgorgement of profits and any consequential damages against the Corporate Defendants and further demands a trial by jury, together with such other and further relief as this Court deems appropriate.

Count VI
Violations of Florida Statutes §415.1111 as to
SABER HEALTHCARE HOLDINGS, LLC; CHP II TRS HOLDING, INC.;
and FOSTER DEVELOPMENT, INC.;

99. Plaintiff re-alleges and incorporates herein by reference paragraphs 1 through 3, 9, 12, 20, 23, 25, 28, and 38 above.

100. For the purposes of this count and only this count, it is not alleged that Defendants are a licensee or entity that established, controlled, conducted, managed or operated THE CROSSINGS AT RIVERVIEW.

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101. ROSEMARY HELEN RIEDLE was at all relevant times a vulnerable adult with a long-term disability. She was over eighteen (18) years of age and was unable to perform the normal activities of daily living or to provide for her own care or protection due to her disability.

102. The Defendants' acts or omissions constitute exploitation of a vulnerable adult in violation of §415.1111, Florida Statutes.

103. Defendants knew or should have known that ROSEMARY HELEN RIEDLE lacked the capacity to consent, but Defendants obtained or used, or endeavored to obtain or use ROSEMARY HELEN RIEDLE's funds, assets or property, including Medicare and Medicaid benefits, with the intent to temporarily or permanently deprive ROSEMARY HELEN RIEDLE of the use, benefit or possession of the funds, assets, or property for the benefit of someone other than ROSEMARY HELEN RIEDLE.

104. Defendants failed or refused to effectively use ROSEMARY HELEN RIEDLE's income or assets for the necessities required for her support and maintenance.

105. Defendants received compensation Defendants should have known would deprive THE CROSSINGS AT RIVERVIEW of adequate resources to provide the necessities of ROSEMARY HELEN RIEDLE's support and maintenance.

106. The compensation Defendants received was derived from the private funds of vulnerable adults, including ROSEMARY HELEN RIEDLE, or from Medicaid and/or Medicare funds that were beneficiaries' assets, including ROSEMARY HELEN RIEDLE, which were paid to Defendants for the sole purpose of providing for the support and maintenance of ROSEMARY HELEN RIEDLE.

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107. Defendants' failure or refusal to effectively use ROSEMARY HELEN RIEDLE's income or assets as set forth herein, was the proximate cause of the losses she suffered including, but not limited to the use, benefit, or possession of the funds, assets or property for her benefit.

108. As a direct and proximate result of Defendants' acts and omissions, ROSEMARY HELEN RIEDLE was deprived of the use, benefit or possession of the funds, assets or property.

WHEREFORE, Plaintiff demands judgment against Defendants, disgorgement of profits, consequential damages, attorneys' fees and costs, pre-judgment interest, the opportunity to amend this Complaint to add a demand for punitive damages at the appropriate time, trial by jury of all matters so triable, and such other relief this Court deems appropriate.

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Exhibit A

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IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, FLORIDA PROBATE DIVISION

IN RE: ESTATE OF
ROSEMARY HELEN RIEDLE, A/K/A ROSEMARI RIEDLE

File No. 19-CP-003188

Division

Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN:

WHEREAS, ROSEMARY HELEN RIEDLE, A/K/A ROSEMARY RIEDLE, a resident of Hillsborough County, Florida, died on February 24, 2019, owning assets in the State of Florida, and

WHEREAS, JEANETTE M. RIEDLE has been appointed Personal Representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare JEANETTE M. RIEDLE duly qualified under the laws of the State of Florida to act as Personal Representative of the estate of ROSEMARY HELEN RIEDLE, A/K/A ROSEMARY RIEDLE, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Any settlement entered into by the Personal Representative must be approved by this Court if (1) there is an objection by any survivor to the amount or apportionment of the settlement, (2) the settlement affects a survivor who is a minor or incompetent, or (3) there will be any unsatisfied, valid creditor claims. A copy of these Letters shall be filed in the wrongful death proceeding.

Ordered on _____, 2019.

Electronically Conformed 10/24/2019
Catherine Catlin
Circuit Judge

Copies furnished to:
GADEservice@GendersAlvarez.com

AMERICAN OVERSIGHT

From: Baker, Michael (OS/IEA)
To: Baker, Michael (OS/IEA)
Subject: HHS Releases Funding and Other Resources for COVID-19
Date: Wednesday, March 11, 2020 3:55:55 PM

Dear Partner –

Thank you for your continued engagement and partnership with us to address and mitigate the spread of COVID-19. We highly value our strong ongoing partnership, and hope to continue to be a resource to you as you implement community mitigation techniques. As you might imagine, a number of HHS divisions are releasing COVID-19-related information on funding and guidance. We thought it would be helpful to batch up information on key issues to keep you up-to-date.

Funding for States to Address COVID-19
Perhaps of keenest interest to you and your health officials is an update on funding for states and communities to address mitigation of COVID-19. Today, the Department of Health and Human Services (HHS) is announcing upcoming action by the Centers for Disease Control and Prevention (CDC) to provide resources to state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19).

The $8.3 billion dollar Supplemental passed by Congress included statutory language which prescribed the exact formula for disbursing the money: states will receive 90% of their 2019 CDC PHEP grants. This marks the first tranche of funding to states from the $8.3 billion supplemental. Today, CDC is contacting State Health Officers to move forward with awarding over $560 million to states, localities, territories, and tribes. CDC will use existing networks to reach out to state and local jurisdictions to access this initial funding. To view the list of CDC funding actions to jurisdictions, click here.

Helping Communities Know Mitigation Strategies
Yesterday, CDC released their "Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission." Essentially, this is a guide for communities describing possible mitigation strategies for communities dealing with transmission at three different levels: (1) None/Minimal, (2) Moderate, or (3) Substantial. Community mitigation strategies, which are non-pharmaceutical interventions, are often the most available interventions to help slow the transmission of COVID-19 in communities. The Mitigation Plans include a set of actions that persons and communities can take to slow the spread of respiratory virus infections. The Community Mitigation Plan can be found here.

Guidance on Infection Control For Healthcare Workers
Yesterday, CDC released updated guidance on infection prevention and control recommendations. Healthcare workers are fighting this outbreak on the front lines, and this guidance is intended to provide assistance to healthcare settings that are handling suspected or confirmed cases of COVID-19. This guidance is applicable to all U.S. healthcare settings, but not for non-healthcare settings. There is separate guidance for that. The new guidance on infection control can be found here.

Guidance on Laboratories
The CDC has been actively working to address the need for testing across the country. In addition to public health laboratories, private labs are doing testing. In addition to reviewing

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the Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019, the CDC recently updated the FAQ website for laboratories, and we encourage you to read through the site to answer preliminary questions, though we stand ready to answer other questions that you may have.

OMB Flexibilities

On March 9, 2020, OMB issued a memo that provides administrative relief for recipients and applicants of Federal financial assistance who are directly impacted by COVID-19. The grant flexibilities include 10 actions that HHS can take to provide short-term administrative and financial management relief, allowing funds to be awarded quicker and giving grantees the ability to focus on their critical response, research, or services. More information can be found here.

General Preparation Information

On March 9, 2020, the White House Coronavirus Task Force released practical steps that we recommend posting and sharing to keep workplaces, school, home and commercial establishments safe. This information can be found here.

As the President, the Vice President, and the entire White House team continue to stress, the COVID-19 response is a whole-of-government effort. Each department has a number of specific resources. We encourage you to explore those resources as necessary to respond to the situation in your communities.

If you have any questions on these items or other issues, please feel free to reach out.

Thanks,

Darcie L. Johnston
Director, Intergovernmental Affairs
U.S. Department of Health and Human Services
Darcie.Johnston@hhs.gov

AMERICAN OVERSIGHT

From: Ernst, Colleen
To: Jacquot, Joe; StLaurent, Louise
Cc: Wagner, Maureen; Lukis, Adrian
Subject: HIPAA and Data
Date: Thursday, March 5, 2020 2:16:17 PM
Attachments: PHI Reference.pdf
OCR (February-2020)-Bulletin on HIPAA and COVID19.pdf

Joe-

Please find attached a user guide to personal health information (PHI) disclosures for coronavirus. Also attached is a table indicating what "limited data set" generally serves public health purposes.

As a general matter, healthcare providers covered by HIPAA may only disclose the minimum necessary for the purpose of a public health investigation or activity.

Colleen Ernst
Deputy General Counsel
Executive Office of the Governor
Capitol Suite 209

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HIPAA Fact Sheet - #11: De-Identification of PHI vs. Limited Data Sets

De-Identification of Information

List of 18 Protected Health Information (PHI) Data Elements

The following 18 identifiers regarding the individual, relatives, or household members are regarded as "protected health information" or PHI:
Reference: HIPAA 45 CFR §164.502 d; 164.514

Limited Data Set (LDS)

List of Data Elements that may be included in a LDS for limited purposes only: research, health care operations and public health disclosures (e.g., disease registries).
The shaded columns illustrate what must be excluded (removed) from PHI to fully de-identify the data set.

Reference: HIPAA 45 CFR §164.514 e (August 2002)

DE-IDENTIFIED PROTECTED HEALTH INFORMATION (PHI)			LIMITED DATA SET
EXCLUDES	**EXCLUDES**	**EXCLUDES**	**LDS May Include**
1. Names	7. Social Security numbers	13. Device identifiers and serial numbers	
2. Street Address, City, State, Zip code *	8. Medical record numbers	14. Web universal resource locator (URL)	1. City, State, 5- digit Zip code
3. All Dates: Age <90: All elements of dates, except year); Age >89: All elements of dates including year	9. Health plan beneficiary numbers	15. Internet protocol (IP) address number	2. Dates (MNS) Date of birth/death; Admission, discharge, date of service Age (may be in years, months, days or hours), (MNS)
4. Telephone numbers	10. Account numbers	16. Biometric identifiers, including finger or voice prints	
5. Fax numbers	11. Certificate license numbers	17. Full face photographic images and any comparable images	
6. Electronic mail addresses	12. Vehicle identifiers and license numbers	18. Any other unique identifying number, characteristic or code	3. Any other unique identifying number, characteristic or code

MNS = Minimum necessary standard

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FL-GOV-20-0899-A-001306

February 2020
Office for Civil Rights, U.S. Department of Health and Human Services
BULLETIN: HIPAA Privacy and Novel Coronavirus

In light of the Novel Coronavirus (2019-nCoV) outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that HIPAA covered entities and their business associates are aware of the ways that patient information may be shared under the HIPAA Privacy Rule in an outbreak of infectious disease or other emergency situation, and to serve as a reminder that the protections of the Privacy Rule are not set aside during an emergency.

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

The U.S. Centers for Disease Control and Prevention (CDC) has advised: if you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should get medical care. Call the office of your health care provider before you go and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others. More information from the CDC available at: https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf.

Sharing Patient Information

Treatment Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.

Public Health Activities The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

- ***To a public health authority***, such as the CDC or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR §§ 164.501 and 164.512(b)(1)(i). For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV).

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- ***At the direction of a public health authority, to a foreign government agency*** that is acting in collaboration with the public health authority. See 45 CFR 164.512(b)(1)(i).
- ***To persons at risk*** of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification A covered entity may share protected health information with a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).

- The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
- For patients who are unconscious or incapacitated: A health care provider may share relevant information about the patient with family, friends, or others involved in the patient's care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient's adult child, but generally could not share unrelated information about the patient's medical history without permission.
- In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

Disclosures to Prevent a Serious and Imminent Threat Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j). Thus, providers may disclose a patient's health information to anyone who is in a position to prevent or lesson the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient's permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health and safety. See 45 CFR 164.512(j).

Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification In general, except in the limited circumstances described elsewhere in this Bulletin, affirmative reporting to the media or the public at large about an identifiable patient, or the disclosure to the public or media of specific information about treatment of an identifiable patient, such as specific tests, test results or details of a patient's illness, may not be done without the patient's written authorization (or the written authorization of a personal representative who is a person legally authorized to make health care

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decisions for the patient). See 45 CFR 164.508 for the requirements for a HIPAA authorization. Where a patient has not objected to or restricted the release of protected health information, a covered hospital or other health care facility may, upon request, disclose information about a particular patient by name, may release limited facility directory information to acknowledge an individual is a patient at the facility, and may provide basic information about the patient's condition in general terms (*e.g.*, critical or stable, deceased, or treated and released). Covered entities may also disclose information if the patient is incapacitated, and if the disclosure is believed to be in the best interest of the patient and consistent with any prior expressed preferences of the patient. See 45 CFR 164.510(a).

Minimum Necessary For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose, when that reliance is reasonable under the circumstances. For example, a covered entity may rely on representations from the CDC that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV) is the minimum necessary for the public health purpose. In addition, internally, covered entities should continue to apply their role-based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties. See 45 CFR §§ 164.502(b), 164.514(d).

Safeguarding Patient Information

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

HIPAA Applies Only to Covered Entities and Business Associates

The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. Business associates also include subcontractors that create, receive, maintain, or transmit protected health information on behalf of another business associate. The Privacy Rule does not apply to disclosures made by entities or other persons who are not covered entities or business associates (although such persons or entities are free to follow the standards on a voluntary basis if desired). There may be other state or federal rules that apply.

Business Associates A business associate of a covered entity (including a business associate that is a subcontractor) may make disclosures permitted by the Privacy Rule, such as to a public health authority, on behalf of a covered entity or another business associate to the extent authorized by its business associate agreement.

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Other Resources

For more information on HIPAA and Public Health, please visit:
https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html

For more information on HIPAA and Emergency Preparedness, Planning, and Response, please visit: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

General information on understanding the HIPAA Privacy Rule may be found at:
https://www.hhs.gov/hipaa/for-professionals/privacy/index.html

For information regarding how Federal civil rights laws apply in an emergency, please visit:
https://www.hhs.gov/civil-rights/for-individuals/special-topics/emergency-preparedness/index.html

AMERICAN OVERSIGHT

From:	Small_Jeffrey D
To:	Small_Jeffrey D
Cc:	Williams_Timothy G
Subject:	Happening Soon: White House Briefing Call on Regulatory Reform with Dr. Art Laffer
Date:	Tuesday, March 3, 2020 12:47:13 PM
Attachments:	Outlook-cid_image0.png Outlook-Image resu.png Outlook-Related im.png Outlook-Related im.png Outlook-Help advan.png

Below is an invite for today for you to join Dr. Art Laffer and White House Senior Administration Officials to discuss the bipartisan *Initiative on Regulatory Innovation and regulatory reform*.

The call will take place at **2p.m. Eastern today.** Be sure to register by clicking the link in the below email in order to receive the call-in information.

Thank you to everyone who has already signed up and confirmed they are willing to be listed as a Champion for the White House Initiative on Regulatory Innovation and regulatory reform.

For those of you that are interested in joining this initiative and have not yet confirmed, please email Tim Williams and me and indicate you want to join and are willing to be listed as a White House Regulatory Champion on a publicly available website. *(There is no financial commitment or time commitment. More info below from the White House).*

Sincerely,

Jeff Small
Senior Advisor to the Secretary
U.S. Department of the Interior
Intergovernmental Affairs/External Affairs/Communications
1849 C Street NW
Office 6217
Washington D.C. 20240
202-208-6649 (direct)
202-344-5532 (work cell)
jeffrey_small@ios.doi.gov

Note: Every email and text I send or receive is subject to public release under the Freedom of Information Act.

THE WHITE HOUSE

Leaders and Staff,

On Tuesday, March 3, please join Dr. Art Laffer and Senior Administration Officials to discuss the bipartisan *Governors' Initiative on Regulatory Innovation* and regulatory reform. If you would like to join, registration instructions and additional background information are below.

Briefing Call Registration

- **Date:** Tuesday, March 3
- **Time:** 2:00 PM Eastern Time
- **Call-In Registration**: **CLICK HERE**
- **Note:** You must RSVP to join the call. Upon successful registration, you will receive dial-in details to the email address you use to register. Note that multiple people cannot dial-in using the same registration information.

Biography

Arthur B. Laffer is one of the most influential economists in American history. He is renowned for his economic theory, the "Laffer Curve," which establishes the strong incentive effects of lower tax rates that spur investment, production, jobs, wages, economic growth, and tax compliance. Dr. Laffer was the first chief economist of the Office of Management and Budget and a top economic advisor to President Ronald Reagan. Among other accomplishments during his distinguished career, he served as a consultant to the Department of the Treasury and Department of Defense. Dr. Laffer's public service and contributions to economic policy have helped spur prosperity for our Nation. On June 19, 2019, Dr. Laffer received the Presidential Medal of Freedom from President Trump.

Become a "Champion" for the Initiative on Regulatory Innovation

The White House is identifying State, Local, and Tribal leaders to be Champions for the Initiative on Regulatory Innovation. Being a Champion means you are a State, Local, or Tribal leaders working to do any of the following:

- Advance occupational licensing reforms,
- Transforming America's communities through smarter regulations,
- Accelerating infrastructure and energy deployment through permitting reform and alignment, ***OR***

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- Putting people over paperwork by reducing the volume and costs of regulations.

There is no financial, budgetary, or time commitment to being a Champion. The White House would welcome your partnership to advance one or more of the goals of the Initiative. **Please let us know if you are willing to be a Champion and send any suggestions for other Champions to** The White House Office of Intergovernmental Affairs at Zachariah.D.Swint2@who.eop.gov**.**

Below you will find additional information about the *Initiative.*

Thanks,

Zach

Zach Swint
Office of Intergovernmental Affairs
The White House

ADDITIONAL INFORMATION

Overview: On October 21, the Administration announced a Governors' Initiative on Regulatory Innovation to extend the President's historic regulatory reform to State and local levels. This initiative, led by Vice President Mike Pence, aims to cut regulations and costs, advance occupational licensing reform, and better align local, state and federal regulations. The initiative will work with State, local, and tribal leaders from across the country who are championing deregulatory and smarter regulation activity.

On December 16, 2019, President Donald J. Trump and Vice President Mike Pence met with our Nation's governors, local, and tribal leaders to discuss the **Governors' Initiative on Regulatory Innovation** and the Administration's historic regulatory reform. The President expressed his gratitude for the work that the leaders are doing to bring his regulatory reform successes to their states. State, local, and tribal leaders highlighted their work on the four workstreams of the initiative: workforce mobility, transforming American communities, American energy dominance, and people over paperwork. The following leaders attended: Governor Mike Dunleavy (Alaska), Governor Asa Hutchinson (Arkansas), Governor Brad Little (Idaho), Governor Eric Holcomb (Indiana), Governor Pete Ricketts (Nebraska), Governor Kristi Noem (South Dakota), Governor-elect Tate Reeves (Mississippi), Senate President Larry Obhof (Ohio), State Representative Jim Townsend (New Mexico), and Chairman Christine Sage, Southern Ute Indian Tribe (CO).

Over the next year, Administration leaders will participate in a series of events and programming with state, local, and tribal leaders to drive further deregulatory momentum at every level of government.

Initiative Purpose: To drive economic growth, improve government responsiveness, empower state, local and tribal leaders, and liberate the forgotten men and women of America from burdensome regulations. The initiative aims to cut regulations and costs, better align state-federal regulations and permitting, and ease burdens on hardworking Americans.



Advance Occupational
Licensing Reform



Better Align Local, State,
& Federal Regulations

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Cut
Regulations
& Costs

The Trump Administration has cut 7 ½ regulations for every new significant rule. This has exceeded the President's 2-for-1 promise. These reforms have contributed to more than two million Americans rising out of poverty, seven million Americans liberated from food stamps, the highest median income in our Nation's history, the lowest poverty rates, rising incomes, and the lowest unemployment rates in half a century. Working together, we can improve the well-being of those we serve, including the forgotten men and women of this country.

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Help advance these goals at the State, local, and tribal level!
BECOME A CHAMPION!

JOIN TODAY! To add your name to the Champions list, contact Zach Swint with White House Intergovernmental Affairs at Zachariah.D.Swint2@who.eop.gov or 202-881-6717

Fact Sheet – What You Need to Know | Building on President Trump's Historic Deregulation at Every Level of Government
The Trump Administration, in bipartisan partnership with state, local, and tribal government leaders is working to liberate the forgotten men and women of America from burdensome regulations.

HISTORIC DEREGULATION: Since taking office, President Donald J. Trump has led historic deregulation efforts to roll back red tape that burdened Americans and stifled economic growth.

- Under the President's leadership, the Administration has cut 8 and a half regulations for every new rule, far exceeding his promise to cut two regulations for every new one.
- President Trump's deregulatory efforts have already slashed regulatory costs by nearly $50 billion, with savings reaching $220 billion once major actions are fully implemented.
- The Trump Administration's deregulatory efforts will help save American households an estimated $3,100 each year.
- President Trump is increasing accountability and transparency at Federal agencies to stop the costly administrative abuse that hurts American families and small businesses.
- Under the previous administration, agencies too often abused their power by surprising Americans with penalties based on unlawful and secret interpretations of regulations.

GOVERNORS' INITIATIVE ON REGULATORY INNOVATION: The bipartisan Initiative aims to bring important regulatory reform led by the Administration across the country.

- On October 21, the ***Governors' Initiative on Regulatory Innovation*** was announced at the Cabinet meeting to extend the President's historic regulatory reform to every level of government. This initiative, led by Vice President Mike Pence, aims to cut regulations and costs, advance occupational licensing reform, and better align State and Federal regulations.
- State, local, and tribal leaders from across the Nation who are participating in the initiative, including championing occupational licensing reforms, which is especially important for military spouses. Some recent announcements include:
    - Governor Brad Little recently announced that Idaho had simplified 75 percent of rules in their administrative code in one year, becoming one of the least-regulated states in country.
    - Ohio State Senators, including Senate President Larry Obhof, recently announced legislation to recognize occupational licenses obtained in other states.
    - Governor Chris Sununu of New Hampshire signed an executive order that streamlines and expedites the process of licensing and credentialing applications for individuals who are providing services under the Medicaid to Schools Program.

WORKSTREAMS: The Governors' Initiative on Regulatory Innovation will work with state, local, and tribal leaders in key areas to bring economic opportunity to all.

- Advancing workforce freedom and mobility through occupational licensing reform, including for military spouse recognitions, fee reductions, and universal occupational licensing recognition.
- Transforming America's communities through smarter regulations to expand affordable housing options and economic investments in forgotten communities.
- Accelerating infrastructure and energy deployment through permitting reform and alignment.
- Putting people over paperwork by reducing the volume and costs of regulations.

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BENEFITTING ALL AMERICANS: President Trump's deregulation efforts are offering real benefits in Americans' daily lives.

- American workers are benefitting as the President's deregulation helps unleash the American economy, leading to more than 6 million new jobs, rising wages, and low unemployment.
- Deregulation is saving small businesses from wasting time and money on compliance costs.
- President Trump has helped lift the burden of overregulation off American farmers by following through on his promise to repeal the Obama-era Waters of the United States rule.
- Americans are gaining access to more affordable healthcare options thanks to the Administration's regulatory reform. The Administration has worked to expand affordable coverage options through association health plans, short-term plans, and health reimbursement arrangements.
- President Trump is working to boost American auto producers and provide savings for consumers by replacing the Obama-era Corporate Average Fuel Economy (CAFE) regulations.

AMERICAN OVERSIGHT

From:	Craig Deligdish
To:	Strum, Shane
Subject:	Health First
Date:	Monday, March 16, 2020 9:29:52 PM
Attachments:	Health First and 321-Shane Strum.pdf Second Amended Complaint.pdf Order on Motion for Summary Judgdment OMNI et al vs. Health First.pdf North Brevard Hospital District dba Parrish Medical Center vs. Health First.pdf Order on Motion for Summary Judgment-Blaine et vs. North Brevard County Hospital District.pdf Complaint (Amended).pdf HF Finacials.pdf Health First 990 as of 9-30-2018.pdf

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Dear. Mr. Strum:

Several months ago I met with the Governor and discussed this matter. I would appreciate it if you could review the attached summary and supporting documentation. Let me know if you would like to set up a call to further discuss.

Craig Deligdish, MD
Associate Professor of Medicine
University of Central Florida College of Medicine
Medical Director
Parrish Cancer Center-A Member of the Mayo Clinic Network
President
OMNI Healthcare
1344 South Apollo Blvd.
Melbourne, FL 32901
www.omnihealthcare.com
Tel: 321-727-3495
Cell: 321-223-3196

AMERICAN OVERSIGHT

March 16, 2020

Shane Strum
Chief of Staff
Governor Ron DeSantis
State of Florida
Tallahassee, FL

Dear Mr. Strum:

I am writing regarding Health First, a health system in Brevard County, Florida which currently owns four hospitals, a large physician group representing more than 700 employed physicians, a hospice, a commercial and Medicare Advantage insurance company (Health First Health Plans) and numerous related businesses. Health First maintains a monopoly in the inpatient markets in South Brevard County and Brevard County, as well as a monopoly in the Medicare Advantage market in Brevard County. Brevard County is located on the east coast of Central Florida, one hour from Orlando. It is the home to the Kennedy Space Center, numerous high tech government contractors and 600,000 people.

Health First was founded in 1995 as a result of the merger of 3 hospitals and a physician group. Shortly thereafter, Health First added a health insurance company and subsequently built a fourth hospital. Health First maintains 90% market share in the inpatient market in South Brevard County, and 70% market share in the inpatient market in Brevard County. The Health First Health Plan Medicare Advantage plan has more than 50% market share in the Medicare Advantage market in Brevard County.

Health First has been sued at least 6 times for violation of federal and state antitrust laws. In 1996, they were sued by Wuesthoff Hospital, a competing hospital. This suit was settled in 2000 resulting in subsequent antitrust case filed by Wuesthoff in 2005. Health First was sued by Dr. Richard Hynes, Devin Datta, The B.A.C.K. Center and a number of other physician in 2006, by OMNI Healthcare, a multispecialty physician group and 9 other physicians and physician groups in 2013, by Parrish Medical Center, a public, tax district safety-net hospital in North Brevard County in 2015 and by Brian Dunfee, M.D., Robert Kennedy, M.D. and their physician group in 2019. I have enclosed a copy of the first amended complaint filed by OMNI Healthcare, et. al, Judge Dalton's order on Health First's motion to dismiss, and Judge Dalton's order on Health First's motion for summary judgement. Despite a settlement agreement after the parties came to an agreement on the financial terms of settlement one day following the beginning of trial in Federal Court, ($32 million) Health First has failed to honor its obligations under the settlement agreement. Since 2016, Health First has enhanced its market power, as a result of additional anti-competitive conduct.

ADMINISTRATION
APOLLO PROFESSIONAL CENTER
1344 S. Apollo Blvd.
Suite 303
Melbourne, FL 32901
(321) 727-3495
FAX (321) 728-0226

A Multispecialty Physician Group With Offices Throughout Brevard County

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It is being alleged that Health First has engaged in anti-competitive conduct, unfair and deceptive trade practices and other illegal conduct, which would support the allegation that Health First is violating numerous federal and state laws. The following are some examples of the allegations which have been made against Health First and its officers:

1. Health First has engaged in mail fraud, wire fraud, identity theft and has knowingly falsely accused board members and public officials of a competing hospital, competing physicians and the CEO of a competing hospital of criminal activity. This was done through the dissemination of a 31 page document sent to community leaders using a fictitious e-mail address in the name of one of their competitors. The email was allegedly authored by the president of a company that provides marketing services to Health First and Mathew Gerrell, the Senior Vice President of Strategy and CEO of the Health First Health Plans. Both of their names were found in the metadata of the PDF that accompanied the email. This has been confirmed by Florida Today, a local newspaper and the Brevard County Sherriff's Office.

2. Health First requires patients covered by Health First Health Plan beneficiaries to see providers employed by Health First, rather allowing patients to see in network providers of their choosing. This is a violation of federal and state statutes.

3. Ongoing exclusionary conduct. Despite executing a settlement agreement in 2016 that required the Health First Health Plan to contract with competing medical facilities, Health First has continued to refuse to contract with any imaging facilities, surgical centers, cancer centers, or other facilities that compete with Health First's facilities.

4. Health First excludes competing Medicare Advantage Plans from contracting with Health First physicians, Health First hospitals and other Health First facilities.

5. The use of fictitious Google reviews. Health First engaged 321 Digital Creative Marketing a digital marketing company to post fictitious negative Google reviews for the purpose of harming their competitors and positive fictitious Google reviews for the benefit of themselves. A detective employed by the Brevard Count Sherriff's Office Economic Crimes Unit obtained sworn testimony from a former employee of 321 Marketing, that at the direction of Joe Boutin the president of 321 Marketing, she engaged in identity theft, wire fraud and false advertising for the benefit of Health First.

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6. Recently, William Potter, a well respected attorney and the Secretary of the Health First Board of Directors abruptly resigned from the Health First Board, when Steve Johnson, the CEO of Health First refused to deny his personal knowledge or involvement in allegations of identity theft, mail fraud, wire fraud.

7. Health First prevented their employed physicians from providing a competing hospital with medical data in an effort to prevent the hospital from maintaining its American College of Surgeons Commission on Cancer Community Cancer Center accreditation resulting in litigation. (Judge Dalton's order is attached)

8. Health First engages in violations of the federal anti-kickback statutes which makes it possible for it to compensate their employed physicians in excess of fair market value.

9. Given its market power and anti-competitive conduct, Health First's hospitals and outpatient facilities are able to contract with health plans at rates that are as much two fold higher than competitors. This causes companies and public entities to pay exorbitant costs for health care in Brevard County.

10. When patients receiving care from non-Health First physicians are admitted to Health First hospitals, Health First employees regularly inform them that their physicians do not have admitting privileges, and refer these patients to Health First employed physicians.

11. Health loses more than $100 million on its employed physician group. This loss while not economically rational and potentially a violation of the Stark amendment and the anti-kickback statutes allows Health First to maintain its monopoly in inpatient services.

12. During the last year it has been reported that three executives at Health First divided more than $25 million in total compensation. In 2017, Health First made interest free loans in the amount of $38 million to four senior executives. Several of these executives are no longer employed by Health First, yet the loans have not been repaid. Given Governor DeSantis' recent executive order and Attorney General Ashley Moody's law suit against the Florida Coalition Against Domestic Violence, it would appear that the Governor and Attorney General would be interested in investigating these allegations.

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13. It has been alleged that Health First and 321 Marketing conspired to mail fictitious information to physician offices in the community and hired private investigators to harass OMNI employees and other physicians for the purpose of harming its competition.

14. It has been alleged that Health First and 321 Marketing filed a fictitious complaint against one of their competitors with the Florida Bar, on fictitious Parrish Medical Center stationery, alleging the practice of law without a license, which is a crime.

15. It has been alleged that Health First arranged to have a microphone hidden in OMNI's board room for the purpose of monitoring meetings held in its offices.

16. Health First has nearly $1 billion in cash/investments and as a non-profit institution it does not pay tax.

As a taxpayer, a consumer, and a citizen, I believe that this conduct is both improper and illegal. I would suggest that an investigation be initiated for the purpose of protecting the citizens of Brevard, restoring competition to this market, reducing the cost of health care, enforcing the laws of our state and improving the quality of health care.

Sincerely,

Craig Deligdish, M.D.

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FL-GOV-20-0899-A-001320

IN THE CIRCUIT COURT OF THE
EIGHTEENTH JUDICIAL CIRCUIT IN AND
FOR BREVARD COUNTY, FLORIDA

OMNI HEALTHCARE, INC.
f/k/a OMNI HEALTHCARE, P.A.,

Plaintiff,

vs.

ROSS A. CLEVENS and
BKR MANAGEMENT GROUP, LLC,

Defendants.
_____/

CASE NO. 05-2010-CA-11156

SECOND AMENDED COMPLAINT

Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., a Florida corporation ("Omni"), sues Defendants, Ross A. Clevens ("Clevens") and BKR Management Group LLC ("BKR"), and alleges:

I. Allegations Common to All Counts

1. Omni is a corporation organized and existing under the laws of the State of Florida with its principal place of business in Brevard County, Florida. On or about July 20, 2006, Omni changed its name from Omni Healthcare, P.A. to Omni Healthcare, Inc.

2. Clevens is a physician residing in Brevard County, Florida.

3. BKR is the owner of the real property located at 3 Suntree Place, Melbourne, Brevard County, Florida 32940, wherein Imperial Salon and Spa does business.

4. Omni is a multi-specialty medical practice employing physicians and health care providers in Brevard County, Florida.

5. Omni and its predecessors in interest have been in continuous existence for more than twenty years.

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6. All conditions precedent to bringing this action have occurred or been waived by the course of conduct of the parties.

II. Employment Agreement

7. On or about July 8, 1998, Clevens entered into an Employment Agreement with Omni. A copy of the Employment Agreement is attached hereto and incorporated herein as Exhibit "A".

8. Clevens is a specialist in the field of cosmetic surgery.

A. Term

9. Pursuant to Section 28 of the Employment Agreement, the term of Clevens' employment was for a period of sixty (60) months. The Agreement automatically renewed for additional five (5) year terms unless elected by either party by at least thirty (30) days prior written notice.

10. On or about January 3, 2010 Clevens unilaterally terminated his employment with Omni without giving the requisite thirty (30) day written notice.

11. Prior to his termination Clevens' five (5) years term automatically renewed on July 8, 2008, which extended his term of employment to July 8, 2013.

12. When he terminated Clevens had approximately three and one-half (3½) years left on his employment term.

B. Compensation

13. Pursuant to Schedule "A" of his Employment Agreement, Clevens was compensated using a formula of a percentage of his gross receipts (the total cash receipts derived from his services) minus direct expenses (expenses allocable to the care center at which Clevens rendered medical services) and overhead (the costs of Omni which could

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not be allocated specifically to Clevens' care center), otherwise known as his "productivity share."

14. To avoid interruptions in the payment of his compensation, based on regular fluctuations in his revenues, Clevens, like other physicians, was paid based on a draw for each pay period.

15. At the conclusion of his employment, Clevens was to repay any draws paid to him in excess of the final reconciliation of his productivity share. Conversely, if his draws were less than his productivity share, he would be entitled to payment of the difference.

III. Shareholder Agreement

16. On or about December 1, 1997, Clevens entered into that certain Shareholder Agreement (hereinafter referred to as "Shareholder Agreement"). A copy of the Shareholder Agreement is attached hereto and incorporated herein as Exhibit "B".

17. The Shareholder Agreement was executed in accordance with § 607.0732, Florida Statutes.

18. All of Omni's shareholders approved the Shareholder Agreement, making it effective and enforceable.

IV. Restrictive Covenants

19. Omni is comprised of general practitioners and specialists who rely on patients referred to them by referring physicians ("Referring Physicians").

20. Omni relies upon the Referring Physicians to provide regular referrals of patients for its physicians and health care providers.

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21. Since its inception Omni has maintained the confidentiality of its list of Referring Physicians.

22. Additionally, since its inception Omni has established relationships with existing and prospective patients.

23. Having provided quality medical services to the Brevard community in excess of twenty years, Omni has established goodwill with patients and Referring Physicians.

24. Omni safeguards this goodwill and the confidentiality of its patients and Referring Physicians by requiring its physicians to enter into covenants not to compete, covenants not to solicit and covenants to maintain the confidentiality of its trade secrets and knowhow.

25. If these covenants are violated, Omni vigorously prosecutes its rights under the physician agreements.

26. As a specialist, Clevens relied on referrals from Omni's Referring Physicians to obtain patients.

27. When Clevens became employed with Omni he had no patient base and no Referring Physicians. Clevens was completely dependent on Omni's physicians and Referring Physicians to build his practice.

28. Clevens took advantage of Omni's goodwill, patient relationships and Referring Physicians to build a thriving practice while employed by Omni.

29. Pursuant to Section 9 of his Employment Agreement, Clevens agreed, *inter alia,* that for a period of two years following the termination of his employment that he would not undertake any business activity competitive with any part of the business of

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Omni, practice medicine in any hospital in the territory as defined in the Employment Agreement, or accept any employment or activity which would require him to reveal or use any confidential information of Omni, as defined in the Employment Agreement, in any area within a ten (10) mile radius of Omni's locations. See Exhibit "A".

30. Pursuant to Section 9 of the Employment Agreement, Clevens further agreed not to solicit any of Omni's patients for a period of two (2) years following the termination of his employment.

31. Pursuant to Section 8 of the Shareholder Agreement, Clevens agreed, *inter alia,* that for a period of three (3) years following the occurrence of a "Purchase Event", as defined by the Shareholder Agreement, he would not undertake any business activity competitive with any part of the business of Omni, practice medicine in any hospital in the territory as defined in the Shareholder Agreement, accept any employment or activity which would require him to reveal or use any confidential information of Omni, or own, operate or otherwise become associated with or provide assistance to any business or activity which business or endeavor was, directly or indirectly, in competition with Omni's operations, in any area within a ten (10) mile radius of any of Omni's locations. See Exhibit "B".

32. Pursuant to Section 8 of the Shareholder Agreement, Clevens further agreed not to solicit any of Omni's patients for a period of three (3) years following the closing of a Purchase Event, as defined by the Shareholder Agreement.

33. Omni has legitimate and protectable interests in its trade secrets, its good name and reputation, patients and patient lists and relationships with persons and

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entities who order, refer or receive medical services furnished by Omni, its physicians and medical health providers.

34. As set forth in the Shareholder Agreement, Clevens **agreed**, *inter alia,* that Omni and its predecessors have developed and maintained a substantial medical practice in Brevard County, Florida, and that Omni's medical practice and the goodwill associated with it have been developed over many years of practice, and Omni and its predecessors have developed substantial relationships with its patients.

35. As set forth in the Shareholder Agreement, Clevens further **agreed** that Omni has legitimate and protectable interests in its trade secrets, its good name and reputation, patients and patient lists and relationships with persons and entities who order, refer or receive medical services furnished by Omni.

36. As set forth in the Shareholder Agreement, Clevens further **agreed** and acknowledged that Omni has acquired significant goodwill associated with its name, trademarks, business location and trade dress.

37. As set forth in the Shareholder Agreement, Clevens further **agreed** and acknowledged that Omni has a legitimate and protectable interest in the marketing and promotional network of medical offices in Brevard County, Florida.

38. When Clevens terminated his employment with Omni on January 3, 2010, it triggered a Purchase Event as defined in Section 3.2 of the Shareholder Agreement.

39. After his termination of employment with Omni, Clevens did not comply with the restrictive covenants in his Employment Agreement and Shareholder Agreement.

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40. Instead, during the restricted period Clevens set up a medical practice within the restricted territory in competition with Omni using the goodwill, patient-referring relationships and patients he developed while Omni employed him.

41. Without the misappropriation of Omni's goodwill, patient-referring relationships and patients, Clevens would not have been able to create a medical practice that was mature and well established upon his leaving Omni.

42. Clevens used the reputation, goodwill and relationships with Referring Physicians that Omni had created prior to Clevens' employment to develop a medical practice that he simply carved off from Omni and began practicing without interruption.

Count I
(Breach of Employment Agreement – Actual Damages)

43. This is an action for damages in excess of $15,000.00, exclusive of interest, costs and attorney's fees.

44. Paragraphs 1 through 42 are realleged and incorporated herein.

45. Clevens did not provide the required notice when he terminated his employment.

46. There were approximately forty-two (42) months left on Clevens' term of employment when he terminated.

47. Omni has been damaged as a result of Clevens' breach of contract.

48. Pursuant to Section 21 of the Employment Agreement, Omni is entitled to an award of attorney's fees and costs for bringing this action.

WHEREFORE, Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., demands judgment against Defendant, Ross A. Clevens, for damages, prejudgment interest, costs, attorney's fees, and all other relief deemed just and proper by this Court.

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Count II
(Breach of Employment Agreement – Liquidated Damages)

49. This is an action for damages in excess of $15,000.00, exclusive of interest, costs and attorney's fees.

50. Paragraphs 1 through 42 are realleged and incorporated herein.

51. Clevens has breached section 8 of the Employment Agreement with Omni in the following manner:

a. He has engaged in competing medical practice to Omni's within the restricted area since his termination;

b. He has solicited patients (directly and indirectly) that were first seen by him while he was employed by Omni during the subject period;

c. He has intentionally diverted the business relationships and Referring Physicians of Omni to his benefit.

52. By breaching the Employment Agreement, Clevens has successfully diverted business, patients, business relationships, Referring Physicians, profits and income away from Omni.

53. As set forth in section 9 of the Employment Agreement, the parties acknowledged the difficulty in calculating actual damages for such a breach. Accordingly, the parties agreed to liquidated damages in the sum of $250,000.

54. Omni is entitled to liquidated damages from Clevens in the amount of $250,000, plus prejudgment interest, costs and attorney's fees.

55. Pursuant to section 21 of the Employment Agreement, Omni is entitled to an award of attorney's fees for bringing this action.

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WHEREFORE, Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., demands judgment against Defendant, Ross A. Clevens, for liquidated damages in the principal amount of $250,000.00, plus prejudgment interest, costs and attorney's fees, and all other relief deemed just and proper by this Court.

Count III
(Breach of Employment Agreement – Actual Damages)

56. This is an action for damages in excess of $15,000.00, exclusive of interest, costs and attorney's fees.

57. Paragraphs 1 through 42 above are realleged and incorporated herein.

58. Clevens has breached section 8 of the Employment Agreement with Omni in the following manner:

a. He has engaged in competing medical practice to Omni's within the restricted area since his termination;

b. He has solicited patients (directly and indirectly) that were first seen by him while he was employed by Omni during the subject period;

c. He has intentionally diverted the business relationships and Referring Physicians of Omni to his benefit.

59. By breaching the Employment Agreement, Clevens has successfully diverted business, patients, business relationships, Referring Physicians, profits and income away from Omni.

60. Accordingly, Omni has suffered and will continue to suffer actual damages as a result of the misconduct of Clevens.

61. Pursuant to section 21 of the Employment Agreement, Omni is entitled to an award of attorney's fees for bringing this action.

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WHEREFORE, Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., demands judgment against Defendant, Ross A. Clevens., for damages, prejudgment interest, costs and all other relief deemed just and proper by this Court.

Count IV
(Breach of Shareholder Agreement – Actual Damages)

62. This is an action for damages in excess of $15,000.00, exclusive of interest, costs and attorney's fees.

63. Paragraphs 1 through 42 are realleged and incorporated herein.

64. Clevens has breached paragraph 8 of the Shareholder Agreement with Omni in the following manner:

a. He has engaged in competing medical practice to Omni's within the restricted area since his termination;

b. He has solicited patients (directly and indirectly) that were first seen by him while he was employed by Omni during the subject period;

c. He has intentionally diverted the business relationships and Referring Physicians of Omni to his benefit.

65. By breaching the Shareholder Agreement, Clevens has successfully diverted business, patients, business relationships, Referring Physicians, profits and income away from Omni.

66. Accordingly, Omni has suffered and will continue to suffer actual damages as a result of the misconduct of Clevens.

67. Pursuant to paragraph 20 of the Shareholder Agreement, Omni is entitled to an award of attorney's fees for bringing this action.

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WHEREFORE, Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., demands judgment against Defendant, Ross A. Clevens, for damages, prejudgment interest, costs, attorney's fees, and all other relief deemed just and proper by this Court.

Count V
(Writ of Replevin)

68. This is an action to replevy personal property located in Brevard County, Florida, pursuant to Section 78.068 of the Florida Statutes. The value of the property to be replevy exceeds $15,000.00, exclusive of interest, costs and attorney's fees.

69. Paragraphs 1 through 6 are realleged and incorporated herein.

70. On or about January 26, 2006, Omni entered into a lease agreement for the lease of a Rhytek Skin Resurfacing Laser, for use in the treatment of patients at Omni's 1344 S. Apollo Boulevard, Melbourne, Florida office. A copy of the Master Lease and Equipment Schedule is attached hereto as Composite Exhibit "C".

71. On or about April 14, 2007, Surgery Centers of Brevard, Inc. (a corporate entity founded by the shareholder of Omni) entered into a Master Lease agreement for the lease of a 2008 Lutronic Laser. A copy of the Master Lease and Equipment Schedule is attached hereto as Exhibit "D".

72. On or about April 13, 2007, Omni entered into a Guaranty agreement guaranteeing payment under the Master Lease. A copy of the Guaranty is attached hereto as Exhibit "E".

73. On August 19, 2009, Surgery Centers of Brevard, Inc. executed a Transfer and Assumption Agreement, transferring all right, title, obligations and interest in and to the Lutronic Laser to Omni. Omni acquired this equipment for use in the treatment of

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patients at Omni's 1344 S. Apollo Boulevard, Melbourne, Florida office. A copy of the lease and Transfer and Assumption Agreement is attached hereto as Exhibit "F".

74. Prior to January 3, 2010, Omni purchased various equipment for use at the Omni medical offices, including but not limited to:

a. (2) Nikon digital camera sets;

b. (2) Dell laptop computers;

c. (1) EPI light (for use with laser skin resurfacing equipment); and

d. (1) Electrosurgical unit.

These items are listed on Omni's 2009 Intangible Personal Property Tax Return attached hereto as Exhibit "G".

75. Omni is entitled to the possession of this equipment by virtue of its status as the owner and/or lessee of said equipment.

76. On Sunday, January 3, 2010, Clevens unilaterally terminated his employment with Omni and entered into the Omni office located at 1344 S. Apollo Boulevard, Melbourne, Florida, and unlawfully removed the following:

a. (1) Rhytec skin resurfacing laser;

b. (2) 2008 Lutronic laser;

c. (2) Nikon digital camera sets;

d. (2) Dell laptop computers;

e. (1) EPI light (for use with laser skin resurfacing equipment); and

f. (1) Electrosurgical unit.

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77. After unlawfully removing the aforementioned equipment from Omni's office, Clevens delivered said equipment to Imperial Salon and Spa, located at 3 Suntree Place, Melbourne, Florida 32940, real property owned by BKR.

78. To Omni's best knowledge, information and belief, the equipment to be replevied, as described in paragraph 74, is located at Imperial Salon and Spa, 3 Suntree Place, Melbourne, Florida 32940.

79. Although demand has been made to Clevens for the surrender of the equipment, Clevens refuses to release the equipment.

80. The equipment is wrongfully detained by Clevens. Clevens came into possession of the equipment by entering into Omni's office on a Sunday, after he terminated his employment with Omni, and surreptitiously removed it, loaded it into a van and unlawfully took it and delivered it to 3 Suntree Place, Melbourne, Florida 32940. Clevens has no right to said equipment, the title and ownership of the equipment remains with Omni.

81. The equipment has not been taken for any tax, assessment of fine pursuant to law.

82. The equipment has not been taken under the execution or attachment against the equipment of Omni.

83. The value of the equipment is $50,000.

WHEREFORE, Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., prays this Court:

a. Enter an order directing the Clerk to issue a prejudgment writ of replevin, conditioned upon Omni first posting a bond equal to twice the amount of the

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debt or twice the value of the equipment, whichever is less as determined by the Court, as security damages, Defendants, Ross A. Clevens and BKR Management Group, LLC, may sustain if the writ is determined to have been obtained wrongfully,

b. Enter a final judgment of replevin in favor of Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., and against Defendants, Ross A. Clevens and BKR Management Group, LLC;

c. Enter a deficiency judgment in favor of Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., and against Defendants, Ross A. Clevens and BKR Management Group, LLC, for such sums as are required to make Omni whole; and

d. Enter an order granting Plaintiff, Omni Healthcare, Inc. f/k/a Omni Healthcare, P.A., its costs and all other relief deemed just and proper by the Court.

RIEMENSCHNEIDER, WATTWOOD
& DeROSIER, P.A.

/s/Michael R. Riemenschneider

MICHAEL R. RIEMENSCHNEIDER
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JEFFREY L. DeROSIER
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ginnyc@orwlaw.com
Attorney for Plaintiff

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing has been furnished by email to James H. Fallace, Esquire, Christina Bredahl Gierke, Esquire and Jeffrey M. Partlow, Esquire this 20th day of February 2019.

/s/Michael R. Riemenschneider

Michael R. Riemenschneider

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OMNI HEALTHCARE, P.A.

EMPLOYMENT AGREEMENT

WITH ROSS A. CLEVENS, M.D.

Omni HealthCare, P.A. ("Corporation" or "Employer") and Ross A. Clevens, M.D., ("Employee"), agree as follows:

1. **EMPLOYMENT.** Employer hereby employs Employee, and Employee hereby accepts such employment, on the terms and subject to the conditions set forth herein.

2. **COMPENSATION AND OTHER BENEFITS.** During the term of this Agreement, Employer agrees to pay Employee such wages and bonuses and provide Employee such benefits as are set forth on Schedule A attached hereto and incorporated by reference or, in the absence of any provision for bonuses, such bonus as may from time to time be awarded to Employee by the Employer in its discretion. All such wages and bonuses shall be subject to customary withholding taxes and other employment taxes as required by law.

3. **SERVICES.**

(a) Employee agrees to devote substantially his or her entire professional medical time and attention to, and provide substantially the full range of medical services he or she customarily provides through, the practice of his or her medical profession for the Corporation, together with such administrative and management duties as he or she may be required to perform for the Corporation, the amount of which shall not be unreasonable considering Employee's patient load and the number of patients Employee attracts to Employer. Employee shall not, without the express prior written consent of Employer, directly or indirectly, render services of a professional medical nature to or for any person or firm, or engage directly or indirectly in any activity competitive with or adverse to Employer's business or practice, whether alone, as a partner, or as an officer, director, employee, independent contractor, agent, shareholder or in any other capacity during the term of this Agreement, except in order to fulfill Employee's obligations under this Agreement. Employer shall direct, control and supervise the duties and work of Employee; provided however, that Employer shall not impose employment duties or constraints of any kind which would require Employee to violate the ethics of the profession or any ordinance or law. Employee shall have the authority and responsibility to supervise and direct the affairs of the office in which he practices (the "care center") in substantially the manner existing prior to the date hereof, subject only to the terms of the shareholder agreement among the Corporation, Employee and all other shareholders of even date herewith (the "Shareholder Agreement"). Employee shall work the time necessary to provide care for his or her patients and manage the care center properly. Employer shall provide reasonable office space, equipment and personnel appropriate for Employee's performance of his or her professional duties under this Agreement.

(b) Employee agrees to act as the on-site manager and medical director of the care center, responsible for all quality assurance and utilization review activities thereat, as well as employee selection, training, scheduling, supervision and management. The parties recognize that Employer is governed by a board of directors, with which Employee shall communicate directly with respect to the operation of the care center, as and when needed. All decisions during the term hereof regarding the hiring, firing, compensation and other terms of employment of employees in the care center, as well as the day to day activities of the medical practice thereat, shall be made by Employer.

(c) Employee agrees to cover his or her patients at the office and hospitals in the same manner as he or she has done prior to the date hereof. If Employee so desires, a coverage, night call and weekend rotation may be arranged among Employee and the other physicians employed by Corporation on a mutually agreeable basis.

4. **VACATION.** Employee shall be responsible for arranging his or her own coverage for any time off with other physicians employed by, or otherwise acceptable to Employer during any period of vacation, time off for illness or time spent in continuing medical education. The amount of any time off shall be within the Employee's discretion.

5. **TERMINATION.** This Agreement shall be terminated upon the happening of any of the following events:

(a) whenever Employee shall cease to be licensed or otherwise qualified to practice medicine under the laws of Florida or Employee shall be excluded from participation in the Medicare program;

(b) whenever Employee gives Employer no less than thirty (30) days prior written notice to terminate this Agreement;

(c) upon the death or retirement of Employee or if Employee is unable to conduct his or her practice on a full-time basis in the manner previously conducted, for a period of six (6) months in any twelve (12) month period, whether as a result of any physical or mental disability or otherwise;

(d) whenever Employee shall be convicted of or plead no contest or guilty to any felony or any misdemeanor involving patient or child abuse;

(e) upon the imposition of any sanctions against Employee materially restricting his or her right to practice medicine by the Department of Professional Regulation, the Health Care Financing Administration, the Drug Enforcement Agency, or any other regulatory agency governing the Corporation or Employee with respect to the business of the Corporation, or Employee's becoming a "sanctioned individual" (as that term is used in Section 2 of the Medicare and Medicaid Patient and Program Protection Act of 1987) (42 U.S.C. 1320a-7);

(f) at any time by Employer, without cause, upon thirty (30) days prior written notice if the Corporation determines, by unanimous vote (excluding the interested party) of its board

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of directors, and at least ninety percent (90%) of the number of Shareholders (excluding the interested party) that termination of Employee is in the best interest of the Corporation; or

(g) by Employee in the event Employer files a petition for voluntary bankruptcy or involuntary bankruptcy proceedings against Employer are duly commenced and not dismissed within thirty (30) days from the date filed, or Employer makes a general assignment of its assets for the benefit of its creditors or if any payment due Employee hereunder is not paid within two (2) weeks of its due date.

Upon any termination of this Agreement, Employee shall be entitled to receive the remuneration accrued but unpaid as of the date of his or her termination, subject in all respects to the terms of the Shareholder Agreement. Following any termination, each party shall have access to all medical and financial records reasonably needed to respond to any lawsuit, audit, investigation or any other actual or threatened dispute or inquiry.

6. **SEVERANCE COMPENSATION.** In the event of any termination of this Agreement, Employee shall be entitled to receive, as severance compensation and in lieu of all other claims for compensation hereunder (but in addition to the purchase price for his or her shares owned in Employer pursuant to the Shareholder Agreement), and amount calculated as follows:

(a) the amount of accounts receivable generated by Employee for services rendered by him or her actually collected by Employer or Employee within four (4) months after the date of termination; less

(b) Employee's share of all overhead and operating expenses of Employee's care center, including prorations and accruals, to and including the date of termination and the amount of all loans, liabilities or other obligations then outstanding from Employee to Employer (whether or not otherwise then due and payable by their respective terms but excluding contingent liabilities under guarantees or indemnification obligations unless there shall exist or be threatened any action or default with respect to the underlying obligation of the Corporation), together with such reasonable reserve as may be required by two thirds (2/3) vote of the Employer's board of directors to protect the Employer against any reasonably anticipated amounts or liabilities for which Employee would be liable to Employer (e.g. tax or payment audit liabilities, pending or threatened litigation exposure, and/or other items whether or not similar to the foregoing).

7. **EMPLOYER'S AUTHORITY.** Employee agrees to observe and comply with the rules and regulations of Employer as adopted by Employer, either orally or in writing, respecting the performance of his or her duties, and to carry out and to perform directions and policies announced to him or her by Employer from time to time, either orally or in writing. Such rules and regulations include adherence to Employer's utilization review and management policies as from time to time established by Employer's board of directors or any committee thereof, and Employee hereby waives any right or cause of action against Employer, all board members, and all persons involved in the utilization review and management process for actions or recommendations taken or made without

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actual malicious intent. Employee specifically understands that Employer shall have final authority over the acceptance or refusal of any person for whom professional services may be rendered, and over the amount of fees to be charged such person. The power to direct, control and supervise the manner and place of and time for performing Employee's duties shall be exercised by Employer's board of directors or its physician designate(s).

8. **EFFECTIVE DATE.** The effective date of this Agreement ("Effective Date") shall be July 8, 1998.

9. **RESTRICTIVE COVENANTS.**

(a) (i) Employee agrees that Employer has developed and maintained a substantial medical practice in Brevard County, Florida, and that Employer's medical practice and the goodwill associated with it have been developed over many years of practice. The medical practice and goodwill of Employer are valuable, proprietary interests.

(ii) Employee further acknowledges that Employer has a legitimate and protectable interest in trade secrets, its good name and reputation, patients and patient lists.

(b) Employee, therefore, covenants and agrees that during the course of his or her employment and for a period of two (2) years following the termination of his or her employment by Employer or Employee for any reason, Employee shall not, either alone or with a combination of others, undertake any business activity competitive with any part of the business of Employer, practice medicine in any hospital in the Territory (as hereinafter defined), nor accept any employment or other commitment or otherwise engage in any activity that will require him or her to reveal or use any Confidential Information (as hereinafter defined) of Employer, nor directly or indirectly, own, operate, manage, join, control, participate in the ownership, management, operation and/or control of, or be paid or employed by, or otherwise become associated with and provide assistance to, as an employee, agent, advisor, independent contractor, officer, director, shareholder, owner or otherwise, any business or activity within the Territory in which Employer conducts business or markets its products and/or services or in which any of its customers are located, which business or endeavor is, directly or indirectly, in competition with the business of Employer's operations. Employee agrees that the "Territory" of Employer's business is an area within a ten (10) mile radius of any location at which Employer maintains an office which renders medical services, other than ancillary testing services.

(c) During the course of his or her employment and for a period of two (2) years following the termination of employment by Employer or Employee, Employee shall not, for himself or herself, or on behalf of any other person, persons, firm, partnership, corporation, or company, whether or not Employee has any part or involvement with the foregoing, call upon any patient of Employer for the purpose of soliciting, selling, renting or other business promotion to any of said patients, products and/or services similar to products and services sold by Employer, nor will Employee, in any way, directly or indirectly, for himself or herself or on behalf of, or in conjunction with any other person, persons, firm, partnership, corporation, or company, solicit, divert, or take

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away any such patient of Employer during the two (2) year term following the termination of his or her employment with Employer; nor will Employee, directly or indirectly, for himself or herself or on behalf of, or in conjunction with any other person, persons, firm, partnership, corporation, or company, induce, or attempt to induce, any customer, to sever or otherwise alter its relationship with Employer during the course of his or her employment and for the two (2) year term following the termination of his or her employment with Employer.

(d) During the course of his or her employment and for a period of two (2) years following the termination of his or her employment, Employee shall not, for himself or herself, or on behalf of any other person, persons, firm, partnership, corporation, or company, whether or not Employee has any part or involvement with the foregoing, hire or retain the services of any agents or employees of Employer for any purpose, or induce any agent, employee, or representative of Employer to sever or otherwise alter their relationship with Employer.

(e) (i) Employee acknowledges and understands that during his or her association with Employer, Employee will have access to and become familiar with various trade secrets and know how, which are owned by and are the property of Employer and which constitutes Confidential Information of Employer.

(ii) Employee shall not, at any time during his or her employment or thereafter, except as property required in the course of his or her employment, publish, disclose, or authorize anyone else to publish or disclose any Confidential Information to the public, directly or indirectly, nor to use the same in any way, or allow others to use such Confidential Information, except as expressly authorized by Employer in writing.

(iii) The term "Confidential Information shall mean all materials and information related to or associated with Employer's services, products, business or activities; proprietary computer software or data; marketing plans or techniques; patient lists; information relating to finance, accounting, sales, personnel and management; and information related to supplier lists, price lists, costs of goods and services and maintenance; and trade secrets (as defined in Section 812.081, Fla. Stat.).

(f) Employee agrees that the foregoing provisions are a material inducement for Employer to venture into an employment agreement with Employee and that the foregoing provisions are reasonable and necessary for the protection of Employer. Employee further agrees that Employee is fully capable of earning a living outside of the Territory upon termination of this Agreement.

(g) The provisions of this section 9 shall survive termination of Employee's employment relationship with Employer. Each of the restrictive covenants contained in this section 9 are separate, distinct and severable obligations. In the event any of such covenants should be held invalid or unenforceable by a court of competent jurisdiction, the others shall not be affected thereby.

(h) In the event of a breach or threatened breach by Employee of his or her obligations under this restrictive covenant, Employee acknowledges that Employer will not have an

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adequate remedy at law and shall be entitled to such equitable and injunctive relief as may be available to restrain Employer from the violations of the provisions of this restrictive covenant. Additionally, nothing herein shall be construed as prohibiting Employer from pursuing any other remedies available herein for such breach or threatened breach, including the recovery of damages from Employee.

(i) The parties agree that the issuance of injunctive relief in favor of Employer for any violation by Employee of the covenants and agreements contained in this section 9 does not preclude or remedy actual damages which Employer shall suffer prior to the issuance of such injunctive relief, or which shall continue notwithstanding the issuance of injunctive relief. The parties agree that it is impracticable and extremely difficult to determine such actual damages which may result from Employee's failure to comply with the provisions of this section 9 for any one (1) or more of the following reasons:

(i) the difficulty of Employer to prevent a breach of this section 9 by Employee;

(ii) the difficulty of Employer to calculate actual damages and loss of business resulting from disclosure of Confidential Information by Employee in violation of this Agreement;

(iii) the difficulty of Employer to ascertain the impact of a breach of this Agreement on Employer's patients; and

(iv) the difficulty that Employer may experience in obtaining timely injunctive relief.

Therefore, it is expressly agreed by Employer and Employee that in the event Employee violates the terms and provisions of this section 9, Employer shall receive the sum of two hundred fifty thousand dollars ($250,000.00) in lump sum from Employee, which sum Employee shall pay within thirty (30) days of receipt of written notice from Employer. Such sum shall constitute liquidated damages in full settlement of Employer's damage claims. It is expressly acknowledged by Employee that said payment shall not be interpreted nor construed as a penalty, but as a good faith attempt and a reasonable estimation of the parties to determine the damages which Employer shall suffer in the event of a breach of this section 9 by Employee. The parties agree that this subsection (i) is intended to compensate Employer for damages caused by Employee prior to the attainment of injunctive relief and for damages which cannot be prevented by injunctive relief.

10. **LIMITATIONS ON AUTHORITY**. Without the express written consent of Employer, Employee shall have no apparent or implied authority to do any of the following acts:

(a) extend the credit of Employer or any of its other physicians;

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(b) bind Employer under any contract, agreement, note, mortgage, or other obligation;

(c) discharge any debt due Employer unless Employer has received the full amount thereof; or

(d) sell, mortgage, transfer or otherwise dispose of any assets of Employer.

11. **MEDICAL RECORDS AND PATIENT INFORMATION**. All medical records and patient information concerning the patients of the practice shall be the property of Employer and shall be maintained and filed in accordance with Employer's usual and customary policies and procedures as they exist, and from time to time may be modified by the board of its designee. Employer and Employee agree to maintain the confidentiality of patient medical records and to prevent unauthorized disclosure in accordance with the laws of the State of Florida and such federal laws as may be applicable from time to time. Upon the request of any patient, Employee shall have the right to copy and examine records of the patient provided that the copying of the records does not violate professional ethics and is performed during regular office hours by Employer's staff. The cost of photocopying shall be borne by Employee.

12. **SUPERVENING LAW**. In the event that Employer, acting upon advice of counsel, reasonably determines that: (i) Employer or Employee will be subject to criminal or civil sanctions as a result of the interest of Employer or the interest of Employee in this Agreement or in referring patients to the facility by Employer or Employee; or (ii) any aspect of the operation of this Agreement violates or, with the passage of time, is likely to violate any laws, rules or regulations applicable to Employer or Employee, Employer and Employee agree to modify this Agreement to the extent necessary to prevent the occurrence of any event described in clauses (i) and (ii) above. In the event this Agreement cannot be reasonably so modified, this Agreement may be terminated in the reasonable discretion of Employer.

13. **OFFSET**. In the event Employee becomes indebted to Employer and fails to pay the indebtedness when it becomes due, Employer, without notice, may offset the amount of such indebtedness against monies payable to Employee hereunder, whether as salary, bonus, severance compensation or otherwise. This right of offset includes, but is not limited to, Employee's obligation to provide tail insurance coverage.

14. **ASSIGNMENT**. This Agreement may be assigned by Employer pursuant to any merger or sale of all or substantially all its assets or any reorganization (as defined in Section 368(a) of the Internal Revenue Code of 1986, as amended) by Employer. This Agreement is a personal services contract of the Employee and may not be assigned by Employee without the prior written consent of Employer.

15. **ENTIRE AGREEMENT**. This Agreement constitutes the entire agreement of the parties relating to the employment of Employee by Employer and supersedes any and all other oral or written agreements relating to the employment of Employee.

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16. **GOVERNING LAW; JURISDICTION**. The parties acknowledge that a substantial portion of negotiations, anticipated performance and execution of this Agreement occurred or shall occur in Brevard County, Florida, and that, therefore, each of the parties irrevocably and unconditionally (i) agrees that any suit, action or legal proceeding arising out of or relating to this Agreement shall be brought in the courts of record in the State of Florida and Brevard County; (ii) consents to the jurisdiction of each such court in any suit, action or proceeding and expressly waives removal to a federal court; (iii) waives any objection which it may have to the laying of venue, or any such suit, action or proceeding in any of such court; and (iv) agrees that service of any court paper may be effected by such party by mail, as provided in this Agreement, or in such other manner as may be provided under applicable laws or court rules.

17. **COUNTERPARTS**. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original as against any party whose signature appears thereon, and all of which together shall constitute one (1) and the same agreement.

18. **HEADINGS**. The section and other headings contained in this Agreement are for reference purposes only and do not effect in any way the meaning or interpretation of any or all of the provisions of this Agreement.

19. **PRONOUNS AND PLURALS**. Whenever the context may require, any pronoun used in this Agreement shall include the corresponding masculine, feminine, or neuter forms, and the singular forms of nouns, pronouns, and verbs include the plural and vice versa.

20. **NOTICES**. Whenever any party hereto desires or is required to give any notice, demand, consent, approval, satisfaction, or request with respect to this Agreement, each such communication shall be in writing and shall be effective only if it is delivered by personal service (which shall include delivery by delivery service, overnight delivery service, telecopy or telefax) or mailed, by United States certified mail, postage prepaid, and addressed as follows:

If to Employee: Ross A. Clevens, M.D.
505 Newport Dr.
Indialantic, FL 32903

If to Employer: Omni HealthCare, P.A.
Sheridan Professional Center
95 Bulldog Boulevard, Suite 100
Melbourne FL 32901

With a copy to: John R. Kancilia, Esquire
O'Brien, Riemenschneider, Kancilia & Lemonidis, P.A.
1686 W. Hibiscus Boulevard
Melbourne FL 32901

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Such communications, when personally delivered, shall be effective upon receipt, but, if sent by certified mail in the manner set forth above, shall be effective two (2) business days following deposit in the United States mail. Any party may change its address for such communications by giving notice thereof to the other party in accordance with the requirements of this section.

21. **ATTORNEY'S FEES**. In the event any litigation, arbitration or similar proceeding ("Litigation") is commenced or defended by any party to this Agreement claiming, in such Litigation or defense, a breach of this Agreement by the other party, and in the event such commencing or defending party is successful on the merits of such claim or defense, and substantially prevails in the Litigation, the party against whom such claim is made or such defense is asserted shall pay to the claimant or defendant, as the case may be, all costs and expenses, including, without limitation, attorney's fees, court costs, and costs for experts and investigation, whether at trial, on appeal, or during investigation of such claimant or defendant in prosecuting such claim or establishing such defense.

22. **CONFIDENTIALITY**. Except as otherwise required by law, Employee and Employer agree that the terms and conditions of this Agreement shall remain confidential and such terms and conditions shall not be disclosed unless the parties mutually agree in writing to any such disclosure.

23. **CONSTRUCTION OF AGREEMENT**. This Agreement has been negotiated by the respective parties and the language shall not be construed for or against either party.

24. **ABSENCE OF THIRD PARTY BENEFICIARY RIGHTS**. No provision of this Agreement is intended or shall be construed to provide or create any third party beneficiary right or any other right of any kind in any patient, customer, affiliate, shareholder, partner, officer, director, employee, or agent of either party, or in any other person and all terms and provisions hereof shall be solely between the parties to this Agreement.

25. **AMENDMENT AND WAIVERS**. Any term or provision of this Agreement may be amended and the observance of any terms of this Agreement may be waived (either generally or in a particular instance, and either retroactively or prospectively) only by a writing signed by each party hereto. The waiver by a party of any breach hereof or default hereunder shall not be deemed to constitute a waiver of any other breach or default. The failure of any party to enforce any provision hereof shall not be construed as or constitute a waiver of the right of such party thereafter to enforce such provision.

26. **COMPUTATION OF PAYMENTS**. The amounts due to Employee under this Agreement shall be determined by Employer's accountant and all such determinations shall be final and binding upon the parties, absent manifest error.

27. **EXPENSES.** During the period of his or her employment, Employer shall pay on behalf of Employee, or Employee shall be reimbursed for, malpractice insurance coverage in amounts equal to the coverage that is carried for other similar physician employees of Employer. Additionally,

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Employer will pay or reimburse Employee for any other business-related expenses, health plans, personnel, capital items or other services or assets reasonably requested by Employee, provided that (i) to the extent required by the Internal Revenue Code or regulations promulgated thereunder, appropriate types of documentation may be required prior to reimbursement of any such expenses, and (ii) any such expenditures shall be added to Employee's overhead for determining his or her compensation pursuant to Schedule A hereto.

28. **TERM.** The term of this Agreement shall be for a period of sixty (60) months, commencing on the Effective Date of this Agreement, subject to prior termination as provided in section 5 above. This Agreement shall be renewed automatically for additional five (5) year terms unless otherwise elected by either party by at least thirty (30) days prior written notice

29. **FEES FOR SERVICES.** All income generated by Employee for services to be provided hereunder, all activities undertaken during normal work hours or on call hours, and all activities covered by malpractice insurance as part of his practice of medicine, shall belong to Employer, whether paid directly to Employer or Employee. Employee specifically covenants and agrees to bill all amounts for his or her professional services in the name and for the account of the Corporation. Employee agrees, upon request by Corporation, to render an accounting of all transactions relating to his or her practice during the course of his or her employment hereunder.

30. **TAIL INSURANCE**. Employee agrees to maintain, at his or her own expense, extended liability coverage, also referred to as tail coverage, for a period of five (5) years after termination of this Agreement. Such tail insurance shall be issued by a company acceptable to Employer and in such form as is satisfactory to Employer. Notwithstanding the foregoing, Employer shall purchase and maintain tail insurance for a period of five (5) years following the termination of this Agreement if terminated on account of the death of Employee or if Employee has been employed by Employer for more than five (5) years prior to the date of termination. Employee may, in lieu of tail coverage, provide Employer with evidence of continuing malpractice coverage on a claims made basis for such five (5) year period.

31. **COMPENSATION FORMULA**. The compensation formula contained on Schedule A may be amended by Employer by the action of the board of directors and the shareholders in accordance with subsection 4.2(c) of the Shareholder's Agreement among Employee and other shareholders of the corporation and the Corporation.

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IN WITNESS WHEREOF, the parties have executed this Agreement on the date first above written.

EMPLOYER:

OMNI HEALTHCARE, P.A.

By: _____
Scott Seminer, M.D., President

EMPLOYEE:

_____

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SCHEDULE "A"

The following definitions shall apply to the provisions of this Schedule:

1. Care Center means the medical office of Employer at which Employee renders medical services on behalf of Employer.

2. Direct Expenses means expenses directly allocable to the Care Center such as employee (excluding employed physicians, licensed physician assistants and nurse practitioners) insurance, employee fringe benefits, payroll taxes, supplies, utilities, rent, principal and interest, the cost of goods sold, and any other expense item than Overhead.

3. Gross Receipts means the total cash receipts derived from the rendition of physician services as defined in 42 U.S.C 1395x(g) by Employee. In addition, Gross Receipts shall also be derived from ancillary goods and services rendered by the physician and by his Care Center. Such goods and services shall include, but may not be limited to complementary cosmetic, cosmeceutical, pharmaceutical, or nutritional products and the rendering of complementary services be medical or paramedical personnel including but not limited to nurses, medical assistants, facialists, technicians, aestheticians, massage therapists and permanent make-up artists.

4. Net Revenue means Gross Receipts less Employee's share of Direct Expenses and Overhead allocated to the Care Center.

5. Overhead means costs of Employer which cannot be allocated specifically as a Care Center(s). The determination of an item of cost or expense as a Direct Expense or Overhead shall be made in the sole discretion of the Board of Directors. Overhead shall be allocated equally to each Care Center or in any other manner determined by the Board of Directors from time to time.

Commencing with the effective date of this Agreement and for a period of sixty (60) consecutive months thereafter, subject to earlier termination, Employee shall be employed by Employer at a base compensation determined as follows:

(i) Except as provided below, Employee's base compensation shall be equal to Employee's Net Revenue. In determining Net Revenue, Direct Expenses at the Care Center shall be allocated among Employee, other shareholder employees, employed physicians, employed licensed physician assistants, nurse practitioners and any other individual health care provider in a uniform manner determined by the Board of Directors in its sole discretion.

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Employee's base compensation hereunder takes into account Gross Receipts generated in his or her practice, including the sale of cosmetic goods and products, and Direct Expenses and Overhead expenses incurred by Employer with respect thereto (based on information supplied to Employer regarding Employee's practice). It is therefore further agreed that in the event such Gross Receipts or such Direct or Overhead expenses change materially as a result of any action, judgment, ruling, finding, assessment or other matter having retroactive application or effect, including without implied limitation a liability in excess of insurance coverage limitations, any uninsured liability, any IRS audit liabilities arising out of management of Employee's Care Center, or Medicare or other third party payor denial or claim for overpayment or offset, then the Employee's compensation shall be adjusted accordingly. In the event of a downward adjustment, Employee's next due compensation (or bonus) payment(s) shall be reduced by such amount, provided that if Employee is no longer entitled to compensation or (bonus) or same is insufficient to satisfy such deficit, Employee shall repay any excess compensation he or she received within ten (10) days of such adjustment being made by the regularly engaged accountant of Employer (subject to Employee's right to verify the accuracy of such calculations. Any indemnification obligation of Employee to the Corporation or its shareholders shall for all purposes be treated as a "downward adjustment" subject to offset or repayment as excess compensation as set forth above.

Employee shall be eligible to earn bonus compensation during the term of this Agreement subject to the following:

(i) Employer shall pay Employee a bonus only in the event income from the medical practice of non-shareholder employees, excess revenue from risk based contracts, and income from the operation of ancillary service facilities (such as clinical laboratory and diagnostic imaging) and any other income in the aggregate generate available cash flow.

(ii) The amount of bonus, if any, to be paid Employee from net cash flow derived from the medical practice of a non-shareholder employee shall be allocated among shareholder employees pro rata on the basis of service points described on Appendix A hereto. Provided however, net cash flow from non-shareholder employees performing services at the practice locations historically performed by Health Care Associates of Brevard, Inc. shall be allocated exclusively to Scott Z. Seminer, M.D. and Craig K. Deligdish, M.D. in equal proportions.

(iii) The amount of bonus derived from net cash flow resulting from the performance of risk-based contracts shall be allocated among shareholder employees on a per capita basis. The amount of revenue to be credited to employees of the Corporation for the performance of services under such risk based contracts shall be determined by a vote of sixty-six and two thirds percent (66-2/3%) of the entire number of members of the Board of Directors. The amount of revenue, if any, which remains after the payment to employees

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for services rendered shall constitute the net cash flow which is distributed pursuant to this clause (iii).

(iv) Fifty percent (50%) of the net cash flow, if any, derived from Employer's operation of ancillary service facilities shall be allocated to shareholder employees on a per capita basis. The remaining fifty percent (50%) shall be allocated among shareholder employees based on a productivity formula adopted by a vote of sixty-six and two thirds percent (66-2/3%) of the entire number of the Board of Directors. Such formula shall be determined in accordance with applicable law regulating the referral of medical services to entities in which persons have an ownership interest or compensation arrangement.

(v) Any other income shall be allocated among shareholder employees on a pro rata basis.

(vi) Employee shall cause to be created and maintained internal accounting information as to the productivity of employee and each other's shareholder employee. Employee, at his or her own expense, shall have the right to inspect and verify such accounting information directly or through his or her designated representative.

(vii) Notwithstanding any calculations whatsoever, the amount of bonus to be paid to any shareholder employee shall be determined in the sole discretion of the Board of Directors, giving due regard the cash on hand, anticipated cash flow and reasonable working capital and other reserves.

Employee hereby agrees that, if at any time during the term hereof or within five (5) years after the termination or expiration hereof for any reason whatsoever, any public or private payor (including without limitation Medicare, Medicaid, insurance carriers, HMOs or PPOs) shall become entitled to any return of payment, offset, credit or other amount from Employer as a result of the disallowance or reduction in scope or amount of any services rendered or procedures performed or charges billed or collected by Employer for services rendered by Employee or his or her Care Center, or to any patient of Employee or his or her Care Center upon Employee's direction, Employee shall be liable to reimburse to Employer all amounts received by or credited to Employee with respect to the services to which such disallowance or reduction relates. Further, Employee shall be liable to reimburse to Employer all amounts charged or assessed against or reasonably incurred by Employer (such as malpractice assessments, judgments, legal or accounting fees, or other sums) relating to Employee's Care Center or patients prior to his or her date of termination.

Notwithstanding anything contained herein to the contrary, Employee's bonus and base compensation shall be reduced pro rata along with other shareholder employees in order to pay for the redemption of the shares of a shareholder employee who has terminated his employment and ownership interest in Employer.

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Notwithstanding anything contained herein to the contrary, Employee's bonus and base compensation shall be reduced pro rata along with other shareholder employees in order to pay for the redemption of the shares of a shareholder employee who has terminated his employment and ownership interest in Employer.

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SHAREHOLDER AGREEMENT

THIS SHAREHOLDER AGREEMENT (the "Agreement") is made as of the first day of December, 1997, by and among OMNI HEALTHCARE, P.A., a professional service corporation, (the "Corporation"), and individually the "Shareholder", and collectively the "Shareholders" described in Exhibit "A".

WITNESSETH:

WHEREAS, each Shareholder owns shares of the Corporation's common stock; and

WHEREAS, the Shareholders collectively own all of the presently issued and outstanding shares of stock of the Corporation (the "Shares"); and

WHEREAS, the Corporation and the Shareholders deem it to be in their mutual best interests to impose certain restrictions and obligations on themselves and any transfer of Shares; and

WHEREAS, the Corporation and the Shareholders deem it to be in their mutual best interests to create value in the Shares of the Corporation.

NOW, THEREFORE, for and in consideration of the mutual promises and covenants contained herein, the sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Statement of Purpose. The foregoing recitals are true and correct. This Agreement is intended for all purposes to constitute a shareholders' agreement under Florida Statutes, Section 607.0732, as in effect on the date hereof. The primary purpose of the Corporation is to enable its Shareholders and other employed physicians to continue to provide the highest quality medical services to their patients despite the myriad of cost containment and administrative restrictions and burdens being placed upon them. It is the goal of the Corporation to (i) provide managerial capabilities and fiscal and administrative sophistication not generally affordable to solo or small practices, (ii) help keep its physicians abreast of legal and regulatory changes impacting their practices, (iii) achieve economies of scale through group purchasing activities, and (iv) understand how best to contain health care costs without jeopardizing the quality of care its physicians are accustomed and dedicated to providing their patients. It is believed that, despite governmental and third party payor initiatives and reforms designed to decrease total health care expenditures, it is possible to maintain high quality, private medical practices by pooling resources and talents into a multi-site group practice owned by the Corporation. The Shareholders intend that the Corporation shall at all times constitute a "group practice" within the meaning of state and federal laws and regulations, and will act consistently with such intention. To do so requires some sacrifice of individual autonomy to corporate decision making in the areas set forth herein.

Exhibit "B"

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2. Restrictions.

2.1 Restriction on Transfer. Except as provided in this Agreement, the Shareholders acknowledge that all of their Shares in the Corporation shall be subject to the terms of this Agreement and that none of their Shares nor any Shares, or any right, title, or interest therein now owned or hereafter acquired by such Shareholder shall be sold, assigned, transferred, pledged, encumbered or in any other way disposed of, and no sale, assignment, transfer, pledge, encumbrance or other disposition whatsoever of any of the Shares, or of any right, title or interest therein, shall be valid or binding except upon compliance with the terms, covenants and conditions of this Agreement. Each Shareholder acknowledges that the certificate representing his ownership of Shares has been delivered to the Corporation endorsed in blank and that this Agreement constitutes a perfected security interest in said Shares as defined in Section 678.321, Florida Statutes. The Corporation shall not transfer on its books any Shares covered by this Agreement except in compliance with this Agreement. Any execution, levy, or other legal process taken with respect to the Shares shall constitute a default of this Agreement as to the applicable Shareholder and the Corporation may foreclose upon its security interest according to law.

2.2 Legends. Each certificate representing one (1) or more Shares shall bear a legend stating that the ownership of such Shares is subject to the restrictions, terms and conditions of this Agreement. A copy of this Agreement and any other agreement that may be entered into by the parties restricting the Shares shall be kept on file at the principal office of the Corporation and copies thereof shall be freely available to the parties hereto. There shall be endorsed on each stock certificate issued by the Corporation the following legend:

"NOTICE IS HEREBY GIVEN THAT THE SALE, ASSIGNMENT, TRANSFER, PLEDGE OR OTHER DISPOSITION OF THE SHARES OF COMMON STOCK REPRESENTED BY THIS CERTIFICATE ARE SUBJECT TO A CERTAIN SHAREHOLDER AGREEMENT DATED AS OF DECEMBER 1, 1997 AMONG THE CORPORATION AND ITS STOCKHOLDERS, AS MAY BE SUBSEQUENTLY AMENDED, A COPY OF WHICH IS ON FILE IN THE OFFICE OF THE SECRETARY OF THE CORPORATION.

THE SHARES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED, AND MAY NOT BE SOLD, TRANSFERRED, OR OTHERWISE DISPOSED OF IN THE ABSENCE OF AN EFFECTIVE REGISTRATION STATEMENT UNDER SUCH ACT OR AN OPINION OF COUNSEL TO THE CORPORATION TO THE EFFECT THAT SUCH REGISTRATION IS NOT REQUIRED. FURTHER, SHARES OF STOCK OF THE CORPORATION SHALL NOT BE OWNED BY ANY PERSON WHO IS NOT A PHYSICIAN DULY LICENSED BY AND RESIDENT WITHIN THE STATE OF FLORIDA."

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No Shares which are authorized to be transferred or assigned in accordance with the terms of this Agreement shall be so transferred or assigned to any person who has not signed this Agreement or a separate consent agreeing to be bound by the terms of this Agreement.

2.3 Dilution. No common stock or other shares or securities of whatever kind or class, or options, warrants, rights or conversion privileges or other commitments for the issuance of common or preferred stock or other securities, shall be authorized, issued, distributed or made available by the Corporation to persons other than physician-employees without the recommendation and prior written consent or vote of two-thirds (2/3) of the board of directors of the Corporation (the "Board of Directors") and the approval of holders of at least two-thirds (2/3) of the outstanding Shares except as provided in paragraph 5.1(b) below. It is expected that additional physicians will become Shareholders from time-to-time in the future. In such event, pro rata dilution shall occur.

3. Transfer of Shares.

3.1 Restricted Transfers. A Shareholder shall not have the right or power to sell, assign, transfer or otherwise dispose of any Shares except in accordance with this Agreement. Any transfer or attempted transfer of Shares in violation of this Agreement shall be null and void and shall not be recognized by the Corporation.

3.2 Purchase of Shares.

(a) Upon the occurrence of any event described in paragraph (b) below (referred to herein as a "Purchase Event") with respect to any Shareholder, the Corporation shall be required to purchase all of the Shares of the Shareholder. The purchase price of the Shares (the "Purchase Price") shall be determined solely under the provisions of subsection 3.3 below. The Purchase Price shall be paid as provided in subsection 3.4 below at the closing of the transaction, which shall be at the principal office of the Corporation at a date and time set by the Corporation, but in no event later than ninety (90) days after the Purchase Event. In the event the Corporation tenders the Purchase Price for the purchase of Shares in accordance with the terms of this Agreement, such Shares shall be treated as redeemed for all purposes regardless of whether the Shareholder surrenders or transfers the Shares or accepts the tender and all rights of the Shareholder in such Shares shall cease.

(b) A Purchase Event is any event causing the termination of a Shareholder's employment with the Corporation, voluntary or involuntary, including death.

3.3 Purchase Price.

(a) (i) Except as provided herein, with respect to any purchase of Shares resulting from a Purchase Event described in paragraph 3.2(b) above, the Purchase Price shall be equal to the Shareholder's pro rata share of the Net Value (as defined below) of each Profit Center (as defined below) ownership of which is attributed to a Shareholder.

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(ii) The Net Value of a Profit Center shall be equal the average annual net operating income of the Profit Center for the three (3) fiscal years of the Profit Center immediately preceding the date of the Purchase Event capitalized by a capitalization rate of ten percent (10%) and reduced by the outstanding principal balances of any indebtedness and liabilities attributable to the Profit Center. The average annual net operating income of a Profit Center shall be equal to the gross revenues of the Profit Center less operating expenses without reduction for debt service or depreciation. In calculating operating expenses, compensation of Shareholders shall be calculated using only revenue from the rendition of physicians services, as defined in 42 U.S.C. 1395 x(g), by Shareholders.

(iii) In each instance, the period required to determine the Purchase Price shall extend the time for closing provided in subsection 3.2.

(b) In the event of any purchase of Shares under subsection 3.2, the Corporation shall use its best efforts to have the Shareholder (or his estate, as applicable) released from any personal guarantees of the Corporation's indebtedness or leases, provided that the failure to obtain any such release shall not constitute grounds for refusal by the Shareholder (or his estate) to sell his Shares to the Corporation as provided this Agreement. If the Purchase Event is the death, disability or retirement of the Shareholder, the remaining Shareholders agree that, two (2) years after the date of such Purchase Event, they will take all actions necessary to obtain the release of all personal guarantees of such deceased, disabled or retired Shareholder, including the execution and delivery of additional several guarantees to replace such released guarantees, but only if no default has occurred or call been made under the guarantee(s) or guaranteed obligation(s) during the period of two (2) years after the date of such Purchase Event. Further, in such circumstances and subject to the same condition, the Corporation will indemnify such Shareholder (or his estate) against any claim arising more than two (2) years after the date of such Purchase Event out of any such guarantee(s).

(c) Notwithstanding anything herein to the contrary, the Corporation shall have the right to offset against the Purchase Price the amount of any loans, liabilities, or other amounts outstanding from a Shareholder to the Corporation (whether or not otherwise then due and payable by their respective terms) upon the occurrence of a Purchase Event and/or to create a reasonable and appropriate escrow fund from all or a portion of the Purchase Price as a reserve against any reasonably anticipated amounts or liabilities for which such Shareholder would be liable to the Corporation. For purposes hereof, "liabilities to the Corporation" shall not be construed to include the amount of any guarantees or indemnification obligations by such Shareholder with respect to the Corporation's obligations unless such obligations are then in default. Any such reserve shall be created only by approval of two-thirds (2/3) of the Directors (as hereinafter defined).

(d) Notwithstanding anything contained herein to the contrary, if a Purchase Event occurs within five (5) years of the date a Shareholder acquired any Shares, the Purchase Price shall be the lesser of the amount determined in accordance with paragraph 3.3(a)

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above or the aggregate amount paid by the Shareholder for the acquisition of all Shares owned by said Shareholder at the time of the Purchase Event.

3.4 Method of Payment. With respect to any purchase of Shares by the Corporation under this Agreement, the Purchase Price shall be paid at closing as follows:

(a) There shall first be credited against the Purchase Price any amount appropriate as an offset pursuant to paragraph 3.3(c) above.

(b) Subject to paragraph (c) below, the Purchase Price (as adjusted by any credits) shall be paid twenty percent (20%) in cash or cash equivalent, and the balance shall be paid by the delivery at closing of the Corporation's or purchasing Shareholder's unsecured promissory note (the "Note"). The Note shall bear interest at the Applicable Federal Rate (AFR), as defined in the Internal Revenue Code of 1986, as amended, in effect at closing and shall be payable in twenty-four (24) equal monthly installments, commencing on the last day of the first full calendar month after the date of closing. The Note shall be prepayable in whole or in part at any time without premium or penalty, with any prepayment being applied against principal installments in the inverse order of maturity. Notwithstanding the foregoing, in the event that the Corporation receives any life insurance proceeds with respect to the deceased Shareholder, all net proceeds (after payment of any income tax or alternative minimum tax created by the Corporation's receipt of such proceeds) shall be applied immediately to payment of the Purchase Price.

(c) At any time the Corporation is obligated to make down payments and monthly installments of amounts owed to Shareholders for the redemption of Shares (including the Purchase Price hereunder) and the total of such amounts owed exceeds ten percent (10%) of the net Shareholder revenue of the Corporation, the terms of payment described in paragraph (b) above shall be amended pro rata with all such obligations to reduce the cash down payment, extend the terms of the Note and reduce the monthly payment so that the Corporation is not obligated to pay more than ten percent (10%) of the net Shareholder revenue of the Corporation in any one (1) fiscal year. Further, any annual amounts received by physician Shareholders as severance compensation pursuant to their employment agreements with the Corporation shall reduce the limitation of the obligation of the Corporation contained in this paragraph 3.4(c) (ten percent (10%) of net Shareholder revenue)by the sum of said annual amounts. "Net Shareholder revenue" shall mean gross revenue of the Corporation minus cash expenses of the Corporation, except Shareholder salaries and amounts owed to Shareholders for redemption of Shares (including the Purchase Price hereunder).

3.5 Determination of Amounts. The determination of the Purchase Price, net Shareholder revenue and other amounts described in this section 3 shall be made by the Corporation's independent certified public accountant (unless any determination has been reserved to the Board of Directors) whose decision shall be final, conclusive and binding on the Corporation and the Shareholders absent manifest error.

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3.6 Insurance Proceeds. In order to provide funds for the redemption of Shares of common stock upon the death of a Shareholder, the Corporation may acquire at its expense a life insurance policy on any Shareholder(s), from a reputable life insurance company, in amounts as determined by the Board of Directors. Each Shareholder agrees to cooperate with the Corporation in procuring such insurance, including submitting to physical examinations, if necessary. All attributes of ownership of each policy shall be reserved to the Corporation.

3.7 Determination of Ownership.

(a) Ownership of Shares shall be attributed to the three (3) "Profit Centers" of the Corporation described below.

(i) Clinical Laboratory: The assets (tangible and intangible) of the Corporation utilized to perform clinical laboratory tests.

(ii) HCA: The assets (tangible and intangible) of the Corporation conducting the medical practice of the Corporation which was acquired by the Corporation from Health Care Associates of Brevard, Inc.

(iii) General: The assets (tangible and intangible) of the Corporation not described in paragraphs (a) or (b) above.

(b) Share ownership shall be attributed to each Profit Center in accordance with Exhibit A.

(c) Except as provided in subsections 3.3, 4.5 and 4.7, each Share shall be entitled to equal voting rights, dividends and proceeds upon liquidation.

4. Management.

4.1 Board of Directors. Except as provided in subsection 4.2 or 4.3 below, or as specifically provided elsewhere in the bylaws or herein, any action of the Board of Directors shall require the affirmative vote of a majority the of a quorum of Directors present at a duly called meeting of the Board of Directors. Except for actions of the Board of Directors requiring a simple majority vote, references to any action of "the Directors" in this Agreement shall mean the entire number of the members of the Board of Directors. The bylaws shall provide for the executive offices of the Corporation, but the Board of Directors, by majority vote, shall have the authority to expand, reduce or otherwise modify the number, title and function of said offices and to appoint officers to serve in any other offices from time to time, subject only to the express limitations of the bylaws. Members of the Board of Directors and committees thereof (if any) shall be entitled to compensation from the Corporation as provided for in the bylaws.

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4.2 Decisions Requiring Super-Majority Approval of Board of Directors and Shareholders. The following actions of the Corporation shall require the recommendation and consent of two-thirds (2/3) of the Directors (exclusive of any interested Director) and the approval or written consent of the holders of at least two-thirds (2/3) of the entire number of Shares:

(a) to sell, transfer, encumber, lease or otherwise dispose of any assets of the Corporation (except as provided in subsection 4.7) having an aggregate value in excess of one hundred thousand dollars ($100,000.00) other than in the ordinary course of business;

(b) to enter into any other agreement outside the ordinary course of business (i) obligating the Corporation for an amount in excess of one hundred thousand dollars ($100,000.00), or (ii) having a non-cancelable term in excess of one (1) year; and

(c) to amend the articles of incorporation of the Corporation, this Agreement, or the compensation formulae by which Shareholder employees are paid for services rendered or allocated overhead.

Any approval required under this subsection 4.2 shall be obtained in accordance with the provisions of the bylaws of the Corporation with respect to meetings of the Board of Directors and/or Shareholders or actions taken by the Board of Directors and/or Shareholders by written consent in lieu of a meeting.

4.3 Decisions Requiring Super-Majority Approval of Board of Directors. Without the recommendation and consent of at least two-thirds (2/3) of the Directors (exclusive of any interested Director), the Corporation shall not:

(a) remove any officer from his position;

(b) offer any physician the opportunity to become a Shareholder (and in the event of any such offer, the same super-majority approval shall be required to establish the price and any other terms of such offer); provided, however, that this limitation is subject to and superseded in the event of any conflict by the provisions of subsection 4.4 below;

(c) hire any physician employees;

(d) enter into any agreement, loan or other transaction (including reading and/or other professional service agreements) with a Shareholder or any members of his/her family, or any entity in which a Shareholder and/or members of his/her family own an interest of more than ten percent (10%) (herein referred to as an "Affiliate");

(e) negotiate changes to the standard form of employment, executed by all other Shareholders, or waive or reduce the amount of professional liability insurance coverage required for its Shareholders;

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(f) confess any judgment or settle any malpractice or legal dispute in excess of twenty-five thousand dollars ($25,000.00); or

(g) accept, terminate or allocate to any care center or to any group of physicians any managed care contract.

4.4 Employment Agreements. Each Shareholder hereby agrees to execute and deliver an employment agreement in substantially the form attached hereto as Exhibit "B", subject only to such changes as may be required to reflect the Shareholder's specialty, the agreements set forth herein, and/or as may be approved by two-thirds (2/3) of the Directors. Each Shareholder agrees to provide substantially the full range of his/her services and furnish and bill substantially all of his/her professional services through the Corporation so long as such requirements are legally necessary to qualify the Corporation as a "group practice" within the meaning of state and federal laws.

4.5 Dividends. No Shareholder shall be entitled to receive any dividends declared by the Corporation during the period of three (3) years which began on the date the Shareholder first acquires any Shares of the Corporation. Dividends not received by a Shareholder because of the application of this subsection 4.5 shall not be deemed to be payable at any other time.

4.6 No Restriction on Other Business Opportunities. Notwithstanding anything herein, at law or in equity to the contrary, no "corporate opportunity doctrine" shall exist as between the Corporation and any Shareholder(s), and no Shareholder shall be required to offer any business opportunity of any nature to any other Shareholder. It is expressly intended by all parties that the business be limited strictly to the provision of physician services and services incident thereto. Neither the Corporation nor any Shareholder shall have any right to or interest in any other income or assets derived by another Shareholder from sources outside the business.

4.7 Sale of Assets.

(a) Upon the sale of substantially all of the assets of the Corporation and the distribution of proceeds therefrom, each Shareholder shall receive a pro rata share of the proceeds according to the number of Shares owned by such Shareholder.

(b) Upon the sale of substantially all of the assets of the HCA Profit Center, which is not conducted in accordance with the sale of substantially all of the assets of the Corporation and the distribution of proceeds resulting therefrom, each Shareholder ownership of whose shares is attributed to such Profit Center shall receive a pro rata share of the proceeds according to the number of Shares owned by each Shareholder which are attributed to such Profit Center. A sale pursuant to this subsection 4.7(b) shall be approved only by a majority vote of the holders of those Shares which are attributed to such Profit Center and the Corporation or any other Shareholder(s) shall have no power to authorize or preclude such sale. The Corporation and each

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other Shareholder shall provide all consents and resolutions which may be required by a third party to effectuate such sale.

(c) Upon the sale of substantially all of the assets of the Clinical Laboratory Profit Center, which is not conducted in accordance with the sale of substantially all of the assets of the Corporation and the distribution of proceeds resulting therefrom, the Shareholder ownership of whose shares is attributed to such Profit Center shall receive the proceeds from such sale. A sale pursuant to this paragraph 4.7(c) shall be approved only by the Shareholder ownership of whose Shares are attributed to such Profit Center, and the Corporation or any other Shareholder(s) shall have no power to authorize or preclude such sale. The Corporation and each other Shareholder shall provide all consents and resolutions which may be required by any third party to effectuate such sale.

(d) In the event of any sale pursuant to paragraph 4.7(b) or 4.7(c) above, proceeds resulting therefrom shall be distributed to applicable Shareholder(s) and the shares owned by each such Shareholder which are attributable to the Profit Center the asset sold shall be transferred by such Shareholder to the Corporation in exchange therefor.

(e) In the event of a sale of less than substantially all of the assets of the Corporation not involving a sale of substantially all of the assets of the clinical laboratory Profit Center or the HCA Profit Center, each Shareholder shall receive a pro rata share of the proceeds according to the number of Shares owned by such Shareholder.

(f) Notwithstanding anything contained herein to the contrary, in the event a sale or transfer described in this subsection 4.7 occurs within three (3) years after a Shareholder first acquired any Shares in the Corporation, such Shareholder shall receive as a distribution of the proceeds of such sale or transfer an amount which equals the lesser of the amount determined in accordance with this subsection 4.7 or an amount which equals the product of the aggregate purchase price paid by such Shareholder for his or her Shares and the ratio that price paid for the Corporation's assets bears to the fair market value of all assets of the Corporation at the time of closing of such transfer or sale. The balance of the proceeds distributed to Shareholders from the price paid to the Corporation for the sale or transfer shall be redistributed among the other Shareholders in accordance with their proportionate Share ownership.

4.8 New Shareholders. In the event the Board of Directors determines to offer a physician an opportunity to become a Shareholder, each Shareholder agrees, if required by the Board of Directors, to sell to such physician a number of his or her Shares which equals the product of the number of Shares to be purchased by the physician and the ratio that the number of the Shareholder's Shares bears to the total number of Shares issued and outstanding. The price per share for such purchase and sale shall be the same for all Shareholders. All Shares sold to such physician shall be from Shares attributed to the General Profit Center and shall continue to be so attributed. Notwithstanding the foregoing, a Shareholder who first acquired Shares in the Corporation less than three (3) years from the date of closing of the sale to said physician shall not be entitled to sell any

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of his or her Shares which, for purposes of this subsection 4.8, shall be deemed not to be issued and outstanding as of the closing date.

4.9 Allocation Determinations. The determination of any amounts to be payable to any Shareholder under this section 4 shall be made by the Corporation's independent certified public accountant whose decision shall be final, conclusive, and binding on the Corporation and Shareholders absent manifest error.

4.10 Special Provision Regarding Clinical Laboratory. In the event Craig K. Deligdish, M.D. shall cease to be a Shareholder for any reason, the Corporation shall employ Craig K. Deligdish, M.D., upon his election to be delivered to the Corporation prior to the closing of a Purchase Event, as the medical director/administrator of the Clinical Laboratory Profit Center having responsibility for all medical, quality assurance, utilization review, educational and fiscal aspects of its operation. Compensation for such services shall be on fair market value terms.

5. Financial Matters.

5.1 Mandatory Loans.

(a) Each Shareholder covenants that, upon request of the holders of at least two-thirds (2/3) of the Shares that all Shareholders shall make loans to the Corporation, he/she will loan to the Corporation, on a per capita basis in accordance with the number of Shareholders, such amounts as may be determined to be necessary; provided, however, that in no event shall this covenant obligate a Shareholder to contribute more than an additional fifty thousand dollars ($50,000.00) to the Corporation in any consecutive twelve (12) month period. Any such loan shall be made within thirty (30) days after proper written demand is made upon the Shareholders. Loans shall bear interest at the AFR.

(b) In the event a Shareholder defaults in his/her obligation under the foregoing paragraph (a), at the option of the Corporation, to be exercised by majority vote of the Board of Directors, (i) such default shall be treated as a Purchase Event under subsection 3.2, or (ii) the Corporation may bring suit to enforce such payment obligation.

(c) In the event that funds in addition to those committed under paragraph (a) are required by the Corporation, the Corporation shall first seek funding from not less than three (3) institutional lenders on then market terms. If such funding cannot be obtained, or cannot be obtained within the time period required by the Corporation, any Shareholder(s) may provide such funding, and any such funds furnished by a Shareholder shall be treated as an unsecured demand loan bearing interest at ten percent (10%) per annum. If more than one (1) Shareholder desires to loan money to the Corporation on such terms, the required amount shall be borrowed pro rata from such Shareholders.

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5.2 Personal Guarantees.

(a) By execution hereof, each Shareholder agrees to personally guarantee, jointly and severally with all other Shareholders, all obligations of the Corporation requiring personal guarantees if the Board of Directors, by affirmative vote of not less than two-thirds (2/3) of its members, requests same and at least two-thirds (2/3) of the Shareholders approve such request in writing; provided, however, that the provisions of this paragraph shall not be enforceable by specific performance or through any provision for indemnification herein against any Shareholder who (i) does not approve such guarantee, and (ii) submits his written notice of termination of employment within ten (10) days after the date of such Shareholder approval.

(b) In the event that any personal guarantee of a Shareholder is enforced to satisfy any obligation of the Corporation, such Shareholder shall have a right of contribution against each other Shareholder to the extent required to make the total payments made as a consequence of such Shareholder guarantees be on a pro rata basis in accordance with their respective ownership of Shares.

5.3 Indemnification Obligation.

(a) Each Shareholder (herein, an "Indemnitor") agrees to indemnify and hold harmless the Corporation and each other Shareholder ("Indemnitee") from and against any and all claims, expenses, causes of action, damages, losses, costs and/or obligations (including reasonable attorney's and accountant's fees, whether suit be brought or not and including all pre- and post-trial proceedings to the extent not covered by insurance (collectively, "Claims") arising or allegedly arising in any manner out of or attributable to such Indemnitor's acts or omissions, whether prior to or after the effective date hereof. Without limitation of the foregoing, and by way of example only, the foregoing is intended to require indemnification for Claims arising out of malpractice actions involving acts or omissions of the Indemnitor or employees under his supervision; investigations, proceedings, denials, or other adverse actions against any Indemnitee by Medicare or any other payor arising out of the Indemnitor's acts, omissions or practices (or those employees under Indemnitor's supervision); or any other litigation or proceeding involving any Indemnitee as a result of the acts or omissions of the Indemnitor. Such indemnification obligation shall survive any termination of this Agreement or sale by the Indemnitor of his stock in the Corporation.

(b) If any Indemnitee hereunder shall receive notice of any claim or proceeding against it that gives or allegedly gives rise to rights of indemnification hereunder, the Indemnitee shall give the Indemnitor prompt written notice thereof, and the Indemnitor shall have the right to contest and conduct the defense, negotiation, settlement and/or compromise of any action brought against the Indemnitee at the Indemnitor's sole expense; provided that if the Indemnitor shall fail to notify the Indemnitee of the assumption of the defense of any such action within fifteen (15) days after the giving of such notice by the Indemnitee, then the Indemnitee shall have the right

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to take any such action it deems appropriate to defend, contest, settle or compromise any such action or assessments and claim indemnification as provided herein. The Indemnitor shall incur liability under this section only for Claims as to which effective notice has been given. If the Indemnitor defends any action for which indemnification is claimed, the Indemnitee shall be entitled to participate, solely at its own expense, in the defense of such action and all negotiations pertaining thereto, provided that such defense and negotiations, and any settlement or compromise thereof, shall be conducted by and subject to the ultimate control of the Indemnitor. Notwithstanding the above, failure of the Indemnitee to notify the Indemnitor of any claim for which it is entitled to indemnify hereunder shall not impair, limit or affect the indemnification provided herein so long as the ability of the Indemnitor to contest, defend or dispute such Claim has not been materially and adversely affected or the Indemnitor has not otherwise been prejudiced by such failure. In the event that any Indemnitee shall have received a written opinion from counsel reasonably acceptable to Indemnitor to the effect that there may be legal defenses or claims available to such Indemnitee which are different from, additional to or in conflict with those available to the Indemnitor, then Indemnitor shall not have the right to assume and control the defense and negotiation of such claim on such Indemnitee's behalf, and in such event the fees and expenses of the Indemnitee in defending and negotiating such Claim shall be borne by the Indemnitor.

5.4 Books and Records. The Corporation shall at all times keep full and accurate books and records, and such books and records shall be available for inspection during normal business hours by the Shareholders and their respective representatives. The Corporation shall also furnish to each of the Shareholders in a timely manner all financial statements and tax returns of the Corporation and other information reasonably requested.

5.5 Fiscal Year. The fiscal year of the Corporation shall end on the thirty-first (31st) day of December of each year.

6. Agreement Binding on Transferees. In addition to any other restrictions imposed by this Agreement on a transfer of any interest in Shares of the Corporation, any such transfer, whether with or without consideration, shall be void and of no effect unless prior to such transfer the proposed transferee(s) (including, where appropriate, trustees and beneficiaries) shall have agreed to be bound by the provisions of, and shall have executed a copy of, this Agreement.

7. Effect of Prohibited Transfer. The Corporation shall not be required to (a) transfer on its books any Shares which shall have been sold or transferred in violation of any of the provisions of this Agreement, or (b) treat as the owner of such Shares, or to pay dividends to, any transferee to whom any such Shares shall have been so sold or transferred.

8. Restrictive Covenants. Each Shareholder whose name appears on Exhibit "C" attached hereto ("Restricted Shareholder") agrees to the following restrictive covenants in consideration of becoming a Shareholder in the Corporation and in anticipation of the occurrence of a Purchase Event with respect to his Shares.

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8.1 (a) Restricted Shareholder agrees that the Corporation and its predecessors have developed and maintained a substantial medical practice in Brevard County, Florida and that the Corporation's medical practice and the goodwill associated with it have been developed over many years of practice. Restricted Shareholder further agrees that the Corporation's medical practice is a multi-specialty group practice. The medical practice and goodwill of the Corporation are valuable, proprietary interests.

(b) Restricted Shareholder further acknowledges that the Corporation has a legitimate and protectable interest in trade secrets, its good name and reputation, patients and patient lists.

(c) Restricted Shareholder further acknowledges and agrees that Restricted Shareholder gained access to the Corporation's trade secrets, referral sources, patients and patient lists as a result of the Corporation's employment of Restricted Shareholder and the issuance by the Corporation of Shares to Restricted Shareholder. Restricted Shareholder further acknowledges and agrees that the benefits to Restricted Shareholder of section 3 were bargained for by the Corporation in reliance upon the Restricted Shareholder's agreement to this section 8 in order to preserve the practice and goodwill of the Corporation upon the occurrence of a Purchase Event.

(d) Restricted Shareholder further acknowledges and agrees that the provisions of this section 8 are intended and shall be within the scope of Section 542.335, Fla. Stat., and shall be in addition to any restrictive covenants contained in any employment agreement between the Restricted Shareholder and the Corporation.

8.2 Restricted Shareholder, therefore, covenants and agrees that the closing of a Purchase Event and for a period of three (3) years following the closing of a Purchase Event, Restricted Shareholder shall not, either alone or with a combination of others, undertake any business activity competitive with any part of the business of the Corporation, practice medicine in any hospital in the Territory (as hereinafter defined), nor accept any employment or other commitment or otherwise engage in any activity that will require him to reveal or use any Confidential Information (as hereinafter defined) of the Corporation, nor directly or indirectly, own, operate, manage, join, control, participate in the ownership, management, operation and/or control of, or be paid or employed by, or otherwise become associated with and provide assistance to, as an employee, agent, advisor, independent contractor, officer, director, shareholder, owner or otherwise, any business or activity within the Territory in which Restricted Shareholder conducts business or markets its products and/or services or in which any of its patients or customers are located, which business or endeavor is, directly or indirectly, in competition with the business of the Corporation's operations. Restricted Shareholder agrees that the "Territory" of the Corporation's business is an area within a ten (10) mile radius of any location at which the Corporation maintains a medical office which renders medical services other than ancillary testing services.

8.3 For a period of three (3) years following the closing of a Purchase Event, Restricted Shareholder shall not, for himself, or on behalf of any other person, persons, firm,

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partnership, corporation, or company, whether or not Restricted Shareholder has any part or involvement with the foregoing, call upon any patient of the Corporation for the purpose of soliciting, selling, renting, or other business promotion to any of said patients, products and/or services similar to products and services sold by the Corporation; nor will Restricted Shareholder, in any way, directly or indirectly, for himself or on behalf of, or in conjunction with any other person, persons, firm, partnership, corporation, or company, solicit, divert, or take away any such patient of the Corporation during the three (3) year term following the closing of a Purchase Event; nor will Restricted Shareholder, directly or indirectly, for himself or on behalf of, or in conjunction with any other person, persons, firm, partnership, corporation, or company, induce, or attempt to induce, any patient or customer, to sever or otherwise alter this relationship with Employer during the course of his employment and for the three (3) year term following the closing of a Purchase Event.

8.4 For a period of three (3) years following the closing of a Purchase Event, Restricted Shareholder shall not, for himself, or on behalf of any other person, persons, firm, partnership, corporation, or company, whether or not Restricted Shareholder has any part or involvement with the foregoing, hire or retain the services of any agents or employees of the Corporation for any purpose, or induce or attempt to induce any agent, employee, or representative of the Corporation to sever or otherwise alter their relationship with the Corporation.

8.5 (a) Restricted Shareholder acknowledges and understands that during his association with the Corporation, Restricted Shareholder will have access to and become familiar with various trade secrets, and know how, which is owned by and is the property of the Corporation and which constitutes "Confidential Information" of the Corporation.

(b) Restricted Shareholder shall not, at any time during his ownership of Shares or thereafter, except as properly required in the course of his employment, publish, disclose, or authorize anyone else to publish or disclose any Confidential Information to the public, directly or indirectly, nor to use the same in any way, or allow others to use such Confidential Information, except as expressly authorized by the Corporation in writing.

(c) The term "Confidential Information" shall mean all materials and information related to or associated with the Corporation's services, products, business or activities; marketing plans or techniques; patient lists, information relating to finance, accounting, sales, personnel and management; referral sources; proprietary computer software and data; and information related to supplier lists, price lists, costs of goods and services and maintenance; and trade secrets (as defined in Section 812.081, Fla. Stat.).

8.6 Restricted Shareholder agrees that the foregoing provisions are a material inducement for the Corporation to agree to the provisions of section 3 with Restricted Shareholder and that the foregoing provisions are reasonable and necessary for the protection of the Corporation. Restricted Shareholder further agrees that Restricted Shareholder is fully capable of earning a living outside of the Territory upon the closing of a Purchase Event.

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8.7 Each of the restrictive covenants contained in subsections 8.2, 8.3, 8.4 and 8.5 is a separate, distinct and severable obligation. In the event any of such covenants should be held invalid or unenforceable by a court of competent jurisdiction, the others shall not be affected thereby.

8.8 Restricted Shareholder covenants and agrees that, if Restricted Shareholder shall violate any of the covenants and agreements provided for pursuant to the foregoing subsections of this section, the Corporation shall suffer irreparable injury and the Corporation shall be entitled to obtain preliminary and permanent injunctive relief prohibiting such practice in addition to any damages which may be suffered, together with reasonable attorney's fees and other costs in connection with any such litigation.

8.9 The parties agree that the issuance of injunctive relief in favor of the Corporation for any violation by Restricted Shareholder of the covenants and agreements contained in this section 8 does not preclude or remedy actual damages which the Corporation shall suffer prior to the issuance of such injunctive relief or which shall continue notwithstanding the issuance of injunctive relief. The parties agree that it is impracticable and extremely difficult to determine such actual damages which may result from Restricted Shareholder's failure to comply with the provisions of this section 8 for any one (1) or more of the following reasons:

(a) the difficulty of the Corporation to prevent a breach of this section 8 by Restricted Shareholder;

(b) the difficulty of the Corporation to calculate actual damages and loss of business resulting from disclosure of Confidential Information or the solicitation of employees of the Corporation by Restricted Shareholder in violation of this Agreement;

(c) the difficulty of the Corporation to ascertain the impact of a breach of this Agreement on the Corporation's patients; and

(d) the difficulty that the Corporation may experience in obtaining timely injunctive relief.

Therefore, it is expressly agreed by the Corporation and Restricted Shareholder that in the event Restricted Shareholder violates the terms and provisions of this section 8, the Corporation shall receive the sum of two hundred fifty thousand dollars ($250,000.00) in lump sum from Restricted Shareholder, which sum Restricted Shareholder shall pay within thirty (30) days of receipt of written notice from the Corporation. Such sum shall constitute liquidated damages and shall not be interpreted or construed as a penalty, but as a good faith attempt and a reasonable estimation of the parties to determine damages which the Corporation shall suffer in the event of a breach of this section 8 by Restricted Shareholder. The parties agree that this subsection 8.9 is intended to compensate the Corporation for damages caused by Restricted Shareholder prior to the attainment of injunctive relief by the Corporation and for damages which cannot be prevented by injunctive relief. Notwithstanding the foregoing, the damages stated herein shall be reduced to the extent of

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any damages collected by the Corporation for breach by Restricted Shareholder of the restrictive covenant contained in his employment agreement with the Corporation.

9. Adjustments for Stock Splits, Stock Dividends, etc. If, from time to time during the term of this Agreement, there is any stock split-up, stock dividend, stock distribution or other reclassification of the capital stock of the Corporation, any and all new, substituted or additional securities to which a Shareholder or any transferee is entitled by reason of his ownership of the Shares of the Corporation's stock shall be immediately subject to the provisions of this Agreement in the same manner and to the same extent as the outstanding Shares.

10. Amendment. The provisions of this Agreement may be amended as to the Shareholders and the Corporation, as to any particular transaction or otherwise, by the recommendation and approval of at least two-thirds (_) of the Directors and by the approval of holders of at least two-thirds (_) of the entire number of Shares. Provided however, that no provision requiring the consent of a greater percentage of Directors or Shareholders shall be amended without the approval of such greater percentage, and the provisions of subsections 3.3, 3.7, 4.7 and 4.10 shall not be amended without the approval of holders of all of the Shares of the Corporation.

11. Notices. All notices and other communications hereunder shall be in writing and shall be deemed to have been duly given and received upon personal delivery, three (3) days after mailing, first class postage prepaid, or one (1) day after delivery to an independent overnight courier. Notice shall be given in each instance to the Corporation at its principal office and to any Shareholder or transferee at the address appearing in the stock books of the Corporation or to any such other address as any Shareholder shall designate to the Corporation in writing.

12. Titles. The titles of the sections and subsections herein have been inserted as a matter of convenience or for reference only, and shall not control or affect the meaning or construction of any of the terms or provisions hereof.

13. Complete Agreement. This Agreement contains the entire understanding between the parties and supersedes any prior understandings and agreements between them regarding the within subject matter. There are no representations, agreements, arrangements or understandings, oral or written, between or among the parties hereto relating to the subject matter of this Agreement that are not fully expressed herein. This Agreement supersedes any prior shareholder agreement among any Shareholders of the Corporation.

14. Governing Law. This Agreement and all rights and obligations hereunder shall be governed by the laws of the State of Florida.

15. Number; Gender. The use of the singular herein shall be deemed to be or include the plural (and vice-versa), and the use of any gender shall be deemed to include all genders, wherever appropriate.

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16. Binding Effect. This Agreement shall be binding upon, and inure to the benefit of, the parties hereto and their respective spouses, heirs, executors, administrators, personal and legal representatives, successors and permitted assigns.

17. Severability. Each section, subsection and paragraph hereof shall be considered severable, and if for any reason any section, subsection or paragraph is determined to be invalid under current or future law, such section, subsection or paragraph shall be deemed limited by construction in scope and extent to the minimum extent necessary to render the same valid and enforceable. In the event no such limiting construction is possible, such invalid or unenforceable provision shall be deemed severed from this Agreement and such invalidity or unenforceability shall not impair the operation of or otherwise affect the valid portions of this Agreement.

18. Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be an original, and all of which together shall constitute one (1) and the same instrument.

19. Jurisdiction and Venue. The parties acknowledge that a substantial portion of negotiations, anticipated performance and execution of this Agreement occurred or shall occur in Brevard County, Florida, and that, therefore, each of the parties irrevocably and unconditionally (a) agrees that any suit, action or legal proceeding arising out of or relating to this Agreement shall be brought in the courts of record of the State of Florida in Brevard County; (b) consents to the jurisdiction of each such court in any such suit, action or proceeding and expressly waives removal to a federal court; (c) waives any objection which it may have to the laying of venue or any such suit, action or proceeding in any of such courts; and (d) agrees that service of any court paper may be effected on such party by mail as provided in this Agreement, or in such other manner as may be provided under applicable laws or court rules.

20. Enforcement Costs. If any legal action or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any provisions of this Agreement, the successful or prevailing party or parties shall be entitled to recover reasonable attorney's fees, court costs and all expenses even if not taxable as court costs (including, without limitation, all such fees, costs and expenses incident to appeals), incurred in that action or proceeding, in addition to any other relief to which such party or parties may be entitled.

21. Restriction or Redemption. To the extent Section 607.06401, Fla. Stat., imposes a restriction upon the Corporation's ability to redeem Shares of the Corporation, the Corporation shall redeem those Shares pursuant to this Agreement to the extent allowed by law. The Corporation's obligation to purchase Shares or to which Section 607.06401 restricts redemption shall be suspended until the conditions stated in subsection (3) thereof shall have been eliminated.

22. Acknowledgment. By execution hereof, each Shareholder acknowledges that he/she has been advised that the Corporation's counsel is not acting as counsel to any individual

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Shareholder but has heretofore represented certain of them; consequently, each Shareholder is encouraged to consult with his/her own legal and accounting advisers in connection with this Agreement and the transactions contemplated hereby.

IN WITNESS WHEREOF, the Corporation and the Shareholders have signed this Agreement as of the day and year first above written.

OMNI HEALTHCARE, P.A.

By: _____
Scott Z. Seminer, M.D., President

AMERICAN OVERSIGHT
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The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of _____, 199___.

Shareholder:

_____
(Signature)

Craig Badolato, MD
(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-520899AA001368XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of November, 1997.

Shareholder:

(Signature)

Paul R. Biggs

(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20-0899AA-001578XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of August, 1997.

Shareholder:

(Signature)

Ross A. Clevens

(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-520899AA001367-XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of July, 1997.

Shareholder:

(Signature)

FREDY DELACRUZ
(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20-0899AA-001572XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of December 1, 1997.

Shareholder:

(Signature)

Craig Derigdish

(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-520899AA001573XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of 11/98, 1997.

Shareholder:

(Signature)

Richard Goolby

(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20-0899AA-001574-XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of September, 1997.

Shareholder:

(Signature)

Mark Mendolla

(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT

Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20081899AA-001375-XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of _____, 199___.

Shareholder:

Thomas J Priest
(Signature)

THOMAS J. PRIEST
(Please Print Name)

Social Security No.: [redacted]

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AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-520899AA001578XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of _____, 199__.

Shareholder:

_____ 6/20/97
(Signature)

J. K. PATEL MD
(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20081899AA-001367-XXXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of June, 1997.

Shareholder:

Margaret C. Rank
(Signature)

Margaret C. Rank, MD.
(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20-0899AA-001378XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of JUNE, 1997.

Shareholder:

(Signature)

Luis R. Torriente, M.D.

(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-520899AA001578XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of Dec, 199 7.

Shareholder:

(Signature)

S. Seminara
(Please Print Name)

Social Security No.: [redacted]

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AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20091899AA-001388XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of July, 1998.

Shareholder:

(Signature)

ARTHUR M. STEMBER
(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of _____, 199___.

May 14, 1997

Shareholder:

_____
(Signature)

F. E. Tenewitz M.D.
(Please Print Name)

Social Security No.: [redacted]

AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-520899AA001382XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of _____, 199__.

Shareholder:

Sharad R Vyas 6/30/97
(Signature)

SHARAD R. VYAS
(Please Print Name)

Social Security No.: [redacted]

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AMERICAN OVERSIGHT
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20-0899AA-001583XXX-XX

The undersigned hereby acknowledges that he/she has read the Shareholder Agreement of OMNI HEALTHCARE, P.A., a copy of which has been furnished to the undersigned, and the undersigned, intending to be legally bound, by executing this signature page, hereby executes the Shareholder Agreement of the OMNI HEALTHCARE, P.A., and acknowledges that this signature page may be appended to the Shareholder Agreement as a part thereof.

IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned has duly executed this signature page under seal effective as of the first day of December, 1997.

Shareholder:

Eugene F Wawrzyniak

(Signature)

Eugene F Wawrzyniak

(Please Print Name)

Social Security No.: [redacted]

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EXHIBIT A

List of Shareholders

Shareholders and Profit Center Attribution

Shareholder	HCA	Clinical Laboratory	General	Total Shares Owned
Craig K. Deligdish, M.D.	15,000	30,000	22,500	67,500
Scott Z. Seminer, M.D.	15,000		22,500	37,500
Margaret Rank, M.D.			10,000	10,000
Luis R. Torriente, M.D.			10,000	10,000
Thomas Priest, M.D.			10,000	10,000
Craig J. Badolato, M.D.			10,000	10,000
Richard E. Goulding, M.D.			6,700	6,700
Jashbhai K. Patel, M.D.			5,000	5,000
F. Edward Tenewitz, M.			5,000	5,000
Eugene F. Wawrzyniak, M.D.			3,450	3,450
Fredy E. Delacruz, M.D.			2,750	2,750
Ross A. Clevens, M.D.			2,500	2,500
Mark J. Mendolla, M.D.			2,500	2,500
Paul R. Biggs, M.D.			2,500	2,500
Sharad R. Vyas, M.D.			2,250	2,250
Arthur Stember, M.D.			1,725	1,725
	30,000	30,000	119,375	179,375

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EXHIBIT B

Employment Agreement

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EXHIBIT C

Restricted Shareholders

Craig K. Deligdish, M.D.
Scott Z. Seminer, M.D.
Margaret Rank, M.D.
Luis R. Torriente, M.D.
Thomas Priest, M.D.
Craig J. Badolato, M.D.
Jashbhai K. Patel, M.D.
F. Edward Tenewitz, M.D
Fredy E. Delacruz, M.D.
Sharad R. Vyas, M.D.
Ross A. Clevens, M.D.
Mark J. Mendolla, M.D.
Paul R. Biggs, M.D.
Eugene F. Wawrzyniak, M.D.
Richard E. Goulding, M.D.
Arthur Stember, M.D.

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Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20091899AA-001387XXXX-XX

Master Lease No. 122081

MASTER LEASE AGREEMENT
LESSOR: CITICORP VENDOR FINANCE, INC.

LESSEE: OMNI HEALTHCARE, P.A.

IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH LESSOR

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person or business that opens an account or establishes a relationship. What this means for you: When you open an account or establish a relationship, we will ask for your name, street address, date of birth, and identification number, such as a social security number or taxpayer identification number. For businesses, we will ask for the business name, street address and tax identification number. Federal law requires us to obtain this information. We may also ask to see your driver's license or other identifying documents that will allow us to identify you.

TERMS AND CONDITIONS OF LEASE

1. LEASE OF EQUIPMENT; ACCEPTANCE. A. Lessor hereby leases to Lessee, and Lessee hereby leases from Lessor, the equipment described in one or more equipment schedules (the "Schedule"), that may hereafter be executed by Lessor and Lessee (the equipment, together with all replacement parts, repairs, additions, substitutions and accessories shall be referred to as the "Equipment") on the terms and conditions contained in this Lease ("Lease") and in any Schedule. This Lease and each of the terms and conditions herein contained will be incorporated into each Schedule in full to the same extent as if each of the terms and conditions had been repeated and set forth in full therein, and this Master Lease Agreement shall control and be effective as to all such Schedules except to the extent that the Master Lease Agreement may be inconsistent with the terms and provisions of such Schedule, in which event the terms and provisions of such Schedule shall prevail. Each Schedule shall constitute a separate lease and a distinct and independent obligation of the Lessee. The parties intend this Lease to be a "Finance Lease" under Article 2A of the Uniform Commercial Code.

B. Lessee's confirmation to Lessor, by written delivery and acceptance certificate, telephone or other means as required by Lessor, of the delivery and acceptance of the Equipment to and by Lessee in all respects shall constitute Lessee's acknowledgment of its receipt of the Equipment in good and working condition, that all installation and other work necessary prior to the use thereof has been completed, that Lessee has inspected the Equipment and has found it to be satisfactory in all respects. Lessee understands that Lessor will be relying upon such confirmation by Lessee as a condition of making payment for the Equipment.

2. ORDER AND DELIVERY OF EQUIPMENT; LESSOR'S RIGHT TO TERMINATE. Lessee hereby requests Lessor to order the Equipment from the Supplier named on the Schedule and to arrange for delivery of the Equipment to Lessee at Lessee's expense, and to lease the Equipment to Lessee. If the Equipment is not delivered to and accepted by Lessee in form satisfactory to Lessor, within ninety (90) days from the date Lessor orders the Equipment, Lessor may terminate the applicable Schedule and its obligations thereunder. Lessee waives any requirement of Lessor to furnish Lessee a copy of Lessor's purchase order for the Equipment.

3. TERM AND RENT. A. The initial term ("Initial Term") of any Schedule to which this Lease relates shall commence on the day the first item of Equipment listed on such Schedule is delivered to Lessee or Lessee's representative (the "Commencement Date") and shall be of such duration as is prescribed in such Schedule. Advance Rent and any Security Deposit as provided in any Schedule shall be payable upon the execution of this Lease or the applicable Schedule. Interim rent shall be payable for the period between the Commencement Date and the first day of the month following the Commencement Date at a daily rate equal to the periodic rental provided in any Schedule divided by the number of days in the period and subsequent payments shall be due periodically in advance on the first day of each successive period thereafter until all rent and other sums chargeable to Lessee hereunder are paid in full. Lessee's obligation to pay rent and Lessee's other monetary obligations hereunder are absolute and unconditional and are not subject to any abatement, set-off, defense or counterclaim for any reason whatsoever. Any Security Deposit shall secure all obligations of Lessee hereunder and may be applied at Lessor's discretion to any past due obligation of Lessee and to the extent not applied shall be returned to Lessee, without interest, at the expiration of this Lease or the applicable Schedule. All payments of rent shall be made to Lessor at the address set forth herein or such other address as Lessor shall designate in writing. Lessee agrees to pay Lessor a non-refundable origination fee of $250.00 in connection with this Lease.

B. If any payment hereunder is not made by Lessee when due, Lessee shall be charged a late fee of ten percent (10%) of the amount of such payment, plus interest on such amount at the rate of 1.15% per month from the due date until the date paid, but as to each of the foregoing, in no event more than the maximum rate permitted by law.

4. NO WARRANTIES BY LESSOR, DISCLAIMER OF IMPLIED WARRANTIES AND WAIVER OF DEFENSES. LESSOR IS NOT THE MANUFACTURER OR SUPPLIER OF THE EQUIPMENT, AND MAKES NO WARRANTY, EXPRESSED OR IMPLIED, TO ANYONE, AND DISCLAIMS ALL WARRANTIES AS TO THE SUITABILITY, DURABILITY, DESIGN, CONDITION, CAPACITY, PERFORMANCE OR ANY OTHER ASPECT OF THE EQUIPMENT, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY AND FITNESS FOR USE OR PURPOSE. AS TO LESSOR AND ITS ASSIGNS, LESSEE LEASES THE EQUIPMENT "AS IS." LESSEE REPRESENTS THAT IT HAS SELECTED THE EQUIPMENT AND THE SUPPLIER AND ACKNOWLEDGES THAT LESSOR HAS NOT RECOMMENDED THE SUPPLIER. LESSOR SHALL HAVE NO OBLIGATION TO INSTALL, MAINTAIN, ERECT, TEST, ADJUST, OR SERVICE THE EQUIPMENT, ALL OF WHICH LESSEE SHALL PERFORM, OR CAUSE THE SAME TO BE PERFORMED BY QUALIFIED THIRD PARTIES. LESSOR, ITS AFFILIATES, OFFICERS, DIRECTORS, SHAREHOLDERS AND LESSOR'S ASSIGNEE SHALL NOT BE LIABLE TO LESSEE OR OTHERS FOR ANY LOSS, DAMAGE OR EXPENSE OF ANY KIND OR NATURE CAUSED DIRECTLY OR INDIRECTLY BY ANY EQUIPMENT HOWEVER ARISING, OR THE USE OR MAINTENANCE THEREOF OR THE FAILURE OF OPERATION THEREOF, OR THE REPAIRS, SERVICE OR ADJUSTMENT THERETO. NO REPRESENTATION OR WARRANTY AS TO THE EQUIPMENT OR ANY OTHER MATTER BY THE SUPPLIER OR OTHERS SHALL BE BINDING ON THE LESSOR NOR SHALL THE BREACH OF SUCH RELIEVE LESSEE OF, OR IN ANY WAY AFFECT, ANY OF LESSEE'S OBLIGATIONS TO LESSOR HEREIN. IF THE EQUIPMENT IS UNSATISFACTORY FOR ANY REASON, LESSEE SHALL MAKE CLAIM ON ACCOUNT THEREOF SOLELY AGAINST SUPPLIER, AND ANY OF SUPPLIER'S VENDORS, AND SHALL NEVERTHELESS PAY LESSOR ALL RENT AND OTHER SUMS PAYABLE UNDER THIS LEASE. LESSOR HEREBY ASSIGNS TO LESSEE, SOLELY FOR THE PURPOSE OF PROSECUTING SUCH A CLAIM, ANY OF THE RIGHTS WHICH LESSOR MAY HAVE AGAINST SUPPLIER AND SUPPLIER'S VENDORS FOR BREACH OF WARRANTY OR OTHER REPRESENTATIONS RESPECTING THE EQUIPMENT. REGARDLESS OF CAUSE, LESSEE WILL NOT ASSERT ANY CLAIM WHATSOEVER AGAINST LESSOR, ITS AFFILIATES, OFFICERS, DIRECTORS OR SHAREHOLDERS FOR LOSS OF ANTICIPATORY PROFITS OR ANY OTHER DIRECT, INDIRECT, SPECIAL, CONSEQUENTIAL, OR PUNITIVE DAMAGES. NOR SHALL LESSOR BE RESPONSIBLE FOR ANY DAMAGES OR COSTS WHICH MAY BE ASSESSED AGAINST LESSEE IN ANY ACTION

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Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-20100899AA001388XXX-XX

FOR INFRINGEMENT. LESSOR MAKES NO WARRANTY AS TO THE TREATMENT OF THIS LEASE FOR TAX OR ACCOUNTING PURPOSES. NOTWITHSTANDING ANY FEES WHICH MAY BE PAID BY LESSOR TO SUPPLIER OR ANY AGENT OF SUPPLIER, LESSEE UNDERSTANDS AND AGREES THAT NEITHER SUPPLIER NOR ANY AGENT OF SUPPLIER IS AN AGENT OF LESSOR OR IS AUTHORIZED TO WAIVE OR ALTER ANY TERM OR CONDITION OF THIS LEASE. PROVIDED THE LESSEE IS NOT IN DEFAULT UNDER THE LEASE, ALL WARRANTIES FROM SUPPLIER TO LESSOR ARE HEREBY ASSIGNED TO LESSEE.

5. **TITLE; PERSONAL PROPERTY.** The Equipment is, and shall at all times be owned by Lessor and Lessee shall have no interest in the Equipment except that of Lessee and Lessee shall have no right to purchase or otherwise acquire title to or ownership of any of the Equipment. If Lessor supplies Lessee with labels indicating that the Equipment is owned by Lessor, Lessee shall affix such labels to the Equipment. Lessee hereby authorizes Lessor to insert in this Lease the serial numbers, and other identification data of Equipment when determined by Lessor. To protect Lessor's rights in the Equipment in the event this Lease is determined to be a security agreement, Lessee hereby grants to Lessor a security interest in the Equipment described herein and in the Schedules, as well as all equipment and other assets that are the subject of all other financings by us and our affiliates or in any invoices that contain descriptions of the Equipment, and all proceeds and products thereof. Lessee hereby authorizes Lessor, at Lessee's expense, to cause this Lease, or any statement or other instrument in respect of this Lease showing the interest of Lessor in the Equipment, including Uniform Commercial Code financing statements, to be filed or recorded, and grants Lessor and its agents the right to execute Lessee's name thereon. Lessee agrees to execute, deliver and file any statement or instrument requested by Lessor for such purpose, and if certificates of title are issued or outstanding with respect to any of the Equipment, Lessee will cause the interest of Lessor to be properly noted thereon, and agrees to pay or reimburse Lessor for any searches, filings, recordings, stamp fees or taxes related to the filing or recording of any such instrument or statement, plus Lessor's handling charges. Lessee shall, at its expense, protect and defend Lessor's title against all persons claiming against or through Lessee, at all times keeping the Equipment free from any legal process or encumbrance whatsoever including but not limited to liens, attachments, levies and executions, and shall give Lessor immediate written notice thereof and shall indemnify Lessor from any loss caused thereby. Lessee shall, upon Lessor's request, execute or obtain from third parties and deliver to Lessor such estoppel certificates, landlord's waivers and such further instruments and assurances as Lessor deems necessary or advisable for the confirmation or perfection of Lessor's rights hereunder. The Equipment is, and shall at all times be and remain, personal property notwithstanding that the Equipment or any part thereof may now be or hereafter become, in any manner, affixed or attached to real property or any improvements thereon.

6. **MAINTENANCE, USE AND LOCATION.** Lessee shall, at its own cost and expense, maintain the Equipment in good operating condition and repair and protect the Equipment from deterioration other than normal wear and tear; the Equipment is to be used for business purposes only in the regular course of its business, within its normal operating capacity, without abuse; shall comply with all laws, ordinances, regulations, requirements and rules with respect to the use, maintenance and operation of the Equipment; shall not make any modification, alteration or addition to the Equipment without the prior written consent of Lessor, which shall not be unreasonably withheld, except for engineering changes recommended by and made by the manufacturer; shall install on the Equipment all engineering changes offered by the manufacturer without charge which enhance the safety of the Equipment; shall not so affix the Equipment to realty as to change its nature to real property or a fixture; and shall keep the Equipment at the location shown herein, and shall not remove the Equipment without prior written consent of Lessor. Lessee will grant access to the Equipment to Lessor, Lessor's designee, and the manufacturer during normal working hours for inspection, repair, preventative maintenance, installation of engineering changes and for any other reasonable purpose. Lessee shall during the term of this Lease, at its own expense, enter into and maintain in force a contract with the manufacturer or other acceptable maintenance company covering the maintenance of the Equipment and furnish a copy thereof to Lessor upon request. If Lessor incurs any costs or expenses to bring the Equipment up to good working order and appearance, Lessee shall immediately reimburse Lessor for all such costs or expenses.

7. **REDELIVERY; RENEWAL TERM.** No more than 180 days but not less than 120 days prior to the end of the initial term or 90 days prior to the end o any renewal term of this Lease, Lessee shall give Lessor written notice of Lessee's intent to return the Equipment. Within ten (10) days of expiration or earlier termination of this Lease, Lessee shall return the Equipment and all cable, wiring, connectors, accessories and attachments thereto, freight and insurance prepaid, to Lessor in good repair, condition and working order, ordinary wear and tear resulting from proper use thereof only excepted. Lessee shall have the Equipment certified as acceptable for the manufacturer's standard maintenance contract and such certification shall be presented to Lessor at least fourteen (14) days prior to redelivery to Lessor. Lessor shall have the right, by notice to Lessee, and at Lessee's cost, to make all arrangements for the discontinuance, disassembly, packing and transportation of each item of Equipment and to designate a redelivery location. If Lessee fails to give Lessor the required notice or to return the Equipment as provided herein, at Lessor's option, this Lease shall renew for additional terms of 120 days each at a periodic rent equal to the periodic rent stated herein. Nothing contained herein is intended to relieve Lessee of its obligations to return the Equipment to Lessor as provided herein or restrict Lessor's right to recover the Equipment in the event of the failure of Lessee to so return the Equipment at the expiration or termination of this Lease. If requested by Lessor, Lessee shall store the Equipment at Lessee's premises for a period of up to ninety (90) days at no cost to Lessor.

8. **RISK OF LOSS.** Lessee is responsible for installing and keeping the Equipment in good working order. Except for ordinary wear and tear, Lessee is responsible for protecting the Equipment from damage and loss of any kind from date of shipment to Lessee until its return to Lessor. **THE OCCURRENCE OF ANY SUCH LOSS OR DAMAGE SHALL NOT RELIEVE LESSEE OF ANY OBLIGATION HEREUNDER.** Lessee shall immediately notify Lessor of any damage to or destruction of the Equipment. In the event of loss or damage, Lessee, at Lessor's sole option, shall (a) promptly cause the damaged Equipment to be repaired to the condition it is required to be maintained under this Lease, in which case Lessee agrees to continue to pay rental payments; or (b) replace lost or unrepairable damaged Equipment with substantially identical Equipment in good condition and working order with documentation creating clear title thereto in Lessor or (c) pay to Lessor the present value of the unpaid balance of the rent to become du under this Lease plus Lessor's anticipated residual value of the Equipment at the scheduled expiration of this Lease, all discounted at six (6%) percent per annum to the date of loss. Upon Lessor's receipt of replacement Equipment or payment as provided in (b) or (c) hereof, Lessee and/or Lessee's insurer shal be entitled to Lessor's interest in said item for salvage purposes, in its then condition and location, without warranty, express or implied.

9. **INSURANCE.** Lessee agrees, during the term of this Lease, to keep the Equipment fully insured against damage and loss, from every cause whatsoev for not less than the full replacement value thereof, and to obtain a general public liability insurance policy, in each case from an insurer or insur reasonably satisfactory to Lessor, naming Lessor and its assigns as loss payees and additional insureds. Lessee agrees to provide Lessor with certificate other evidence of such insurance. If Lessee fails to obtain such insurance or to provide evidence thereof to Lessor, Lessee agrees that Lessor may, but s not be obligated to, obtain such insurance on Lessee's behalf and charge Lessee for all costs and expenses associated therewith. Without limiting generality of the foregoing, Lessee specifically acknowledges and agrees that if Lessor obtains such insurance on Lessee's behalf, Lessee will be require pay a monthly insurance charge consisting of reimbursement for premiums advanced to the insurer, finance charges on the unreimbursed balance of s premiums at a rate of 16% per annum and a fee of $5.00. Lessor, its assignees and/or affiliates receive a portion of the insurance charges which may incl a profit from such charges.

AMERICAN OVERSIGHT

10. TAXES AND CHARGES. This Lease is intended to be a net lease, and all payments hereunder are intended to be net to Lessor to the extent permitted by applicable law. Lessee shall pay directly (or, at Lessor's option, reimburse Lessor for) all license fees, assessments and other government charges, and all sales, use, excise, franchise, personal property and any other similar tax or taxes (herein collectively called "Charges") now or hereafter imposed, levied or assessed by any state, federal or local government or agency upon any of the Equipment or upon the leasing, purchase, ownership, use, possession, financing or operation thereof, or upon the receipt of rental payments therefore, even if Lessee's status provides for its exemption from the Charges (excluding income and gross receipt taxes on rental payments, except any such tax on rental payments which is a substitution for, or relieves Lessee from, the payment of taxes which Lessee would otherwise be obligated to pay or reimburse Lessor as herein provided) before the same shall become in default or subject to the payment of any penalty or interest. Lessee shall supply Lessor with receipts or other evidence of payment of all Charges as may reasonably be requested by Lessor. Lessee shall further comply with all state and local laws requiring the filing of ad valorem or other tax returns relating to any Charges. Lessee shall notify the Lessor of the imposition of, or, to Lessee's knowledge, the proposed imposition of, any Charges by supplying to Lessor (within five (5) days after receipt thereof by Lessee) a copy of the invoice or other documents respecting such Charges. Unless otherwise directed by Lessor in writing, Lessor shall pay all personal property taxes with respect to the Equipment and Lessee shall reimburse Lessor therefore upon demand.

11. LEASE IRREVOCABILITY AND OTHER COVENANTS AND REPRESENTATIONS OF LESSEE. Lessee agrees that this Lease is irrevocable for the full term hereof and the Lessee's obligations under this Lease are absolute and shall continue without abatement and regardless of any disability of Lessee to use the Equipment or any part thereof because of any reason including, but not limited to war, act of God, governmental regulations, strike, loss, damage, destruction, obsolescence, failure of or delay in delivery, failure of the Equipment to operate properly, termination by operation of law, or any other cause. Lessee represents that this Lease has been duly authorized by all necessary action on its part, is a valid, binding and legally enforceable obligation of Lessee in accordance with its terms and is not in any respect inconsistent with Lessee's Charter or By-Laws or any law, regulation, order or agreement binding upon Lessee; and the Equipment shall be used by Lessee solely for business purposes and that all financial and other information submitted to Lessor was and will be true and correct.

12. INDEMNITY. Lessee shall indemnify and hold Lessor harmless from and against any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, pre and post judgment attorneys' fees and costs, arising out of, connected with, or resulting from the Equipment or this Lease, including without limitation, the manufacture, selection, delivery, possession, use, lease, operation, removal or return of the Equipment.

13. DEFAULT AND REMEDIES. A. The occurrence of any one of the following events shall be deemed an "Event of Default" under this Lease: (a) Lessee fails to pay any rent or any other payment hereunder when due; or (b) Lessee fails to pay, when due, any indebtedness to Lessor arising independently of this Lease, including but not limited to, any other financings between Lessee or any affiliate of Lessor and Lessee, and such default shall continue for five (5) days; or (c) Lessee fails to perform any of the terms, covenants or conditions of this Lease or any other financing between Lessor or any affiliate of Lessor and Lessee, other than as provided in (a) or (b) above, and such failure continues after ten (10) days written notice; or (d) any representation of Lessee contained in this Lease or any other related agreement, or in any credit or other information submitted to Lessor in connection with this transaction is untrue or incorrect; or (e) Lessee sells substantially all of its assets out of the ordinary course of business, merges or consolidates with any other person, or, sustains a change in its ownership of more than 20% in the aggregate; or (f) Lessee becomes insolvent or makes an assignment for the benefit of creditors; or (g) a receiver, trustee, conservator or liquidator of Lessee or of all or a substantial part of its assets is appointed with or without the application or consent of Lessee; or (h) a petition is filed by or against Lessee under the Bankruptcy Code or any amendment thereto, or under any other insolvency law or laws, providing for the relief to debtors; or (i) Lessee sustains a material adverse change in its condition (financial or otherwise); or (j) there is a default under any agreement which supports or is related to this Lease.

B. Upon an Event of Default, Lessor may, to the extent permitted by applicable law, exercise any one or more of the following remedies:

(i) Terminate this Lease with respect to all or any part of Equipment;

(ii) Recover from Lessee all rent and other amounts then due and as they shall thereafter become due hereunder;

(iii) Take possession of any or all items of Equipment on any Schedule, wherever the same may be located, without demand or notice, without any court order or other process of law and without liability to Lessee for any damages occasioned by such taking of possession, and any such taking of possession shall not constitute a termination of this Lease;

(iv) Declare the entire unpaid balance of rent and other amounts for the unexpired term of this Lease immediately due and payable and recover from Lessee, with respect to any and all Items of Equipment and with or without repossessing the Equipment the sum of:

1. The unpaid balance of all rent and other amounts due for the balance of the term of this Lease, discounted at four (4%) percent per annum; and,

2. Lessor's anticipated residual recovery from the Equipment at the scheduled expiration of the initial term of this Lease, discounted at four (4%) percent per annum; provided, however, that upon repossession or surrender of Equipment, Lessor may sell, lease or otherwise dispose of Equipment in a commercially reasonable manner, with or without notice and on public or private bid, and if so, shall apply the net proceeds thereof (after deducting all expenses, including attorneys' fees and costs incurred in connection therewith), to the sum of (1) and (2) above;

(v) Declare any other financings between Lessor or any affiliate of Lessor and Lessee in default and exercise with respect thereto and the collateral which is the subject thereof any of the remedies provided for herein;

(vi) Pursue any other remedy available at law or in equity, including but not limited to seeking damages or specific performance and/or obtaining an injunction.

C. Lessee shall be liable and shall pay to Lessor all expenses incurred by Lessor in connection with the pre and post judgment enforcement of any of the Lessor's remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment and/or other collateral, and Lessor's reasonable attorneys' fees and costs. Lessor and Lessee acknowledge the difficulty in establishing a value for the unexpired lease term and owing to such difficulty agree that the provisions of this paragraph 13 represent an agreed measure of damages and are not to be deemed a forfeiture or penalty.

D. All remedies of Lessor hereunder are cumulative, are in addition to any other remedies provided for by law, and may, to the extent permitted by law, be exercised concurrently or separately. The exercise of any one remedy shall not be deemed to be an election of such remedy or to preclude the exercise of a other remedy. No failure on the part of the Lessor to exercise and no delay in exercising any right or remedy shall operate as a waiver thereof or modify th terms of this Lease. A waiver of default shall not be a waiver of any other or subsequent default. If this Lease is determined to be subject to any laws limiting the amount chargeable or collectible by Lessor then Lessor's recovery shall in no event exceed the maximum amounts permitted by law.

AMERICAN OVERSIGHT

14. ASSIGNMENT, WAIVER OF DEFENSES; QUIET ENJOYMENT. LESSEE SHALL NOT ASSIGN, TRANSFER, PLEDGE, OR OTHERWISE DISPOSE OF THIS LEASE OR ANY INTERESTS HEREUNDER NOR SUBLET OR LEND EQUIPMENT OR PERMIT IT TO BE USED BY ANYONE OTHER THAN LESSEE OR LESSEE'S EMPLOYEES WITHOUT LESSOR'S PRIOR WRITTEN CONSENT. Lessor may, without notice or consent, assign or transfer this Lease or grant a security interest in any Equipment, any rentals, or any other sums due or to become due hereunder, and in such event Lessor's assignee, transferee or grantee shall have all the rights, powers, privileges, and remedies of Lessor hereunder. Lessee agrees that, following its receipt of notice of any assignment by Lessor of this Lease or the Rental Payments payable hereunder, it will pay the Rental Payments due hereunder directly to the assignee (or to whomever the assignee shall designate). Lessee agrees that no assignee of Lessor shall be bound to perform any duty, covenant, condition or warranty attributable to Lessor, and Lessee further agrees not to raise any claim or defense arising out of this Lease or otherwise which it may have against Lessor as a defense, counterclaim, or offset to any action by an assignee or secured party hereunder. Upon Lessor's request, Lessee will acknowledge to any assignee receipt of Lessor's notice of assignment. Nothing contained herein is intended to relieve Lessor of any of its obligations. Provided Lessee is not in default hereunder, Lessee shall quietly use and enjoy the Equipment, subject to the terms hereof.

15. PERFORMANCE BY LESSOR OF LESSEE'S OBLIGATIONS. In the event Lessee fails to comply with any provisions of this Lease, Lessor shall have the right, but shall not be obligated, to effect such compliance on behalf of Lessee upon ten (10) days prior written notice to Lessee. In such event, all monies expended by, and all expenses of Lessor in effecting such compliance shall be deemed to be additional rent and shall be paid by Lessee to Lessor at the time of the next rent payment.

16. GOVERNING LAW; JURISDICTION AND VENUE; WAIVER OF TRIAL BY JURY AND RIGHTS AND REMEDIES UNDER THE UNIFORM COMMERCIAL CODE. (A) This Lease is governed by the laws of the State of New Jersey, but only to the extent such state law is not preempted by federal law or regulation. (B) Lessee consents to the personal jurisdiction to the federal and state courts of the State of New Jersey with respect to any action arising out of this Lease or the Equipment, provided, however, Lessor may, in its sole discretion, believe this Lease in any court having lawful jurisdiction thereof. This means any legal action arising out of this Lease may be filed in New Jersey, and Lessee may be required to defend and litigate any such action in New Jersey. (C) To the extent permitted by law, Lessee waives trial by jury in any action related to or arising out of this Lease or the Equipment by or against Lessor hereunder. LESSEE HEREBY WAIVES ANY AND ALL RIGHTS AND REMEDIES GRANTED LESSEE BY SECTIONS 2A-508 THROUGH 2A-522 OF THE UNIFORM COMMERCIAL CODE. LESSEE WAIVES THE RIGHT TO FILE ANY AMENDMENTS OR TERMINATIONS OF FINANCING STATEMENTS WITHOUT LESSOR'S SIGNATURE.

17. FINANCIAL STATEMENTS. Lessee agrees to deliver to Lessor annual financial statements and such quarterly financial statements, in form and substance as Lessor requests.

18. GENERAL. This Lease shall inure to the benefit of and is binding upon the heirs, personal representatives, successors and assigns of the parties hereto. Time is of the essence of this Lease. This Lease and any Schedule shall be effective when executed by a duly authorized officer of Lessor. This Lease and any Schedule contains the entire agreement between Lessor and Lessee with respect to the subject matter hereof, and all negotiations and understandings have been merged herein. No modification of this Lease shall be effective unless in writing and executed by an executive officer of Lessor. All covenants and obligations of Lessee to be performed pursuant to this Lease, including all payments to be made by Lessee hereunder, shall survive the expiration or earlier termination of this Lease. If more than one Lessee is named in this Lease, the liability of each shall be joint and several. In the event any provision of this Lease shall be unenforceable, then such provision shall be deemed deleted, however, all other provisions hereof shall remain in full force and effect. Service of all notices under this Lease shall be sufficient if given personally, mailed to the party intended at its address set forth herein, or at such other address as said party may provide in writing from time to time by certified mail, or overnight mail service. Any such notice sent by certified mail to said address shall be deemed effective five (5) days after it is deposited in the United States mail, duly addressed and with postage prepaid, and any notice given by delivery or overnight mail shall be deemed effective when received. The Lessee agrees and stipulates that such reproduction of this Lease (by photocopy, facsimile or otherwise) shall, to the extent permitted by applicable law, be admissible in evidence as the original itself in any judicial or administrative proceeding (whether or not the original is in existence and whether or not the reproduction was made by the Lessor in the regular course of business).

IN WITNESS WHEREOF, the parties have executed this Lease as of , 2006.

LESSEE: OMNI HEALTHCARE, P.A.

BY:
TITLE:

ATTEST: _____
Secretary

PLACE OF ORGANIZATION: ____
TAX IDENTIFICATION NUMBER: ____

LESSOR: CITICORP VENDOR FINANCE, INC.
450 Mamaroneck Avenue
Harrison, New York 10528

BY: _____

TITLE: _____

COUNTERPART ____ OF ____

AMERICAN OVERSIGHT

CERTIFICATE OF AUTHORITY AND INCUMBENCY

RE: Master Lease Agreement No. 122081 dated as of 01/06 and all Equipment Schedules attached thereto by and between Citicorp Vendor Finance, Inc., as lessor ("Lessor") and Omni Healthcare, P.A., as lessee ("Lessee").

I hereby certify that I am the duly elected, qualified and presently serving _____ of the Lessee. I further certify that as of and since the date first set forth above; (a) each of the persons listed below was duly appointed as, and holds the corporate office set forth opposite his/her name; (b) the signature appearing opposite the name of such official is the genuine signature of such official; and (c) such person has the power and authority to execute any and all documents on behalf of the Lessee relating to the above referenced transaction and to bind the Lessee to perform in accordance with the terms thereof.

NAME OF OFFICIAL	OFFICE	SIGNATURE OF OFFICIAL
JASHBHAI PATEL	President	

IN WITNESS WHEREOF, I have hereto set my hand as _____ of the Lessee this 21th day of JANUARY 2006

Name: BRIAN L. ULERY
Title: CHIEF ADMINISTRATIVE OFFICER

Officers authorized to execute this Certificate:

President
Secretary
Assistant Secretary
Treasurer
Chief Financial Officer
Chief Operating Officer
Vice President, Purchasing/Material Management
Director of Purchasing
Senior Purchasing Manager

1/26/06

LAURIE J. WOODARD
Notary Public - State of Florida
My Commission Expires Mar 16, 2007
Commission # DD194071
Bonded by National Notary Assn.

Certificate of Incumbency 1(0)

AMERICAN OVERSIGHT

CITICORP VENDOR FINANCE, INC.

EQUIPMENT SCHEDULE NO. 002

This Equipment Schedule No. 002 ("Equipment Schedule") to that certain Master Lease Agreement Number 122081 (hereinafter called the "Master Lease") between Lessor and the Lessee whose name appears below, together with the Master Lease, constitutes a lease of the Equipment described below (hereinafter, collectively, this "Lease"). All the terms and conditions of the Master Lease are incorporated herein as if all said terms and conditions were fully set forth herein. All capitalized terms used but not defined herein shall have the meanings given such terms in the Master Lease. It is the intent of the parties that this Equipment Schedule be separately enforceable as a complete and independent lease, independent of all other Equipment Schedules to the Master Lease.

LESSEE: OMNI HEALTHCARE, P.A. 95 Bulldog Boulevard, Suite 100 Melbourne, FL 32901	SUPPLIER: RHYTEC, INC. 1000 Winter Street, Suite 3600 Waltham, MA 02451

QTY	DESCRIPTION OF EQUIPMENT (Indicate If Used Equipment) (SERIAL NO.)	(MODEL NO.)
One (1)	Skin Resurfacing Laser	

EQUIPMENT LOCATION IF DIFFERENT THAN ABOVE:
Ross Clevens, MD, FACS/Center for Facial Plastic Surger
Omni Healthcare, P.A.
1344 S. Apollo Boulevard
Melbourne, FL 32901

INITIAL TERM OF LEASE	RENTAL PAYMENTS PAYABLE	TOTAL NO. AND AMOUNT OF EACH RENTAL PAYMENT DURING INITIAL TERM OF LEASE	ADVANCE RENTAL PAYMENT TO BE APPLIED TO	SECURITY DEPOSIT
36 MONTHS	PERIODICALLY AS FOLLOWS _x_ MONTHLY __ QUARTERLY __ OTHER	36 Monthly Payments of $1,805.18	THE FIRST $1,805.18 MONTH(S) AND THE LAST $0.00 MONTH(S) RENTAL PAYMENTS TOTALING $1,805.18 (ADVANCE PAYMENTS MUST ACCOMPANY LEASE APPLICATION)	$N/A

Monthly Rent: The first payment of monthly rent is due and payable on the Commencement Date. Subsequent payments of monthly rent are due and payable on the first day of each succeeding month.

Chattel Paper: To the extent this Lease may be considered "chattel paper" as defined in the Uniform Commercial Code, only Counterpart Number One of any of the manually executed counterparts of this Equipment Schedule incorporating the terms of the Master Lease Agreement, shall constitute the original of this Lease, and no interest in this Lease may be created or transferred except by transfer of possession of that counterpart.

End Of Term Option: Provided no Event of Default exists uncured and notwithstanding anything contained in the Lease to the contrary, Lessor hereby grants to Lessee the option to purchase the equipment subject to the Lease (the "Equipment") at the end of the initial term of the Lease for $1.00 (the "Purchase Option") upon providing the Lessor with 180 days written notice. IF THE PURCHASE OPTION IS EXERCISED, THE EQUIPMENT WILL BE SOLD BY LESSOR TO LESSEE "AS IS, WHERE IS", WITHOUT ANY WARRANTY, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR TITLE.

Rental Payments: The rental payments are predicated on the current like-term interest SWAP Rate of 4.83% as of 11/21/05. The final rate (and payment) will be adjusted upward or downward and will fix upon the commencement of the Lease, based upon changes in the current like term Interest SWAP Rates in effect at that time. Interest SWAP Rates are as defined on November 14, 2001 in the Federal Reserve Statistical Release H-15 report. Current Interest SWAP Rates are published daily and can be found at:

http://www.federalreserve.gov/releases/H15/update/h15upd.htm.

Maintenance/Supplies/Services: Lessee agrees to pay the monthly payments under this Lease which may include charges (the "Charges") for supplies ("Supplies"), maintenance and/or warranty services (collectively the "Services") to be furnished by Supplier to Lessee for use with the Equipment. Lessee agrees that Lessor is not a manufacturer or supplier of the Supplies or Services and Lessee will look only to Supplier for the furnishing of Supplies and the performance of Services. Lessee further agrees that its obligations under this Lease are unconditional notwithstanding any breach by Supplier of any obligation to Lessee to furnish the Supplies and/or provide the Services.

EQUIPMENT SCHEDULE ACCEPTED BY:

CITICORP VENDOR FINANCE, INC. (Lessor)

By: _____
(Authorized Signature)

_____
(Name/Title/Date)

OMNI HEALTHCARE, P.A. (Lessee)

By: _____
(Authorized Signature)

President 1/20/10
(Name/Title/Date)

Attest: _____

EQUIPMENT SCHEDULE COUNTERPART NO. _____ OF _____

AMERICAN OVERSIGHT

Bank of America

Banc of America Leasing & Capital, LLC — Master Lease Agreement Number: 17382-90000

This Master Lease Agreement, dated as of April 13, 2007 (this "Agreement"), is by and between Banc of America Leasing & Capital, LLC, a Delaware limited liability company having an office at 2059 Northlake Parkway, 4 South, Tucker, GA 30084 (together with its successors and assigns, "Lessor"), and Surgery Center of Brevard, Inc. as "Lessee", a Corporation existing under the laws of the state of Florida and having its chief executive office and any organizational identification number as specified with its execution of this Agreement below. Certain defined terms used herein are identified in bold face and quotation marks throughout this Agreement and in Section 15 below. This Agreement sets forth the terms and conditions for the lease of Equipment between Lessor and Lessee pursuant to one or more "Schedules" incorporating by reference the terms of this Agreement, together with all exhibits, addenda, schedules, certificates, riders and other documents and instruments executed and delivered in connection with such Schedule (as amended from time to time, a "Lease"). Each Lease constitutes a separate, distinct and independent lease of Equipment and contractual obligations of Lessee. This Agreement is not an agreement or commitment by Lessor or Lessee to enter into any future Leases or other agreements, or for Lessor to provide any financial accommodations to Lessee. Lessor shall not be obligated under any circumstances to advance any progress payments or other funds for any Equipment or to enter into any Lease if there shall have occurred a material adverse change in the operations, business, properties or condition, financial or otherwise, of Lessee or any Guarantor. This Agreement and each Lease shall become effective only upon Lessor's acceptance and execution thereof at its corporate offices set forth above.

1. **Lease; Term; Non-Interference.** Lessor and Lessee agree to lease Equipment described in Schedules entered into from time to time, together with all other documentation from Lessee required by Lessor with respect to such Lease. Upon receipt of any item or group of Equipment intended for Lease hereunder, Lessee shall execute a Schedule, with all information fully completed and irrevocably accepting such Equipment for Lease, and deliver such Schedule to Lessor for its review and acceptance. Provided no Event of Default has occurred, Lessee shall be entitled to use and possess the Equipment during the original Lease Term provided in the Schedule (together with any extensions or renewals thereof in accordance with terms of the Lease, the "Lease Term") free from interference by any person claiming by, through or under Lessor.

2. **Rent.** "Rent" shall be payable to Lessor during the Lease Term in the amounts and at the times provided in the Schedule. If any Rent or other amount payable hereunder is not paid within 10 days of its due date, Lessee shall pay an administrative late charge of 5% of the amount not timely paid. All Rent and other amounts payable under a Lease shall be made in immediately available funds at Lessor's address above or such other place as Lessor shall specify in writing. Unless otherwise provided herein, payments received under any Lease will be applied to all interest, fees and amounts owing thereunder (other than Rent), and then to Rent payable thereunder.

3. **Net Lease; Disclaimer Of Warranties.** Each Lease is a net lease and a "finance lease" under Article 2A of the UCC, and Lessee waives all rights and remedies Lessee may have under sections 2A-508 – 2A-522 thereof, including any right to cancel or repudiate any Lease or to reject or revoke acceptance of any Equipment. Upon the "Acceptance Date" provided in the Schedule for each Lease, Lessee's Obligations thereunder (i) shall be non-cancelable, absolute and unconditional under all circumstances for the entire Lease Term, (ii) shall be unaffected by the loss or destruction of any Equipment, and (iii) shall not be subject to any abatement, deferment, reduction, set-off, counterclaim, recoupment or defense for any reason whatsoever. LESSOR IS NOT A VENDOR OR AGENT OF THE EQUIPMENT VENDOR AND HAS NOT ENGAGED IN THE SALE OR DISTRIBUTION OF ANY EQUIPMENT. LESSOR MAKES NO EXPRESS OR IMPLIED REPRESENTATIONS OR WARRANTIES AS TO TITLE, MERCHANTABILITY, PERFORMANCE, CONDITION, EXISTENCE, FITNESS OR SUITABILITY FOR LESSEE'S PURPOSES OF ANY EQUIPMENT, PATENT, TRADEMARK OR COPYRIGHT INFRINGEMENTS, THE CONFORMITY OF THE EQUIPMENT TO THE DESCRIPTION THEREOF IN ANY LEASE, OR ANY OTHER REPRESENTATION OR WARRANTY OF ANY KIND WITH RESPECT TO THE EQUIPMENT. If Equipment is not delivered or properly installed, does not operate as warranted, becomes obsolete, or is unsatisfactory for any reason, Lessee shall make all claims on account thereof solely against Vendor and not against Lessor. Lessee is solely responsible for the selection, shipment, delivery and installation of the Equipment and its Vendors, expressly disclaims any reliance upon any statements or representations made by Lessor in connection therewith, and has received and approved the terms of any purchase orders, warranties, licenses or agreements with respect to the Equipment. During the Lease Term, Lessee shall be entitled, on a non-exclusive basis, to enforce any applicable Vendor warranties, to the extent permitted thereby and by applicable law. Lessor assigns such warranties to Lessee, to the extent permitted thereby, and agrees to cooperate with Lessee, at Lessee's sole cost and expense, in making any reasonable claim against such Vendor arising from any defect in the Equipment.

4. **Use; Maintenance; Location; Inspection.** Lessee shall: (i) use, operate, protect and maintain the Equipment (a) in good operating order, repair, condition and appearance, in the same condition as when received, ordinary wear and tear excepted, (b) consistent with prudent industry practice (but in no event less than the extent to which Lessee maintains other similar equipment in the prudent management of its assets and properties), and (c) in compliance with all applicable insurance policies, laws, ordinances, rules, regulations and manufacturer's recommended maintenance and repair procedures, and (ii) maintain comprehensive books and records regarding the use, operation, maintenance and repair of the Equipment. The Equipment shall be used only within the 48 contiguous United States, solely for business purposes (and not for any consumer, personal, home, or family purpose), and shall not be abandoned or used for any unlawful purpose. Lessee shall not discontinue use of any Equipment except for normal maintenance nor, through modifications, alterations or otherwise, impair the current or residual value, useful life, utility or originally intended function of any Equipment without Lessor's prior consent. Any replacement or substitution of parts, improvements, upgrades, or additions to the Equipment during the Lease Term shall be the property of Lessor and subject to the Lease, except that if no Event of Default exists, Lessee may at its expense remove improvements or additions provided by Lessee that can be readily removed without impairing the value, function or remaining useful life of the Equipment. If requested by Lessor, Lessee shall cause Equipment to be plainly marked to disclose Lessor's ownership, as specified by Lessor. Lessee shall not change the location or, in the case of over-the-road vehicles, the base of any Equipment specified in its Schedule without Lessor's prior written consent. Lessor shall have the right to enter any premises where Equipment is located and inspect it (together with related books and records) at any reasonable time.

Exhibit "D"

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5. Loss and Damage. Lessee assumes all risk of (and shall promptly notify Lessor in writing of any occurrence of) any damage to or loss, theft, confiscation or destruction of any Equipment from any cause whatsoever (a "Casualty") from the date shipped or otherwise made available to Lessee and continuing until it is returned to and accepted by Lessor in the condition required by the Lease, including Section 8 of this Agreement. If any Equipment suffers a Casualty which Lessor determines is repairable, Lessee shall at its expense promptly place the same in good repair, condition or working order. If any Equipment suffers a Casualty which Lessor determines is beyond repair or materially impairs its residual value (a "Total Loss"), Lessee shall at Lessor's option either (a) promptly replace such Equipment with a similar item reasonably acceptable to Lessor having an equivalent value, utility and remaining useful life of such Equipment, whereupon such replacement items shall constitute Equipment for all purposes the Lease, or (b) on the Rent payment date following such Casualty (or, if none, within 30 days) pay Lessor the Stipulated Loss Value for such Equipment, together with all Rent scheduled for payment on such date, and all accrued interest, late charges and other amounts then due and owing under the Lease. Upon such payment following a Total Loss, the Lease with respect to the Equipment suffering a Total Loss shall terminate, and Lessor shall transfer all of its right, title and interest in such Equipment, free from all liens and encumbrances created by Lessor, but otherwise on an "AS-IS, WHERE-IS," quitclaim basis. If less than all Equipment under a Schedule suffers a Total Loss, (i) the Stipulated Loss Value with respect to any such item of Equipment shall be calculated by reference to the allocable portion of "Lessor's Cost" provided in the applicable Schedule, Rent or other amount related to such item, as reasonably determined by Lessor, and (ii) the remaining Rent under the Schedule shall be proportionately reduced as reasonably calculated by Lessor upon Lessor's receipt of the payments described above.

6. Insurance. Lessee, at its own expense, shall keep each item of Equipment insured against all risks for its replacement value, and in no event less than its Stipulated Loss Value, and shall maintain public liability and, with respect to Equipment that is over-the-road vehicles, automotive liability insurance against such risks and for such amounts as Lessor may require. All such insurance shall (a) be with companies rated "A-" or better by A.M. Best Company, in such form as Lessor shall approve, (b) specify Lessor and Lessee as insureds and provide that it may not be canceled or altered in any way that would affect the interest of Lessor without at least 30 days' prior written notice to Lessor (10 days' in the case of nonpayment of premium), (c) be primary, without right of contribution from any other insurance carried by Lessor and contain waiver of subrogation and "breach of warranty" provisions satisfactory to Lessor, (d) provide that all amounts payable by reason of loss or damage to Equipment shall be payable solely to Lessor, unless Lessor otherwise agrees, and (e) contain such other endorsements as Lessor may reasonably require. Lessee shall provide Lessor with evidence satisfactory to Lessor of the required insurance upon the execution of any Schedule and promptly upon any renewal of any required policy.

7. Indemnities; Taxes. Lessee's indemnity and reimbursement obligations set forth below shall survive the cancellation, termination or expiration of any Lease or this Agreement.

(a) General Indemnity. Lessee shall indemnify, on an after-tax basis, defend and hold harmless Lessor and its respective officers, directors, employees, agents and Affiliates ("Indemnified Persons") against all claims, liabilities, losses and expenses whatsoever (except those determined by final decision of a court of competent jurisdiction to have been directly and primarily caused by the Indemnified Person's gross negligence or willful misconduct), including court costs and reasonable attorneys' fees and expenses (together, "Attorneys' Fees"), in any way relating to or arising out of the Equipment or any Lease at any time, or the ordering, acquisition, rejection, installation, possession, maintenance, use, ownership, condition, destruction or return of the Equipment, including any claims based in negligence, strict liability in tort, environmental liability or infringement.

(b) General Tax Indemnity. Lessee shall pay or reimburse Lessor, and indemnify, defend and hold Lessor harmless from, on an after-tax basis, all taxes, assessments, fees and other governmental charges paid or required to be paid by Lessor or Lessee in any way arising out of or related to the Equipment or any Lease before or during the Lease Term or after the Lease Term following an Event of Default, including foreign, Federal, state, county and municipal fees, taxes and assessments, and property, value-added, sales, use, gross receipts, excise, stamp and documentary taxes, and all related penalties, fines, additions to tax and interest charges ("Impositions"), excluding only Federal and state taxes based on Lessor's net income to/to such taxes are in lieu of any Imposition Lessee would otherwise be required to pay hereunder. Lessee shall timely pay any Imposition for which Lessee is primarily responsible under law and any other Imposition not payable or not paid by Lessor, but Lessee shall have no obligation to pay any Imposition being contested in good faith and by appropriate legal proceedings, the nonpayment of which does not, in the opinion of Lessor, result in a material risk of adverse effect on the title, property, use, disposition or other rights of Lessor with respect to the Equipment. Upon Lessor's request, Lessee shall furnish proof of its payment of any Imposition.

(c) Income Tax Indemnity. Lessor shall be treated for federal and state income tax purposes as the owner of the Equipment and shall be entitled to take into account certain Tax Benefits in computing its income tax liabilities in connection with any Lease. If Lessor suffers a Tax Loss by reason of any act or failure to act by Lessee, or Lessee's breach of any representation, warranty or agreement in any Lease then, upon Lessor's demand and at Lessor's option, either: (i) all Basic Rent under the Lease, if any, shall be increased by an amount, or (ii) Lessee shall pay Lessor a lump sum amount, which in either case shall maintain the net economic after-tax yield, cash-flow and rate of return Lessor originally anticipated, based on Lessor's federal and state corporate income tax rate in effect on the Acceptance Date of the applicable Schedule and other assumptions originally used by Lessor in evaluating the transaction and setting the Rent therefor and other terms thereof. Lessee shall also pay Lessor on demand all interest, costs (including Attorneys' Fees), penalties and additions to tax associated with the Tax Loss. Lessor shall have no obligation to contest any Tax Loss. All references to "Lessor" in this Section 7(c) shall include (A) Lessor's successors and Assignees, and (B) each member of the affiliated group of corporations, as defined in Section 1504(a) of the Code, of which Lessor or such successor or Assignee is at any time a member. As used herein: "Tax Benefits" means all items of income, deduction (including depreciation consistent with Lessee's representation in the applicable Schedule), credit, gain or loss relating to ownership of the Equipment as are provided to owners of similar equipment under the Code and applicable state tax laws in effect on the Acceptance Date of such Schedule; and "Tax Loss" means and will be deemed to be suffered if Lessor loses, is delayed in claiming, is required to recapture, is not allowed or may not claim all or any portion of any Tax Benefits, provided, however, that Lessee shall be under no obligation to make any payments with respect to a Tax Loss to the extent that it (1) is caused by Lessor's failure to have sufficient taxable income to benefit from any Tax Benefits, or (2) results from any disposition of Equipment by Lessor other than a disposition of Equipment following an Event of Default.

8. Return. Upon any cancellation, termination or expiration of any Lease (after the occurrence of an Event of Default or otherwise), Lessee shall, at its expense, cause the Equipment to be prepared and adequately protected for shipment by an authorized manufacturer's representative and either surrender it to Lessor in place or, if instructed by Lessor, ship the Equipment to Lessor, freight and insurance pre-paid, to a place designated by Lessor within the 48 contiguous United States, in the condition required under Section 4 hereof and under the applicable Schedule, able to be put into immediate service and to perform at manufacturer's rated levels (if any), together with all related manuals, documents and records, and, if applicable, reassembled by an authorized

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manufacturer's representative and immediately qualified for the manufacturer's (or its authorized servicing representative's) then available service contract or warranty. If requested by Lessor, Lessee shall, at its expense: (i) cause the Equipment to qualify for all applicable licenses or permits necessary for its operation and for its intended purpose, and to comply with all specifications and requirements of applicable federal, state and local laws, regulations and ordinances; (ii) provide safe, suitable storage, acceptable to Lessor, for the Equipment for a period not to exceed 90 days from the date of return; and (iii) cooperate with Lessor in attempting to remarket the Equipment, including display and demonstration to prospective parties, and allowing Lessor to conduct a private sale on Lessee's premises. If Lessee does not surrender or return any item of Equipment to Lessor on the date or in the condition required under a Lease, in addition to all other available rights and remedies, at Lessor's election, such Equipment shall continue to be subject to all the terms and conditions of the Lease, with Rent and other charges continuing to accrue and be payable under the Lease with respect to such Equipment until it is so surrendered or returned to Lessor, except that Rent shall accrue at 125% of the last Rent allocable to such item of Equipment (as reasonably calculated by Lessor) during the Lease Term, payable on demand.

9. **Lessee Representations and Agreements.** Lessee represents, warrants and agrees that: (a) Lessee has had for the previous 5 years (except as previously disclosed to Lessor in writing) the legal name and form of business organization in the state described above; (b) Lessee's chief executive office and notice address, taxpayer identification number and any organizational identification number is as described with its execution of this Agreement below; (c) Lessee shall notify Lessor in writing at least 30 days before changing its legal name, state of organization, chief executive office location or organizational identification number; (d) Lessee is duly organized and existing in good standing under the laws of the state described above and all other jurisdictions where legally required in order to carry on its business, shall maintain in good standing in all such jurisdictions, and shall conduct its business and manage its properties in compliance with all applicable laws, rules or regulations binding on Lessee; (e) the execution, delivery and performance of this Agreement, each Lease and Related Agreement to which it is a party has been duly authorized by Lessee, each of which are and will be binding on and enforceable against Lessee in accordance with their terms, and do not and will not contravene any other instrument or agreement binding on Lessee; and (f) there is no pending litigation, tax or environmental claim, proceeding, dispute or regulatory or enforcement action (and Lessee shall promptly notify Lessor of any of the same that may hereafter arise) that may adversely affect any Equipment or Lessee's financial condition or impair its ability to perform its Obligations.

10. **Title; Property; Additional Security.** (a) Title; Personal Property. Each Lease is and is intended to be a lease of personal property for all purposes. Lessee does not acquire any right, title or interest in or to any Equipment, except the right to use and possess the same under the terms of the applicable Lease. Except as specifically provided in the applicable Schedule, Lessee has no right or option to extend the Lease Term of a Lease or purchase any Equipment. Lessee assigns all of its rights (but none of its obligations) to Lessor under any purchase orders, invoices or other contracts of sale with respect to the Equipment, and conveys whatever right, title and interest it may now or hereafter have in any Equipment to Lessor. Lessor shall be the sole owner of Equipment free and clear of all liens or encumbrances, other than Lessee's rights under the Lease. Lessee will not create or permit to exist any lien, security interest, charge or encumbrance on any Equipment except those created by Lessor. The Equipment shall remain personal property at all times, notwithstanding the manner in which it may be affixed to realty. Lessee shall obtain and record such instruments and take such steps as may be necessary to (i) prevent any creditor, landlord, mortgagee or other entity (other than Lessor) from having any lien, charge, security interest or encumbrance on any Equipment, and (ii) ensure Lessor's right of access to and removal of Equipment in accordance with the Lease.

(b) Additional Security. To secure the punctual payment and performance of Lessee's Obligations under each Lease and, as a separate grant of security, to secure the payment and performance of all other Obligations owing to Lessor, Lessee grants to Lessor a continuing security interest in the Collateral, provided, however, that if there then exists no Event of Default, Lessor's security interest in Collateral subject to a Lease shall terminate upon the payment and performance of all Obligations of Lessee under the applicable Lease. Notwithstanding the grant of a security interest in any Collateral, Lessee shall have no right to sell, lease, rent, dispose or surrender possession, use or operation of any Equipment to any third parties without the prior written consent of Lessor. The foregoing grant of a security interest shall not of itself be a factor in determining whether any Lease creates a lease or security interest in the Equipment under applicable provisions of the UCC.

11. **Default.** Each of the following (a "Default") shall, with the giving of any notice or passage of any time period specified, constitute an "Event of Default" hereunder and under all Leases: (1) Lessee fails to pay any Rent or other amount owing under any Lease within 10 days of its due date; (2) Lessee fails to maintain insurance as required herein, or sells, leases, subleases, assigns, conveys, or suffers to exist any lien, charge, security interest or encumbrance on, any Equipment without Lessor's prior consent, or any Equipment is subjected to levy, seizure or attachment; (3) Lessee fails to perform or comply with any other covenant or obligation under any Lease or Related Agreement and, if curable, such failure continues for 30 days after written notice thereof by Lessor to Lessee; (4) any representation, warranty or other written statement made to Lessor by Lessee in connection with this Agreement, any Lease, Related Agreement or other Obligation, or by any Guarantor pursuant to any Guaranty (including financial statements) proves to have been incorrect in any material respect when made; (5) Lessee (w) enters into any merger or consolidation with, or sells or transfers all or any substantial portion of its assets to, or enters into any partnership or joint venture other than in the ordinary course of business with, any entity, (x) dies (if a natural person), dissolves, liquidates or ceases or suspends the conduct of business, or ceases to maintain its existence, (y) if Lessee is a privately held entity, enters into or suffers any transaction or series of transactions as a result of which Lessee is directly or indirectly controlled by persons or entities not directly or indirectly controlling Lessee as of the date hereof, or (z) if Lessee is a publicly held entity, there shall be a change in the ownership of Lessee's stock or other equivalent ownership interest such that Lessee is no longer subject to the reporting requirements of, or no longer has a class of equity securities registered under, the Securities Act of 1933 or the Securities Exchange Act of 1934; (6) Lessee undertakes any general assignment for the benefit of creditors or commences any voluntary case or proceeding for relief under the federal bankruptcy code, or any other law for the relief of debtors, or takes any action to authorize or implement any of the foregoing; (7) the filing of any petition or application against Lessee under any law for the relief of debtors, including proceedings under the federal bankruptcy code, or for the subjection of property of Lessee to the control of any court, receiver or agency for the benefit of creditors if such petition or application is consented to by Lessee or is otherwise not dismissed within 60 days from the date of filing; (8) any default occurs under any other lease, credit or other agreement or instrument to which Lessee and Lessor or any Affiliate of Lessor are now or hereafter party; (9) any default occurs under any other agreement or instrument to which Lessee is a party and under which there is outstanding, owing or committed an aggregate amount greater than $100,000; (10) any attempted repudiation, breach or default of any Guaranty; or (11) the occurrence of any event described in clauses (4) through (9) above with reference to any Guarantor or any controlling shareholder, general partner or member of Lessee. Lessee shall promptly notify Lessor in writing of any Default or Event of Default.

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12. Remedies. (a) Upon the occurrence of an Event of Default, Lessor may, in its discretion, exercise any one or more of the following remedies with respect to any or all Leases or Equipment: (1) cause Lessee to promptly discontinue use of or disable any Equipment, or to assemble and return any Equipment or other Collateral in accordance with the terms of the applicable Lease; (2) remedy such Event of Default or proceed by court action, either at law or in equity, to enforce performance of the applicable provisions of any Lease; (3) with or without court order, enter upon the premises where Equipment is located and repossess and remove the same, all without liability for damage to such premises or by reason such entry or repossession, except for Lessor's gross negligence or willful misconduct; (4) dispose of any Equipment in a public or private transaction, or hold, use, operate or keep idle the Equipment, free and clear of any rights or interests of Lessee therein; (5) recover direct, incidental, consequential and other damages for the breach of any Lease, including the payment of all Rent and other amounts payable thereunder (discounted at the Discount Rate with respect to any accelerated future amounts), and all costs and expenses incurred by Lessor in exercising its remedies or enforcing its rights thereunder (including all Attorneys' Fees); (6) by written notice to Lessee, cancel any Lease and, as liquidated damages for the loss of Lessor's bargain and not as a penalty, declare immediately due and payable an amount equal to the Stipulated Loss Value applicable to such Leases which Lessee acknowledges to be reasonable liquidated damages in light of the anticipated harm to Lessor that might be caused by an Event of Default and the facts and circumstances existing as of the Acceptance Date of each Lease; (7) without notice to Lessee, apply or set-off against any Obligations all security deposits, advance payments, proceeds of letters of credit, certificates of deposit (whether or not matured), securities or other additional collateral held by Lessor or otherwise credited by or due from Lessor to Lessee; or (8) pursue all other remedies provided under the UCC or other applicable law. Upon the commencement of any voluntary case under the federal bankruptcy code concerning the Lessee, the remedy provided in clause (6) above shall be automatically exercised without the requirement of prior written notice to Lessee or of any other act or declaration by Lessor, and the liquidated damages described therein shall be immediately due and payable. Lessee shall pay interest equal to the lesser of (a) 12% per annum, or (b) the highest rate permitted by applicable law ("Default Rate") on (i) any amount other than Rent owing under any Lease and not paid when due, (ii) Rent not paid within 30 days of its due date, and (iii) any amount required to be paid upon cancellation of any Lease under this Section 12. Any payments received by Lessor after an Event of Default, including proceeds of any disposition of Equipment, shall be applied in the following order: (A) to all of Lessor's costs (including Attorneys' Fees), charges and expenses incurred in taking, removing, holding, repairing and selling or leasing the Equipment or other Collateral or enforcing the provisions hereof; (B) to the extent not previously paid by Lessee, to pay Lessor for any damages then remaining unpaid hereunder; (C) to reimburse Lessor for any sums previously paid by Lessor as damages hereunder; and (D) the balance, if any, shall be retained by Lessor.

(b) No remedy referred to in this Section 12 shall be exclusive, each shall be cumulative (but not duplicative of recovery of any Obligation) and in addition to any other remedy referred to above or otherwise available to Lessor at law or in equity, and all such remedies shall survive the cancellation of any Lease. Lessor's exercise or partial exercise of, or failure to exercise, any remedy shall not restrict Lessor from further exercise of that remedy or any other available remedy. No extension of time for payment or performance of any Obligation shall operate to release, discharge, modify, change or affect the original liability of Lessee for any Obligations, either in whole or in part. Lessor may proceed against any Collateral or Guarantor, or may proceed contemporaneously or in the first instance against Lessee, in such order and at such times following an Event of Default as Lessor determines in its sole discretion. In any action to repossess any Equipment or other Collateral, Lessee waives any bonds and any surety or security required by any applicable laws as an incident to such repossession. Notices of Lessor's intention to accelerate, acceleration, nonpayment, presentment, protest, dishonor, or any other notice whatsoever (other than notices of Default specifically required of Lessor pursuant to Section 11 above) are waived by Lessee and any Guarantor. Any notice given by Lessor of any disposition of Collateral or other intended action of Lessor which is given in accordance with this Agreement at least 5 business days prior to such action, shall constitute fair and reasonable notice of such action.

13. Assignment. Lessor and any Assignee may assign or transfer any of Lessor's interests in any Lease or Equipment without notice to Lessee, subject, however, to the rights of Lessee to use and possess the Equipment under such Lease for so long as no Event of Default has occurred and is continuing. Lessee agrees that: (i) the rights of any Assignee shall not be affected by any breach or default of Lessor or any prior Assignee, and Lessee shall not assert any defense, rights of set-off or counterclaim against any Assignee, nor hold or attempt to hold such Assignee liable for any such breach or default; (ii) no Assignee shall be required to assume any obligations of Lessor under any Lease except the obligation of non-interference in Section 1 above; (iii) any Assignee expressly assuming the obligations of Lessor shall thereupon be responsible for Lessor's duties under the applicable Lease accruing after assignment and Lessor shall be released from such duties; and (iv) Lessee shall execute and deliver upon request such additional documents, instruments and assurances as Lessor deems necessary in order to (y) acknowledge and confirm all of the terms and conditions of any Lease and Lessor's or such Assignee's rights with respect thereto, and Lessee's compliance with all of the terms and provisions thereof, and (z) preserve, protect and perfect Lessor's or Assignee's right, title or interest hereunder and in any Equipment, including, without limitation, such UCC financing statements or amendments, control agreements, corporate or member resolutions, votes, notices of assignment of interests, and confirmations of Lessee's obligations and representations and warranties with respect thereto as of the dates requested. Lessor may disclose to any potential Assignee any information regarding Lessee, any Guarantor and their Affiliates. Lessee shall not assign, pledge, hypothecate or in any way dispose of any of its rights or obligations under any Lease, or enter into any sublease of any Equipment, without Lessor's prior written consent. Any purported assignment, pledge, hypothecation, disposal or sublease by Lessee made without Lessor's prior written consent shall be null and void.

14. (a) During the term of any Lease, Lessee shall (i) maintain books and records in accordance with generally accepted accounting principles ("GAAP") and prudent business practice, (ii) promptly and in no event later than 120 days after each fiscal year end furnish Lessor company prepared financial statements of Lessee and of any Guarantor, prepared in accordance with GAAP consistently applied, and (iii) at Lessor's request, furnish Lessor all other financial information and reports reasonably requested by Lessor at any time, including tax returns, quarterly or other interim financial statements of Lessee and of any Guarantor. Lessee shall furnish such other information as Lessor may reasonably request at any time concerning Lessee, any Guarantor and their respective affiliates, or any Unit. Lessee shall promptly notify Lessor of any Event of Default or event or circumstance which, with notice, lapse of time or both, would be an Event of Default.

(b) Lessee represents and warrants that all information furnished and to be furnished by Lessee or any Guarantor to Lessor is accurate, and that all financial statements Lessee or any Guarantor has furnished and hereafter may furnish to Lessor reasonably reflect and will reflect, as of their respective dates, results of the operations and the financial condition of Lessee, such Guarantor or any other entity they purport to cover.

(c) Credit and other information regarding Lessee, any Guarantor or their affiliates may be shared by Lessor with its affiliates and agents.

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15. Definitions

As used herein, the following terms shall have the meanings assigned or referred to them below:

"Affiliate" means any entity controlling, controlled by or under common control with the referee entity; "control" includes (i) the ownership of 25% or more of the voting stock or other ownership interest of any entity and (ii) the status of a general partner of a partnership or managing member of a limited liability company.

"Assignee" means any assignee or transferee of all or any of Lessor's right, title and interest in any Lease or any Equipment.

"Code" means the Internal Revenue Code of 1986, as amended.

"Collateral" means and includes all of Lessee's right, title and interest in and to all Equipment, together with: (i) all parts, attachments, accessories and accessions to, substitutions and replacements for, each item of Equipment; (ii) all accounts, chattel paper, and general intangibles arising from or related to any sale, lease, rental or other disposition of any Equipment to third parties, or otherwise resulting from the possession, use or operation of any Equipment by third parties, including instruments, investment property, deposit accounts, letter of credit rights, and supporting obligations arising thereunder or in connection therewith; (iii) all insurance, warranty and other claims against third parties with respect to any Equipment; (iv) all software and other intellectual property rights used in connection therewith; (v) proceeds of all of the foregoing, including insurance proceeds and any proceeds in the form of goods, accounts, chattel paper, documents, instruments, general intangibles, investment property, deposit accounts, letter of credit rights and supporting obligations; and (vi) all books and records regarding the foregoing, in each case, now existing or hereafter arising.

"Discount Rate" means the 1-year Treasury Constant Maturity rate as published in the Selected Interest Rates table of the Federal Reserve statistical release H.15(519) for the week ending immediately prior to the original Acceptance Date of a Lease (or if such rate is no longer determined or published, a successor or alternate rate selected by Lessor).

"Equipment" means the items, units and groups of personal property, finished materials and fixtures described in each Schedule, together with all replacements, parts, additions, accessories and substitutions therefor, and "item of Equipment" means a "commercial unit" as defined and described in Article 2A of the UCC, and includes each functionally integrated and separately marketable group or unit of Equipment.

"Guarantor" means any guarantor, surety, endorser, general partner or co-lessee of Lessee, or other party liable in any capacity, or providing additional collateral security for, the payment or performance of any Obligations of Lessee.

"Guaranty" means any guaranty, surety instrument, security, indemnity, "keep-well" agreement or other instrument or arrangement from or with any Guarantor.

"Obligations" means and includes all obligations of Lessee owing to Lessor under this Agreement, any Lease or Related Agreement, or of any Guarantor owing to Lessor under any Guaranty, together with all other obligations, indebtedness and liabilities of Lessee to Lessor under any other financings, leases, loans, notes, progress payment agreements, guaranties or other agreements, of every kind and description, now existing or hereafter arising, direct or indirect, joint or several, absolute or contingent, whether for payment or performance, regardless of how the same may arise or by what instrument, agreement or book account they may be evidenced, including without limitation, any such obligations, indebtedness and liabilities of Lessee to others which may be obtained by Lessor through purchase, negotiation, discount, transfer, assignment or otherwise.

"Related Agreement" means and includes any Guaranty and any approval letter or progress payment, assignment, security or other agreement or addendum related to this Agreement, any Lease or any Collateral to which Lessee or any Guarantor is a party.

"Stipulated Loss Value" means, as of any particular date, the product obtained by multiplying the "Lessor's Cost" specified in the Schedule by the percentage set forth in the "Schedule of Stipulated Loss Values" attached to the Schedule, specified opposite the Rent installment number (or date) becoming due immediately after the Casualty, Event of Default or other event requiring the calculation of Stipulated Loss Value. If there is no Schedule of Stipulated Loss Values attached to a Schedule, or if the Schedule of Stipulated Loss Values does not otherwise cover a Rent installment number (or date), Stipulated Loss Value on any Rent payment date shall equal the net present value of (a) all unpaid Rent for the remainder of the Lease Term, plus (b) the amount of any purchase obligation, fixed price purchase option, or TRAC amount payment or, if there is no such obligation, option or payment, then the fair market value of the Equipment as of the end of the Lease Term, as estimated by Lessor in its sole discretion, all discounted to present value at the Discount Rate.

"UCC" means the Uniform Commercial Code in effect in the state specified in Section 16(f) of this Agreement.

"Vendor" means the manufacturer, distributor, supplier or other seller (whether or not a merchant or dealer) of the Equipment and any sales representative or agent thereof.

16. Miscellaneous. (a) At Lessor's request, Lessee shall execute, deliver, file and record such financing statements and other documents as Lessor deems necessary to protect Lessor's interest in the Equipment and to effectuate the purposes of any Lease or Related Agreement, and Lessee authorizes, and irrevocably appoints Lessor as its agent and attorney-in-fact, with right of substitution and coupled with an interest, to (i) execute, deliver, file, and record any such item, and to take such action for Lessee and in Lessee's name, place and stead, (ii) make minor corrections to manifest errors in factual data in any Schedule and any addenda, attachments, exhibits and riders thereto, and (iii) after the occurrence of an Event of Default, enforce claims relating to the Equipment against insurers, Vendors or other persons, and to make, adjust, compromise, settle and receive payment under such claims, but without any obligation to do so.

(b) Federal law requires all financial institutions to obtain, verify and record information that identifies each entity that obtains a loan or other financial accommodation. The first time Lessee requests a financial accommodation from Lessor, the Lessor may ask for Lessee's (or any Guarantor's) legal name, address, tax ID number and other identifying information. Lessee shall promptly provide copies of business licenses or other documents evidencing the existence and good standing of Lessee or any Guarantor requested by Lessor.

(c) Time is of the essence in the payment and performance of all of Lessee's Obligations under any Lease or Related Agreement. This Agreement, and each Lease or Related Agreement may be executed in one or more counterparts, each of which shall constitute one and the same agreement. All demands, notices, requests, consents, waivers and other communications concerning this Agreement and any Lease or Related Agreement shall be in writing and shall be deemed to have been duly given when received, personally delivered or three business days after being deposited in the mail, first class postage prepaid, or the business day after delivery to an express carrier, charges prepaid, addressed to each party at the address provided herein, or at such other address as may hereafter be furnished in writing by such party to the other.

(d) Except as otherwise agreed between Lessee and Lessor in writing, Lessee shall reimburse Lessor upon demand for costs and expenses incurred by Lessor in connection with the execution and delivery of this Agreement, any Lease or Related Agreement, Lessee shall reimburse Lessor on demand for all costs (including Attorneys' Fees) incurred by Lessor in connection with Lessee's exercise of any purchase or extension option under any Lease, or any amendment or waiver of the terms of this Agreement or any Lease or Related Agreement requested by Lessee.

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(c) Any provisions of this Agreement or any Lease or Related Agreement which are unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such unenforceability without invalidating the remaining provisions thereof, and any such unenforceability shall not render unenforceable such provisions in any other jurisdiction. Any requirement for the execution and delivery of any document, instrument or notice may be satisfied, in Lessor's discretion, by authentication as a record within the meaning of, and to the extent permitted by, Article 9 of the UCC.

(f) THIS AGREEMENT AND ANY LEASE OR RELATED AGREEMENT, AND THE LEGAL RELATIONS OF THE PARTIES THERETO, SHALL IN ALL RESPECTS BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA, WITHOUT REGARD TO CHOICE OF LAW PRINCIPLES; THE PARTIES CONSENT AND SUBMIT TO THE JURISDICTION OF THE STATE AND FEDERAL COURTS OF SUCH STATE FOR THE PURPOSES OF ANY SUIT, ACTION OR OTHER PROCEEDING ARISING THEREFROM, AND EXPRESSLY WAIVE ANY OBJECTIONS THAT IT MAY HAVE TO THE VENUE OF SUCH COURTS. THE PARTIES EXPRESSLY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION BROUGHT ON OR WITH RESPECT THERETO. IN NO EVENT SHALL LESSOR HAVE ANY LIABILITY TO LESSEE FOR INCIDENTAL, GENERAL, CONSEQUENTIAL, PUNITIVE OR EXEMPLARY DAMAGES. Any cause of action by Lessee against Lessor relating to this Agreement or any Lease or Related Agreement shall be brought within one year after any such cause of action first arises, and Lessee hereby waives the benefit of any longer period provided by statute.

(g) EACH LEASE, TOGETHER WITH THIS AGREEMENT AND ANY RELATED AGREEMENTS, (i) CONSTITUTES THE FINAL AND ENTIRE AGREEMENT BETWEEN THE PARTIES SUPERSEDING ALL CONFLICTING TERMS OR PROVISIONS OF ANY PRIOR PROPOSALS, APPROVAL LETTERS, TERM SHEETS OR OTHER AGREEMENTS OR UNDERSTANDINGS BETWEEN THE PARTIES, (ii) MAY NOT BE CONTRADICTED BY EVIDENCE OF (y) ANY PRIOR WRITTEN OR ORAL AGREEMENTS OR UNDERSTANDINGS, OR (z) ANY CONTEMPORANEOUS OR SUBSEQUENT ORAL AGREEMENTS OR UNDERSTANDINGS BETWEEN THE PARTIES; and (iii) MAY NOT BE AMENDED, NOR MAY ANY RIGHTS THEREUNDER BE WAIVED, EXCEPT BY AN INSTRUMENT IN WRITING SIGNED BY THE PARTY CHARGED WITH SUCH AMENDMENT OR WAIVER.

In Witness Whereof, Lessor and Lessee have executed this Agreement as of the date first above written.

BANC OF AMERICA LEASING & CAPITAL, LLC (Lessor)

By: P. Wesley Yount, III
Print Name: P. Wesley Yount, III
Title: Senior Vice President

SURGERY CENTER OF BREVARD, INC. (Lessee)

By: [signature] 4-27-07
Print Name: Ross A. Clevens
Title: President
Taxpayer ID #: 59-3485502
Org. ID # (if any):
Chief Executive Office:

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Bank of America

Banc of America Leasing & Capital, LLC | Schedule to Master Lease Agreement | Schedule Number 004

This Schedule ("Schedule"), dated as of July 1, 2008, between Banc of America Leasing & Capital, LLC ("Lessor") and Surgery Centers of Brevard, Inc. ("Lessee") is executed pursuant to Master Lease Agreement Number 17387-90800 dated April 13, 2007 (the "Master Lease"), which is incorporated into this Schedule by this reference. Unless otherwise defined in this Schedule, capitalized terms used in this Schedule have the respective meanings assigned to such terms in the Master Lease. If any provision of this Schedule conflicts with any provision of the Master Lease, the provisions contained in this Schedule shall prevail. Lessee hereby authorizes Lessor to insert the serial numbers and other identification data of the Equipment, dates, and other omitted factual matters or descriptions in this Schedule.

1. Description of Equipment; Location. The Equipment subject to this Schedule, which has a cost to Lessor in the aggregate of $64,035.00, which may include taxes, shipping, installation and other related expenses, if any (collectively "Lessor's Cost"), are as follows:

Quantity	Description	Serial Number	Lessor's Cost
1	Lumonic Laser VRM II "Q" Switched Dual Pulsed Nd: YAG & KTP Laser, 110 Volt Electrical System, With accessory kit	MQ-G1202711	$79,500.00
1	VRM II Owners Manual		
1	1-Year Warranty Parts, Labor & Travel		
1	Discount		($24,500.00)
1	1-Year Warranty Parts, Labor & Travel – Add'l 1 year – paid thru 06/2010		
1	Zoom		$8,500.00
2	Aida DVD-M w/Smart Screen & Ship Kit	CB649214-P CB649311-P	
	Shipping & Handling		$535.00

Location of Equipment. The Equipment will be located or (in the case of over-the-road vehicles) based at the following locations:

Location	Address	City	County	State	Zip
A.	95 Building Blvd., Suite 104	Melbourne	Brevard	FL	32901

2. Acceptance. Lessee acknowledges and represents that the Equipment (a) has been delivered to, received and inspected by Lessee, (b) is in good operating order, repair, condition and appearance, (c) is of the manufacture, design and capacity selected by Lessee and is suitable for the purposes for which the Equipment is leased, and is acceptable and satisfactory to Lessee, (d) do not require any additions or modifications to make them suitable for use, other than ancillary modifications or additions normally made by lessees of similar assets, and are available for use and lease by Lessee and Lessor, and (e) have been irrevocably accepted as "Equipment" leased by Lessee under this Schedule as of the date written below (the "Acceptance Date"). Lessee hereby authorizes and directs Lessor to reimburse Lessee or pay Vendors for the purchase price of the Equipment in accordance with Vendors' invoices therefor, receipt and approval of which are hereby reaffirmed by Lessee.

3. Lease Term. The original Lease Term for the Lease of Equipment under this Schedule consists of: (i) an "Interim Term" (if any) beginning on the Acceptance Date, and continuing through and including the day preceding the Base Date; and (ii) a "Base Term" of Thirty Six (36) months, beginning on July 9, 2008 (the "Base Date").

4. Rent. Rent payable under this Schedule consists of: (i) "Interim Rent", which shall be due Lessor for each day of the Interim Term and equal the daily equivalent of the Initial Base Rent, and payable on the Base Date; and (ii) "Base Rent", which shall be payable in advance in Thirty Six (36) consecutive monthly installments of $1,630.47 each, or as set forth in the Schedule of Base Rent Installments attached hereto, with the first Base Rent installment being payable on the Base Date and the remaining Base Rent installments being payable on the 9th day of each succeeding month.

5. Tax Exemption. Lessor will invoice Lessee for all sales, use and/or personal property taxes as and when due and payable in accordance

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with applicable law, unless Lessee timely delivers to Lessor a valid exemption certificate with respect to such taxes. Delivery of such certificate shall constitute Lessee's representation and warranty that no such taxes shall become due and payable with respect to the Equipment, and Lessee shall indemnify and hold harmless Lessor from and against any and all liability or damages, including late charges and interest which Lessor may incur by reason of the assessment of such taxes.

6. **Tax Matters.** Lessee represents, warrants and agrees that (i) Lessee will not claim that Lessee is the owner of the Equipment or that Lessee is otherwise entitled to all or any of the Tax Benefits; (ii) the Equipment will not require any improvements, modifications, or additions (other than ancillary or incidental items of removable equipment) in order to be rendered complete for its intended use by Lessee; (iii) the Equipment will not constitute "limited use property" within the meaning of Rev. Proc. 2001-28; (iv) during the Lease Term, Lessor shall not be required to include in its gross income for federal income tax purposes (1) any amount derived from the cost of any alteration, addition, improvement, modification, replacement, or substitution of the Equipment or from any refund or credit from the Vendor of the Equipment or (2) any foreign source income under Section 863 of the Code; and (v) the Equipment will not constitute "public utility property" or "tax-exempt use property" within the meaning of Sections 168(i)(10) or 168(h) of the Code.

7. **Further Representations and Agreements.** Lessee represents, warrants and agrees as follows: (a) all representations and warranties of Lessee contained in the Master Lease are restated as of the Acceptance Date and are true and correct as of such date; (b) there has been no material adverse change in the operations, business, properties or condition, financial or otherwise, of Lessee or any Guarantor since December 31, 2007; (c) there exists no Default or Event of Default as of the Acceptance Date; and (d) the operation and maintenance of any Equipment in the ordinary course by Lessee does not require the entry into any software or other intellectual property rights agreement with any licensor or other person, except as disclosed to Lessor in writing prior to the Acceptance Date.

8. **Lease Options**

Extension; Purchase Options. Provided no Event of Default has occurred and remains uncured, and upon Lessee having provided Lessor with written notice not more than 360 days or less than 180 days prior to expiration of the Lease Term, Lessee may irrevocably elect to:

(i) extend the Lease Term as to all and not less than all of the Equipment under this Schedule for a renewal period to be agreed upon by Lessee and Lessor for an amount equal to the then fair market rental value of the Equipment, as determined by Lessor, plus applicable taxes, payable monthly by Lessee to Lessor on the first day of each month during the extension term, or

(ii) purchase all of Lessor's right, title and interest in and to all, but not less than all, of the Equipment under this Schedule, free from all liens and encumbrances created by Lessor, but otherwise on an "AS-IS, WHERE-IS," quitclaim basis, for a purchase price not to exceed 30.00% of the purchase price; *plus* all Base Rent installments, late charges and other amounts then due and owing under the Lease; *plus* all applicable taxes, assessments and other charges due or payable in connection with the sale of the Equipment (collectively, the "Purchase Price"). Lessee shall pay Lessor the Purchase Price on or before the expiration of the Base Term in immediately available funds.

As used herein, "**fair market value**" means the amount which would be obtained in an arm's-length transaction between an informed and willing buyer-user (other than a buyer-user currently in possession or a used equipment or scrap dealer) and an informed and willing seller, each under no compulsion to buy or sell, and "**fair market rental value**" means the amount which would be obtained in an arm's-length transaction between an informed and willing lessee (other than a lessee currently in possession) and an informed and willing lessor, each under no compulsion to lease; provided, however, that in each such determination (a) the costs of removal of any Equipment from the location of current use shall not be a deduction from such value, (b) it shall be assumed (whether or not the same be true) that the Equipment has been maintained and would have been returned to Lessor in compliance with the requirements of this Lease, and (c) if any Equipment has been attached to or installed on or in any other property leased or owned by Lessee, the value for such Equipment shall be determined on an installed basis, in place and in use.

BANC OF AMERICA LEASING & CAPITAL, LLC

By: P. Wesley Yount, III

Printed Name: P. Wesley Yount, III

Title: Senior Vice President

SURGERY CENTER OF BREVARD, INC.

By: [signature]

Printed Name: Ross A Clevens

Title: MD FACS

Acceptance Date: July 2, 2008

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Where multiple counterpart originals of this Schedule have been executed by Lessee and Lessor, only the counterpart marked "Lessor's Copy" shall be deemed chattel paper evidencing the Lease of Equipment subject to this Schedule, and a security interest in such chattel paper and Lease may be perfected through the transfer and possession of the "Lessor's Copy" of such Schedule only, without the need to transfer possession of the Master Lease, any Related Agreement or any other document executed and delivered in connection with this Lease.

The terms applicable to the Lease of Equipment subject to this Schedule are supplemented by the following:

Annex I: Schedule of Stipulated Loss Values
Annex II: Supplemental Maintenance and Return Conditions

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STIPULATED LOSS VALUE
----- SCHEDULE -----

Customer.....Surgery Centers of Brevard

Number of Rent Pmts Made	Stipulated Loss % of basis
1	101.0226
2	99.31488
3	97.58931
4	95.80328
5	93.95934
6	92.09693
7	90.17365
8	88.19243
9	86.19258
10	84.17425
11	82.14589
12	80.105
13	78.05482
14	75.99243
15	73.91331
16	71.8258
17	69.72793
18	67.61468
19	65.49473
20	63.36649
21	61.22514
22	59.07161
23	56.91802
24	54.76311
25	52.61075
26	50.46009
27	48.30428
28	46.1562
29	44.01577
30	41.87679
31	39.75281
32	37.64483
33	35.54753
34	33.46471
35	31.4137
36	30
36	30

Termination values are due in addition to any

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advance or arrears rent due on the same date.

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Bank of America

Banc of America Leasing & Capital, LLC **GUARANTY**

This Guaranty (this "Guaranty") is executed and delivered as of the date set forth below by the undersigned guarantor (the "Guarantor") in favor of Banc of America Leasing & Capital, LLC ("BALC"). BALC may, from time to time, enter into agreements with Surgery Center of Broward, Inc. ("Customer"). The term "Customer," if defined to include more than one party, shall mean "Customer and each of them" and this Guaranty shall secure payment of all of their respective Obligations (hereinafter defined) to BALC. BALC is unwilling to enter into such agreements with Customer, unless Guarantor absolutely and unconditionally guarantees to BALC the payment and performance of all obligations of Customer at any time owing to BALC. With knowledge that BALC will enter into agreements with or extend financial accommodations to Customer in reliance upon the existence of this Guaranty and the validity and enforceability of the obligations and liabilities of Guarantor to BALC contemplated hereby, Guarantor agrees with BALC as follows:

1. Guaranty. Guarantor guarantees to BALC the prompt payment and/or performance of all indebtedness, obligations and liabilities of Customer at any time owing to BALC, whether direct or indirect, matured or unmatured, primary or secondary, certain or contingent, or acquired by or otherwise created in favor of BALC, including without limitation any and all rent, loan, purchase or other installment payments, principal balances, taxes, indemnities, liquidated damages, accelerated amounts, return deficiency charges, stipulated loss and casualty value payments, transaction expenses and other reimbursements, administrative charges, all interest, late charges and fees, attorneys' fees or enforcement and other costs, which may at any time be payable to BALC, together with all claims for damages arising from or in connection with the failure to punctually and completely pay or perform such obligations, whether or not such obligations are from time to time reduced or extinguished and thereafter increased or incurred (collectively the "Obligations"). This Guaranty is a guaranty of payment and performance, and not a guaranty of collection, and Guarantor hereby undertakes and agrees that if Customer does not or is unable to punctually and completely pay or perform any Obligations for any reason, Guarantor shall (i) punctually pay any such Obligations requiring the payment of money which Customer fails to pay promptly, as and when due, in each case, as an Obligation for payment due directly from Guarantor to BALC and without any abatement, reduction, setoff, defense, counterclaim or recoupment, and (ii) punctually perform any and all Obligations not requiring the payment of money for the benefit of BALC, as an Obligation for performance due directly from Guarantor to BALC. Guarantor shall be deemed to be primarily liable for each Obligation and not merely as a surety thereof.

2. Continuing Nature of Guaranty; Revocation. This Guaranty is a continuing guaranty and shall in all respects be valid and enforceable without regard to the form or the amount of the Obligations in existence at any time. Guarantor may prospectively revoke this Guaranty by sending written notice, certified mail, return receipt requested, to BALC at the address for BALC specified above (the "Revocation Notice"). The revocation of this Guaranty shall not be effective with respect to any Obligation arising on or prior to the date occurring fifteen (15) days after BALC's receipt of the Revocation Notice (the "Revocation Date"), or to any Obligation arising at any time after the Revocation Date if such Obligation arises as the result of a commitment made by BALC to Customer on or prior to the Revocation Date.

3. Absolute, Unconditional, Joint and Several Nature of Guaranty. The obligations of Guarantor hereunder are absolute and unconditional, and shall be joint and several with each Guarantor executing this Guaranty and each other party that may be liable, directly or indirectly, for the payment or performance of any of the Obligations. If this Guaranty is executed by more than one party, the term "Guarantor" as used herein shall mean (unless the context otherwise requires) "the Guarantor and each of them" and each and every undertaking shall be their joint and several undertaking. If Customer is a partnership or a limited liability company, the obligations of Guarantor hereby contained shall remain in full force and effect notwithstanding any changes in the individuals or members comprising the partnership or the limited liability company, and the term "Customer" shall include any altered or successive partnerships or limited liability companies. Guarantor shall not be released from any obligations under or in respect of this Guaranty for any reason, nor shall such obligations be reduced, diminished or discharged for any reason, including without limitation:

(a) Modifications; Indulgences; Payment Applications. Any modifications, renewals, or alterations of any agreement, document or instrument relating to any Obligation; any indulgences, adjustments, preferences, extensions or compromises made by BALC in favor of Customer or Guarantor or any other party; or the application of any payments and receipts, by whomever paid and/or however realized, to any amounts owing by Guarantor or Customer to BALC in such manner as BALC shall determine in its sole discretion.

(b) Condition of Customer or Guarantor. Any insolvency, bankruptcy, arrangement, adjustment, composition, liquidation, disability, dissolution, appointment of a receiver for, or other similar proceeding affecting Customer or Guarantor; any sale, lease or other disposition of any of the assets of Customer or Guarantor; any reorganization of, or change in the composition of the shareholders, partners or members of, Customer or Guarantor; or any termination of, or other change in, the relationship between Customer and Guarantor.

(c) Invalidity of Obligations or Other Agreements. The invalidity, illegality or unenforceability of any Obligation for any reason whatsoever, including, but not limited to: the existence of void statements, defenses, counterclaims, deductions or offsets to any Obligation; the violation of applicable usury or other laws by any Obligations; or the lack of authenticity or genuineness of any document or instrument relating to the Obligations. This Guaranty shall be in addition to any other guaranty or other security for the Obligations, and it shall not be prejudiced or rendered unenforceable by the invalidity or unenforceability of any such other guaranty or security.

(d) Release of Customer. Any complete or partial release of Customer or any other party liable for any Obligation for any reason.

(e) Release and Care of Collateral; Status of Liens. Any sale, transfer, release, surrender, exchange, deterioration, waste, loss or impairment of any property transferred or assigned by Customer, Guarantor or any other party in respect of any Obligation or otherwise acquired by BALC for lease to Customer or otherwise in connection with any Obligation (collectively, the "Collateral"), whether negligent or willful; the failure of BALC or any other party to exercise reasonable care in the preservation, protection, sale or other treatment of any of the Collateral; the failure of BALC or any other party to create or properly perfect BALC's right, title or interest in any Collateral, or any mortgage, pledge, security interest, transfer or assignment of any Collateral (a "Lien"); the unenforceability of any Lien; the creation of any lien or encumbrance on any Collateral in favor of any other party, or the subordination of any Lien in favor of BALC to any such other lien or encumbrance; or the taking or accepting by BALC of any other security for, or assurance of payment of, any Obligation.

(f) Other Action or Inaction. Any other action or inaction on the part of BALC, whether or not such action or inaction prejudices Guarantor or increases the likelihood or amount that Guarantor will be required to pay or perform in connection with any Obligation pursuant to the terms hereof.

It is the obligation of Guarantor to discharge the Obligations when due, notwithstanding any occurrence, circumstance, event, action or omission whatsoever, whether or not particularly described herein. Guarantor is not entering into this Guaranty in reliance on the value or the availability of any Collateral. Guarantor acknowledges that Guarantor may be required to pay the Obligations, in full, without the assistance or support of any other party. Guarantor has not been induced to enter into this Guaranty on the basis that any party other than Customer will be liable to perform any Obligations or that BALC will look to any other party to perform any Obligation. BALC may release, or settle with, the Customer, any Guarantor, or any other party liable, directly or indirectly, for the performance of any Obligation, all without releasing the liability of any other party to this Guaranty. To the extent that this Guaranty is secured by property of Guarantor, BALC shall not be obligated to release its security interest in such property until all applicable preference periods have passed with respect to payments of Obligations made to BALC.

4. Waivers. Guarantor waives:

(a) Action Against Others. Any right to require BALC to: institute suit or exhaust remedies against Customer or any other party liable for any Obligation; enforce BALC's rights in any of the Collateral or other security which is at any time given to secure any Obligation; enforce BALC's rights against any

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other Guarantor or any other party liable on any Obligation; join Customer or any other party liable for any Obligation in any action seeking to enforce this Guaranty; or exhaust any other remedies available to BALC or resort to any other means of obtaining payment or performance of any Obligation.

(b) Notices. Notice of the execution, delivery or acceptance by BALC, Customer or any other party, of this Guaranty or any document, agreement or instrument evidencing any Obligation; notice of the amount of credit extended by BALC to Customer at any time, whether primary or secondary; notice of modifications or extensions of any Obligation; notice of defaults, or other non-performance by Customer in connection with any Obligation; notice of the transfer or disposition by BALC of any Obligation; notice of the repossession, sale or other disposition of any of the Collateral; notice of the acceptance of this Guaranty by BALC; demand and presentation for payment upon Customer or any other party liable for any Obligation; protest, notice of intention to accelerate or notice of acceleration of any Obligation, notice of protest and diligence in bringing suit against Customer or any other party; and any other action or inaction on the part of BALC in connection with this Guaranty or any Obligation.

(c) Subrogation. Any right which Guarantor may at any time have against Customer, or any other party liable for any Obligation, as a result of the performance by Guarantor of its obligations under this Guaranty, including, but not limited to contractual, statutory and common law rights of subrogation, reimbursement, indemnification, set-off or contribution, until all Obligations owing to BALC have been paid and performed in full.

(d) Survivable Defenses. Any defense which Guarantor may have or assert against the enforcement of this Guaranty or any Obligation based upon suretyship principles or any impairment of Collateral.

5. Representations, Warranties, Covenants. Guarantor hereby represents, warrants and covenants to and with BALC that:

(a) Benefit. Guarantor has received, or will receive, substantial benefit from the agreements and transactions giving rise to the Obligations and this Guaranty.

(b) Authorization; Enforceability. This Guaranty has been duly authorized by all necessary action on the part of Guarantor. The execution, delivery and performance of this Guaranty does not require the approval of, or giving of notice to, any governmental authority and does not contravene or constitute a default under any applicable laws, or any contract, mortgage, agreement, indenture, or other instrument to which Guarantor is a party or by which it may be bound. This Guaranty has been duly executed and delivered by Guarantor and constitutes the legal, valid and binding obligations of Guarantor enforceable in accordance with its terms except to the extent that the enforcement of remedies hereunder may be limited under applicable bankruptcy and insolvency laws, and the equitable discretion of any court of competent jurisdiction. To Guarantor's knowledge, there are no actions or proceedings pending or threatened against or affecting Guarantor or any of Guarantor's property before any court, administrative officer or administrative agency that, if decided adversely, could affect the financial condition or operations of Guarantor or the ability of Guarantor to perform its obligations hereunder.

(c) Access to Information; No Representations by BALC. Guarantor has adequate means to obtain continuing and sufficient information concerning the financial and business condition of the Customer and other parties liable in respect of the Obligations and BALC shall have no obligation to furnish any such information to Guarantor. Neither BALC nor any other party has made any representation, warranty or statement to Guarantor in order to induce Guarantor to execute this Guaranty.

(d) Subordination. All present and future indebtedness of Customer to Guarantor ("Subordinated Debt") shall be and hereby is subordinated to the prior payment and performance of all Obligations. For so long as there is no default hereunder or in connection with the Obligations or the Subordinated Debt, Guarantor may receive and Customer may pay (but not prepay, whether or not permitted or contemplated by the terms of the Subordinated Debt) principal and/or interest or other scheduled installment payments of Subordinated Debt from Customer. At any time while the Obligations are in default, Guarantor shall not demand or accept any payment of, or otherwise cancel, set-off or otherwise discharge any part of, the Subordinated Debt without the prior written consent of BALC. Upon the request of BALC, Guarantor shall deliver to BALC a certified statement of the outstanding Subordinated Debt, specifying in detail the time at which permitted payments of Subordinated Debt were made, if any, and such other information as BALC may request.

(e) Financial Condition; Solvency; Reports. As of the date hereof, and after giving effect to this Guaranty and the contingent obligations contained herein, Guarantor is solvent and has assets which, when fairly valued, exceed its liabilities. The performance of the obligations of Guarantor hereunder will not cause Guarantor to exceed its ability to pay its debts as they mature, and this Guaranty is made without any intent to hinder, delay or defraud either present or future creditors, purchasers or other interested persons. Guarantor shall provide to BALC such financial statements and other financial and other information concerning Guarantor as BALC may reasonably request from time to time.

(f) Assignment. BALC may, at any time and without the consent of, or notice to, Guarantor, assign all or any portion of its rights hereunder to any other party to which all or any portion of the Obligations are transferred, assigned or negotiated (an "Assignee"). Guarantor shall promptly execute and deliver to BALC or its Assignee such further and additional documents, instruments and assurances as BALC deems necessary (a) in order to acknowledge and confirm, for the benefit of BALC or its Assignee, all of the terms and conditions of all or any part of the Obligations or this Guaranty and BALC's or Assignee's rights with respect thereto, and Customer's and Guarantor's compliance with all of the terms and provisions thereof, and (b) to preserve, protect and perfect Lessor's or Assignee's right, title or interest hereunder and in any Collateral, including, without limitation, such UCC financing statements or amendments, control agreements, corporate or member resolutions, votes, certificates of compliance, notices of assignment or transfers of interests, and restatements and reaffirmations of Guarantor's obligations, representations, warranties and covenants hereunder as of the dates requested by BALC from time to time. This Guaranty shall not be deemed to create any right in any party except as provided herein and shall inure to the benefit of, and be binding upon, the successors and assigns of Guarantor and BALC, provided that Guarantor shall not assign or delegate any of its rights or obligations hereunder without the prior written consent of BALC.

(g) Further Assurances. Guarantor will promptly execute any documents and other records, including, amendments to this Guaranty, and will take such further action as BALC may reasonably request in order to carry out more effectively the intent and purposes of this Guaranty and to establish, perfect and protect BALC's rights and remedies hereunder and in any Collateral.

6. Default; Performance of Obligations. If (a) Customer defaults in the payment or performance of any Obligation, or (b) if there exists any event or condition which, with notice and/or the passage of time, would constitute a default under any document, agreement or instrument evidencing an Obligation (including any default relating to Guarantor or this Guaranty), or (c) any representation or warranty of Guarantor herein or in any certificate, agreement, statement or document furnished at any time to BALC by or on behalf Guarantor (including without limitation, any financial information), shall prove to be or to have been false or incorrect in any material respect; or (d) Guarantor shall fail to perform or observe any covenant (including without limitation, any financial covenant), condition or agreement required to be performed or observed by it hereunder or in connection with any Obligation, and such failure shall continue for 10 days after written notice thereof to Guarantor; or (e), or if there is a liquidation, bankruptcy, assignment for the benefit of creditors or similar proceeding affecting the status, existence, assets or obligations of Customer or any Guarantor or other party liable to BALC in respect of the Obligations, (each of the foregoing being hereinafter referred to as a "Default"), then the Obligations of Customer shall, at the sole option of BALC, be deemed to be accelerated and become immediately due and payable by Guarantor for all purposes of this Guaranty, and Guarantor shall (i) immediately pay directly to BALC all such Obligations for the payment of money owing to BALC by reason of acceleration or otherwise (including without limitation, any rent, liquidated damages, principal or interest payments or balances, fees, other installments or any other accrued or unaccrued amounts with respect to such Obligations), irrespective of whether a Default exists relating to Customer, and notwithstanding any stay, injunction or other prohibition preventing acceleration of any Obligations against Customer, and (ii) promptly perform all other Obligations. Guarantor shall be liable, as principal obligor and not as a surety or guarantor only, for all attorneys' fees and other costs and expenses incurred by BALC in connection with BALC's enforcement of this Guaranty), together with interest on all amounts recoverable under this Guaranty, compounded monthly in arrears, from the time such amounts become due and payable until the date of payment at the default rate of interest provided in the agreement evidencing the Obligations (without duplication). If BALC is required to return any payment made to BALC by or on behalf of Customer, whether as a result of Customer's bankruptcy, reorganization or otherwise, Guarantor acknowledges that this Guaranty covers all such amounts, notwithstanding that the original of this Guaranty may have been returned to Guarantor and/or otherwise canceled.

7. Governing Law; Miscellaneous. THIS GUARANTY AND THE LEGAL RELATIONS OF THE PARTIES HERETO SHALL IN ALL RESPECTS BE GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF RHODE ISLAND, WITHOUT REGARD TO PRINCIPLES REGARDING THE CHOICE OF LAW. GUARANTOR CONSENTS TO THE JURISDICTION AND VENUE OF [illegible] COURTS IN CONNECTION WITH BALC'S ENFORCEMENT OF ANY OBLIGATIONS UNDER OR IN RESPECT OF THIS GUARANTY. GUARANTOR HEREBY EXPRESSLY WAIVES ANY RIGHT TO TRIAL BY JURY IN ANY ACTION BROUGHT ON OR WITH RESPECT TO THIS

Guaranty-Organization

GUARANTY. Federal law requires all financial institutions to obtain, verify and record information that identifies each entity that obtains a loan or other financial accommodation. The first time Customer or Guarantor requests a financial accommodation from BALC, BALC will ask for the Customer's (or the Guarantor's) legal name, address, tax ID number and other identifying information. Guarantor shall promptly provide copies of business licenses or other documents evidencing the existence and good standing of Guarantor requested by BALC. Time is of the essence in the payment and performance of all Obligations and all of Guarantor's obligations and liabilities owing to BALC hereunder. This Guaranty constitutes the entire agreement of Guarantor and BALC relative to the subject matter hereof, and there are no prior or contemporaneous understandings or agreements, whether oral or in writing, between the parties hereto with respect to the subject matter hereof. Nothing herein shall be deemed or construed to amend, modify, supersede or replace any other guaranty or other written agreement of the Guarantor in favor of or with BALC without the express written agreement of Bank of America Leasing & Capital, LLC. No subsequent modification of, or supplement to, this Guaranty shall be enforceable against any party hereto unless the same is in writing and is duly signed by an authorized manager, member, officer or representative of the party against whom enforcement is sought. Any notices or demands required or permitted to be given under this Guaranty (a) shall be given in writing, (b) shall become effective (i) if delivered with receipt acknowledged, such as by Airborne, FedEx, UPS or other private courier service, on the date of such receipt, (ii) if delivery by other private courier or U. S. Postal Service is attempted but refused, on the date of such refusal, or (iii) if mailed by certified or registered mail, return receipt requested, postage prepaid, then on the date of receipt, and (c) shall be addressed to BALC to the attention of Customer Accounts, and to Guarantor at the address set forth below, or to such other address as the party to receive notice hereafter designates by such written notice.

The undersigned, pursuant to due corporate, limited liability company or partnership authority, as appropriate, has or have caused this Guaranty to be executed as of the date set forth below.

Dated as of: April 13, 2007

Witness/Attest/Notary Public:

Name: Anne Lafosse

Address:

ANNE LAFORSA
Notary Public - State of Florida
My Commission Expires Sept 24, 2011
Commission # DD 718869

GUARANTOR:
OMNI HEALTHCARE, INC.

By:

Name: FRANK OCCHIOGROSSO

Title: SECRETARY

Guarantor's Taxpayer ID: 55-0369818

AMERICAN OVERSIGHT

Filing 40797531 OMNI HEALTHCARE VS R CLEVENS 05-2010-CA-011156-XXXX-XX
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-05-2010-CA-011156-XXXX-XX

BANK OF AMERICA®

Banc of America Leasing & Capital, LLC

Transfer and Assumption Agreement - Master Lease Schedule No. 004

This Transfer and Assumption Agreement made this 17th day of August, 2009, by and among Surgery Centers of Brevard, Inc. ("Transferor"), Omni Health Care, Inc. ("Transferee"), and Banc of America Leasing & Capital, LLC ("BALC").

WITNESSETH:

Whereas, on the 17th day of August, 2007, BALC and Transferor entered into that certain Master Lease Agreement Number 17382-90000, (together with all addenda, attachments, schedules, and riders thereto, the "Contract"), a copy of which is attached hereto and made a part hereof;

Whereas, Transferor desires to sell and Transferee desires to acquire, all of Transferor's right, title, obligations, and interest in and to the equipment described in Schedule No. 004 to the Contract (the "Equipment"), including all of Transferor's obligations and responsibilities to BALC under the Contract;

Whereas, the Contract provides that Transferor may not transfer, convey or assign its interest in and to the Equipment without the written consent of BALC.

Now, therefore, in consideration of the premises and the mutual covenants hereinafter contained, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby acknowledged, it is agreed as follows:

1. Transferor hereby conveys and assigns to Transferee all of Transferor's right, title, obligations, and interest in and to the Equipment "as is and where is", subject to the terms and conditions of the Contract.

2. Transferee hereby assumes all of the obligations and agrees to perform all of the terms, conditions and covenants set forth in the Contract.

3. Transferor shall not be released from any of its obligations or responsibilities under the Contract or contained in any other written agreement between Transferor and BALC, and Transferor and Transferee shall be jointly and severally liable to pay all amounts due under the Contract and to perform each and every condition, covenant, and obligation set forth in the Contract. Transferor's liability or obligation hereunder or under the Contract shall not be affected by any release, indulgence, compromise, settlement, extensions from time to time, or variation of terms hereunder or under the Contract.

4. The Equipment shall henceforth be located at 1344 South Apollo Blvd., Melbourne, FL 32940 , subject to all of the terms and conditions of the Contract.

5. Transferor expressly ratifies, consents to, and adopts any and all agreements which Transferee has made or may hereafter make with BALC regarding the use of the Equipment and hereby waives any and all notices of every kind to which Transferor may otherwise be entitled.

6. All notices hereunder shall be in writing and delivered in person or mailed to the party involved at its respective address set forth below, or at such other address as any party hereto may direct by notice in writing to other party. Any such notice by BALC shall be effective when deposited in the United States mail duly posted to the party to whom directed with postage prepaid. Any notice to BALC shall not be effective until received by BALC.

7. BALC MAKES NO WARRANTY OF ANY KIND, NATURE OR DESCRIPTION, EXPRESS OR IMPLIED, AS TO ANY MATTER INCLUDING THE CONDITION OF THE EQUIPMENT, ITS MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.

8. BALC consents to the transfer and assumption of Transferor's interest in, to, and under the Equipment and the Contract, on the terms and conditions hereof, provided, however, that BALC's consent to the transfer and assumption of the Contract is expressly conditioned upon any guarantor of Transferor's obligations under the Contract consenting to such transfer and assumption and agreeing to remain liable on his, her or its guaranty.

9. This Agreement covers all agreements and understandings by and among the parties relating to the Equipment and the Contract and BALC shall not be bound by any representations or inducements not specifically set forth herein. This Agreement shall not be amended or altered, except in writing signed by the party to be charged, and shall be governed by the laws of the State of Florida. In the event that any party hereto is a partnership, then this Agreement is executed by a general partner thereof, and in the event that any party to this Agreement is a corporation, then this Agreement is executed by a duly authorized officer of said corporation, pursuant to authority granted by the Board of Directors of said Corporation.

10. This Agreement shall not become binding upon BALC until approved, accepted and executed by BALC at its offices in Tucker, Georgia by an authorized officer of BALC, and notice of such approval, acceptance and execution is hereby waived by all other parties.

Filing 40797531 OMNI HEALTHCARE VS R CLEVENS 05-2010-CA-011156-XXXX-XX
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-2010899AA001308XXX-XX
AMERICAN OVERSIGHT
Exhibit "F"

13. This Agreement may be executed separately in counterpart.

In witness whereof, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the day and year first above written.

SURGERY CENTERS OF BREVARD, INC.
(Transferor)

By: _____

Printed Name: Ross Clevens

Title: PRESIDENT

Address: 95 BULLDOG BLVD., SUITE 104

MELBOURNE, FL 32901

OMNI HEALTH CARE, INC.
(Transferee)

By: _____

Printed Name: CARL EICHOLTZ

Title: Board Member

Address: 1344 SOUTH APOLLO BLVD.

MELBOURNE, FL 32940

Approved and Accepted

Banc of America Leasing & Capital, LLC (BALC)

By: _____

Printed Name: _____

Title: _____

Address: 2059 Northlake Parkway, 3rd Floor
Tucker, Georgia 30084

Filing 40797531 OMNI HEALTHCARE VS R CLEVENS 05-2010-CA-011156-XXXX-XX
Filing 85226467 OMNI HEALTHCARE VS R CLEVENS FL-GOV-05-2010-CA-011156-XXXX-XX
AMERICAN OVERSIGHT

Property tax for Apollo 100

Jim Ford, C.F.A.
Brevard County Appraiser
P.O. Box 429
Titusville, FL 32781-0429
321-264-6703
321-633-2199 Ext. 6703
Barefoot Bay/Micco (321) 952-4700 Ext. 46703

Tangible Personal Property Tax Return
Confidential §§193.074 F.S.
As Required by §§193.052 & 193.062 F.S. Return to County Property Appraiser By April 1 to Avoid Penalties.

State of Florida, County of Brevard 2009

Business Name (DBA - Doing Business As) and Mailing Address

****************3-DIGIT 329
P071610 MILL 53KD
OMNI HEALTHCARE, PA 045 012311
95 BULLDOG BLVD
SUITE 100
MELBOURNE, FL 32901

Extension Attached

P071610

Federal Employer Iden. No
59-3169815
Social Security Number
NAICS/SIC

1344 S APOLLO BLVD
100/102/2A/2B/2C/2D

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you
Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business
Name Craig DeNardis, MD Telephone 727-2990
Corporate Name Omni Healthcare
2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)
3. Is your business or farm located within the incorporated limits of a City? Yes X No
What City?
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No X
Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or Other Current Tax Return.

5. Date you began business in this county 1999 Fiscal year: Jan-Dec
5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes No
6. Describe Type or Nature of Your Business: Healthcare
7. Trade Level (Check as many as apply) Retail Wholesale Manufacturing
Professional X Service X Agriculture Leasing/Rental Other
8. Did you file a Tangible Personal Property Return in this county last Year? Yes X No
If so, under what name and where? Same
9. Former owner of the Business:
9a. If business sold, to whom?
Date Sold

Personal Property Summary THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.	Taxpayer's Estimate of Fair Market Value	Original Installed Cost	Appraiser's Use only
10. Office Furniture & Office Machines & Library	23,797	56,547	
11. EDP Equipment, Computers, Word Processors	20,010	39,785	
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.			
13. Machinery and Manufacturing Equipment			
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment	40,053	279,176	
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances			
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc			
20. Leasehold Improvements must be grouped by type, year of installation and description 2008	1,912,562	2,390,702	
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others			
23. Supplies - Not Held for Resale			
24. Other - Please Specify			
TOTAL PERSONAL PROPERTY	1,996,422	2,766,230	

LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND
( ) TOTAL DISABILITY ( ) OTHER

Taxable value

Penalty

Deputy

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE 4/2/09 TITLE Controller

SIGNED (TAXPAYER)

SIGNED (PREPARER) Melbourne

ADDRESS 95 Bulldog Blvd #202 FL 32901

PHONE NO 321-727-2990 PREPARER'S I.D # 59-3169815

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

DR-405
R. 11/01

Schedules on Reverse Side must be completed in Full.

Location: PO 71610	1344 S APOLLO BLVD, SUITE 100, 102, 2A, 2B, 2C, 2D Melbourne					
	Assets Removed During Last Year					
	Description	Age	Year Acq.	Est Mkt Val	Orig Cost	Rel/Sold/Traded
	NONE					
Leased Loaned & Rented Equipment	All equipment leased from Bank of America Leasing, PO Box 105918, Atlanta, GA 30384 All acquired 2008 Year of mfg Unknown for all Lease purchase option Yes					
Description	Rent per Mo			Retail installed cost New		
GE Sens 20000 Mammo	$6,075			$299,694		
GE Atlantis Gastro el Logiq 7	$1,364			$67,316		
GE Goldseal Discovery LS PETCT	$18,843			$930,150		
CAD Software System	$957			$47,760		
Vivian Diagnostic Pro File Digitizer, GE Discovery LS UPS Printer	$5,549			$273,904		
Canon Pulsed Light System acne/skin/hair reduction & vascular removal with eye shields and safety glasses	$1,001			$42,718		
Lumonix Laser VRM II "G" Switched Dual Pulse Nd YAG BKP Laser	$1,766			$84,033		
Other Assets						
Description	Age	Year Acq.	Est Mkt Val	Orig Cost		
Line 10 Office Furniture/Machines						
furniture/fixtures	22	1987	0	2,545		
record files	22	1987	0	364		
tables/chair	22	1987	0	202		
furniture/fixtures	22	1987	0	727		
office chair	22	1987	0	223		
fax	17	1992	0	495		
counter	16	1993	0	525		
typewriter	15	1995	0	100		
couch	13	1996	0	300		
file cabinet	12	1997	0	1,200		
shelving	14	1995	0	600		
fax machine	14	1995	0	1,200		
office chairs	13	1996	0	450		
file cabinet	12	1997	0	200		
office workstations	12	1997	0	600		
file cabinet	12	1997	0	180		
telephone system	12	1997	0	1,000		
tables	12	1997	0	500		
chairs/misc	12	1997	0	50		
file cabinets	12	1997	0	200		
cashiers	12	1997	0	200		
furniture/fixtures	5	2004	0	1,875		
copier	5	2004	0	2,139		
Lab Chairs	5	2004	0	1,134		
1 ton portable A/C Unit	4	2005	529	1,295		
Image class 2300 copier	4	2005	307	2,545		
Toshiba 5560 copier	4	2005	0	1,317		
Toshiba 2570 copier	3	2006	0	1,007		
Photocopiers (3)	2	2007	(519	4,841		
Photocopiers (2)	1	2008	6,784	2,896		
Workcenters	1	2008	9,512	8,490		
Flooring	1	2008	850	13,090		
Blinds	1	2008	1,536	427		
Copier	1	2008	1,357	1,908		
Copier	1	2008	1,102	1,696		
Copier	1	2008	551	1,378		
Small copier		2008		668		
Non Depr. Tools			23,787	56,567		
Est Mkt Val			23,787	56,567		
Total Line 10						

Location: PO 71570	1344 E APOLLO BLVD, SUITE 100, 102, 2A, 2B, 2C, 2D					
Line 11	Computer Equipment	12	1997	0	200	
	color printer	12	1997	0	500	
	computer/typewriter	12	1997	0	1,200	
	backup	12	1997	0	1,000	
	software	4	2005	600	3,001	
	12 computers	4	2005	568	2,798	
	PowerBook 1.67Ghz laptop	4	2005	0	5,052	
	PPC1 and monitor	3	2006	0	5,154	
	Dig cam set	2	2007	3,052	3,053	
	Apple lap top	5	2007	1,802	3,053	
	Dell notebook computer	2	2007	755	1,289	
	Canon printer	2	2007	377	952	
	2 Monitors	2	2007	743	978	
	TI Sub lap top pkg	3	2008	9,656	12,070	
	Dell laptop	1	2008	2,325	3,157	
Non Depr Total				20,019	39,785	
Est Net Val				20,019		
Line 11 Total						
Line 15	Medical Equipment	12	1997	0	993	
	Exam table	12	1997	0	8,890	
	1 Holter Monitor	20		0	10,994	
	Medical equipment		1997	0	3,000	
	Exam table	12	1997	0	808	
	medical equipment	12	1997	0	7,500	
	Autoclave	12	2004	0	1,855	
	medical equipment	5	2004	0	2,800	
	EKG Machine	5	2004	0	1,812	
	EKG Machine	5	2004	0	4,800	
	Endo V Probe	5	2004	0	31,783	
	Ultrasound System	5	2004	0	2,850	
	Podiatry Chair	5	2004	0	3,318	
	CR1000 AGFA Processor	5	2004	0	2,459	
	X-Ray Unit	5	2004	0	4,354	
	Laser Med. Equip	5	2004	0	4,876	
	2 Exam Tables - 1 Alfa	5	2004	0	2,420	
	MV 200A Mobile Imager	5	2004	0	27,199	
	CTX-Ray Tube	5	2004	0	1,802	
	Fetal Monitor	4	2005	214	1,066	
	Kodak X-ray ID feeder	4	2005	370	1,850	
	Defibrillator	4	2005	1,271	6,354	
	Lumbar Linac	4	2005	355	1,774	
	Lumbar Epi-Spin treatment head	3	2006	0	11,654	
	Laser Med Equip	3	2006	0	2,079	
	Medrad Gen	3	2006	0	31,885	
	Visiotuner Src 2 Unit-17	3	2006	0	31,903	
	X-Ray Tube-Mutual Imaging	3	2006	0	2,961	
	Medical Equipment	3	2006	0	5,837	
	Lumax TS Pro	3	2006	488	2,444	
	Ultrasound	2	2007	853	1,065	
	Exam room chairs	2	2007	3,500	3,850	
	ECG	2	2007	4,883	8,158	
	Fiber Optic endoscopy system	2	2007	1,075	1,791	
	Lumbra Epi-Spin treatment head	2	2007	5,236	13,728	
	PACS equipment	1	2008	3,151	3,936	
	Ultrasonographic Unit HD22		2008	3,716	4,647	
	Philips cables with ferrs & battery	1	2008	164	3,118	
	Exter Mini med procedure x-ray	1	2008	2,045	2,556	
	PET scanner physician software	1	2008	11,840	14,800	
	PET scanner camera attachment				219,176	
Non Depr. Total				40,053	219,176	
Est Net Val				40,053		
Line 15 Total						
Line 20	Leasehold improvements		2006	11,218	14,022	
	ICT room & dirt room engineering		2006	17,368	21,710	
	MRI shielding-Siemens Balance		2008	1,883,376	2,354,970	
	Build out as Ste 102 for MRI machine				2,390,702	
Non Depr. Total				1,912,962	2,390,702	
Depr. Total				1,912,962		
Totals for Line 20						

SIGNED _____ PREPARER

ADDRESS 95 Baldes #202

PHONE NO. 3217272990 PREPARER'S I.D. §119.071(5)(a) F.S.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

Schedules on Reverse Side must be completed in Full.

DR-405 R. 11/01

AMERICAN OVERSIGHT

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

OMNI HEALTHCARE INC.; INTERVENTIONAL SPINE INSTITUTE OF FLORIDA; CRAIG DELIGDISH; C. HAMILTON BOONE, PA; BRIAN DOWDELL; RICHARD GAYLES; STAN GOLOVAC; LANCE GRENEVICKI; ALEKSANDER KOMAR; SCOTT SEMINER; INSTITUTE OF FACIAL SURGERY INC.; THE PAIN INSTITUTE INC.; and PHYSICIAN ASSISTANT SERVICES OF FLORIDA, LLC,

Plaintiffs,

v. Case No. 6:13-cv-1509-Orl-37DAB

HEALTH FIRST, INC.; HOLMES REGIONAL MEDICAL CENTER, INC.; HEALTH FIRST PHYSICIANS, INC.; HEALTH FIRST HEALTH PLANS, INC.; MICHAEL D. MEANS; and JERRY SENNE,

Defendants.

ORDER

This cause is before the Court on the following:

1. Plaintiffs' *Daubert* Motion to Exclude Defendants' Expert Testimony and Incorporated Memorandum of Law (Doc. 197), filed January 22, 2016;
2. Corporate Defendants' Memorandum in Opposition to Plaintiffs' *Daubert* Motion to Exclude Defendants' Expert's Testimony (Doc. 214), filed February 8, 2016;
3. Defendants' Motion to Exclude the Testimony of Dr. H.E. Frech, III and Incorporated Memorandum of Law (Doc. S-194), filed January 22, 2016;

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4. Plaintiffs' Opposition to Defendants' Motion to Exclude the Testimony of Dr. H.E. Frech, III and Incorporated Memorandum of Law (Doc. 212), filed February 5, 2016;
5. Defendants' Motion to Exclude the Testimony of Dr. Hal J. Singer and Incorporated Memorandum of Law (Doc. S-199), filed January 22, 2016;
6. Plaintiffs' Opposition to Defendants' Motion to Exclude the Testimony of Dr. Hal J. Singer and Incorporated Memorandum of Law (Doc. 213), filed February 5, 2016;
7. Corporate Defendants' Joint Motion for Summary Judgment and Incorporated Memorandum of Law (Doc. S-201), filed January 22, 2016;
8. Plaintiffs' Response to Corporate Defendants' Motion for Summary Judgment and Incorporated Memorandum of Law (Doc. S-235), filed February 22, 2016;
9. Corporate Defendants' Reply on Motion for Summary Judgment (Doc. 249), filed March 4, 2016;
10. Defendant Michael D. Means'[s] Motion for Summary Judgment (Doc. 189), filed January 21, 2016;
11. Defendant Jerry Senne's Motion for Summary Judgment (Doc. 195), filed January 22, 2016;
12. Plaintiffs' Response to Individual Defendants' Motion[s] for Summary Judgment and Incorporated Memorandum of Law (Doc. S-236), filed February 22, 2016;
13. Defendant Means'[s] Reply as to His Motion for Summary Judgment

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(Doc. S-248), filed March 4, 2016;

14. Defendant Jerry Senne's Reply Memorandum (Doc. S-247), filed March 4, 2016; and

15. Notice of Supplemental Authority (Doc. 274), filed May 18, 2016.

Upon consideration, the Court finds that: (1) the parties' *Daubert* motions are due to denied; and (2) Defendants' respective motions for summary judgment are due to be granted in part and denied in part as specified in this ensuing Order.

BACKGROUND[1]

This monolithic action concerns claims brought under federal antitrust law, Florida's Deceptive and Unfair Trade Practices Act ("**FDUTPA**"), and a common law claim for tortious interference with business relationships. (*See* Doc. 57.) The litigation spans close to three years and the docket reveals more than three hundred docket entries. In a prior Order denying Defendants' motion to dismiss the operative ten-count, 101-page Complaint (Doc. 57), the Court set forth a thirteen-page recitation of the factual allegations underlying the instant action. (*See* Doc. 105 ("**Dismissal Order**").) As such, here, the Court elects to provide only a short summary of Plaintiffs' claims, the relevant parties, and the current posture of the proceedings.

Plaintiffs—Omni Healthcare Inc. ("**Omni**"), Interventional Spine Institute of Florida, doing business as Spine Orthopedics and Rehabilitation ("**SOAR**"), Dr. Craig Deligdish ("**Dr. Deligdish**"), C. Hamilton Boone ("**Boone**"), Dr. Brian Dowdell ("**Dr. Dowdell**"),

[1] In their submissions, the parties utilize a variety of methods to pincite specific portions of the record. For ease of reference, the Court has consistently cited to the assigned page numbers in the header of the documents, with the exception of documents consistently organized by paragraph number or mini-deposition page numbers throughout, which the Court cited according to such designations.

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Dr. Richard Gayles ("**Dr. Gayles**"), Dr. Lance Grenevicki ("**Dr. Grenevicki**"), Dr. Aleksander Komar ("**Dr. Komar**"), Dr. Scott Seminer ("**Dr. Seminer**"), the Institute of Facial Surgery Inc. ("**IFS**"), The Pain Institute Inc., doing business as Florida Pain ("**Florida Pain**"), and Physician Assistant Services of Florida, LLC ("**PAS**")—initiated the instant action on September 27, 2013. (Doc. 1.) In their Complaint, Plaintiffs allege that Defendants—Health First, Inc. ("**Health First**"), Holmes Regional Medical Center, Inc. ("**HRMC**"), Health First Physicians, Inc. ("**HF Physicians**"), and Health First Health Plans, Inc. ("**HFHP**") (collectively, "**the Corporate Defendants**")—have engaged in a continuing course of anticompetitive conduct, unfair trade practices, and tortious interference with Plaintiffs' business relationships in Southern Brevard County ("**SBC**") since the early 2000's. (Doc. 57, Doc. 194-1, pp. 86–87.) Additionally, Plaintiffs allege that the individual Defendants, Michael D. Means ("**Means**")—co-founder and former President and Chief Executive Officer ("**CEO**") of Health First—and Jerry Senne ("**Senne**")—former president and CEO of HRMC—(collectively, "**the Individual Defendants**"), personally orchestrated and participated in such conduct. (Doc. 57, ¶¶ 30–31, 188–95.)

Plaintiffs comprise various medical practices and providers in SBC. Omni, SOAR, IFS, Florida Pain, and PAS (collectively, "**the Medical Practice Plaintiffs**") are medical practices and physician assistant Boone and Drs. Deligdish, Seminer, Dowdell, Gayles, Golovac, Grenevicki, and Komar are medical providers.[2] (*See id.* ¶¶ 11–25.) As for Defendants, Health First is the parent corporation of the remaining Corporate Defendants, as well as three affiliated hospitals in Brevard County not named in this action—Cape

[2] Dr. Deligdish is the president of Omni. (Doc. 57, ¶ 22.) Dr. Grenevicki founded IFS. (*Id*. ¶ 22.)

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Canaveral Hospital, Inc., Palm Bay Hospital, and Viera Hospital, Inc. (*Id.* ¶ 26.) For their part, HRMC is an inpatient hospital located in Melbourne, Florida, HFHP is a health insurance company, and HF Physicians is the managing member of Health First Medical Group, LLC ("**HFMG**")—Brevard County's largest multi-specialty physicians group.[3] (*Id.* ¶¶ 27–29.) Though not a party to this action, the parties frequently mention Wuesthoff Medical Center, Melbourne ("**Wuesthoff**"), seemingly the only hospital in SBC that competes with the Health First affiliated hospitals. (*See id.* ¶ 1.) Wuesthoff entered the SBC market in 2002.

Reduced to its simplest form, the allegations in the Complaint are as follows: Plaintiffs aver that Defendants collectively implemented a common and self-enforcing scheme of anticompetitive conduct in SBC ("**the Alleged Common Scheme**"), whereby they: (1) mandated exclusive referral and admission practices within the Health First system ("**Exclusive Referral Practice**"); (2) excluded from HFHP medical practices and providers who refused to participate in the Exclusive Referral Practice ("**Blacklisted Providers**"); and (3) prevented providers within the Health First system from referring patients to the Blacklisted Providers lest they too be boycotted. (*See generally* Doc. 57.) Additionally, Plaintiffs allege that Defendants further cemented their power and dominance in the SBC physician services market by acquiring Melbourne Internal Medicine Associations ("**MIMA**")—the second largest physician group in Brevard County—in 2013 ("**MIMA Acquisition**"). (*See id.* ¶ 260.) Indeed, in Count I of the Complaint, Plaintiffs allege that the MIMA Acquisition was itself an impermissible merger

[3] Lead Plaintiff Omni is also a multi-specialty physicians practice with various ancillary service facilities. (Doc. 57, ¶ 20.)

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in violation of federal antitrust law. (*Id.* ¶ 299.) According to Plaintiffs, the Alleged Common Scheme substantially lessened competition in SBC, harmed Plaintiffs both monetarily and in their business relationships with former patients and fellow physicians, and resulted in higher prices and lower quality of care in SBC. (*Id*. ¶¶ 275–90, 409–22.)

Collectively, Omni, SOAR, Deligdish, Dowdell, Gayles, Golovac, Grenevicki, Komar, Seminer, IFS, and Florida Pain ("**the Antitrust Plaintiffs**") assert claims against Defendants for violations of federal antitrust law. (*Id.* ¶¶ 291–392.) All Plaintiffs join in the state law claims against Defendants. (*Id.* ¶¶ 393–422.) Specifically, Plaintiffs have sued Defendants for: (1) monopolization of the acute care inpatient hospital services market; (2) attempted monopolization of the physician services market, ancillary services market, and Medicare Advantage markets; (3) conspiracy to restrain trade and monopolize various markets; (4) unfair methods of competition; and (5) tortious interference with business relationships. (*Id.* ¶¶ 291–422.)

In January of 2016, the Corporate and Individual Defendants respectively moved for summary judgment on all ten counts of the Complaint. (*See* Docs. 189, 195, 201.) Additionally, the Corporate Defendants and Plaintiffs moved to exclude the testimony of three expert witnesses. (*See* Docs. 194, 197, 199.) Given the complexity of the arguments and claims, the Court held a full-day hearing on the foregoing motions on May 2, 2016. (*See* Doc. 272.) After taking the matters under advisement, the Court announced its rulings on the motions at the Final Pretrial Conference on July 21, 2016. (Doc. 298.) The instant Order memorializes such rulings.

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THE *DAUBERT* MOTIONS

I. Standards

In its gatekeeping role, a district court is tasked to ensure that juries only hear "expert" opinions that satisfy the following requirements:

> **Qualifications**—a witness that is "qualified as an expert by knowledge, skill, experience, training, or education" may testify as to his opinions of scientific, technical, or other specialized knowledge (Fed. R. Evid. 702) ("**Qualification Requirement**");
>
> **Reliability**—the testimony is "based upon sufficient facts or data" (Fed. R. Evid. Rule 702(b)) and "is the product of reliable principles and methods" (Fed. R. Evid. Rule 703(c)), which the witness applied "reliably to the facts of the case" (Fed. R. Evid. Rule 702(d)) ("**Reliability Requirement**"); and
>
> **Helpfulness**—the testimony will help the jury to "understand the evidence or to determine a fact in issue" (Fed. R. Evid. Rule 702(a)) ("**Helpfulness Requirement**").

City of Tuscaloosa v. Harcros Chems., Inc., 158 F.3d 548, 562–63 (11th Cir. 1998); *see also Cooper v. Marten Transp., Ltd.*, 539 F. App'x 963, 965–67 (11th Cir. 2013). Importantly, the Court must abstain from credibility determinations and any assessment of the merits of an expert witness's opinion—which are matters exclusively reserved to juries—and must instead narrowly focus on whether the proponent of the expert witness has established the Qualification, Reliability, and Helpfulness Requirements. *See Daubert v. Merrell Dow Pharm., Inc.*, 509 U.S. 579, 594–95 (1993); *see also Reeves v. Sanderson Plumbing Prods., Inc.*, 530 U.S. 133, 155 (2000).

To determine whether the Qualification Requirement is met, "courts generally look to evidence of the witness's education and experience" and determine whether such qualifications and expertise sufficiently "fit" with "the subject matter of the witness's proposed testimony." *In re Mentor Corp. ObTape Transobturator Sling Prods. Liab. Litig.*,

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711 F. Supp. 2d 1348, 1367 (M.D. Ga. 2010) (citing *Maiz v. Virani*, 253 F.3d 641, 665 (11th Cir. 2001)).

A determination on the Reliability Requirement requires consideration of a plethora of matters, which vary depending on the opinions and testimony at issue, and include the following well-known *Daubert* factors:

(1) whether the expert's theory can be or has been tested;

(2) whether the theory has been subject to peer review and publication;

(3) the known or potential rate of error of the particular scientific technique; and

(4) whether the technique is generally accepted in the scientific community.

Daubert, 509 U.S. 579; *United States v. Frazier*, 387 F.3d 1244, 1262 (11th Cir. 2004). The factors pertinent to an analysis of the Reliability Requirement—including the *Daubert* factors—"are only illustrative and may not all apply in every case." *United States v. Abreu*, 406 F.3d 1304, 1307 (11th Cir. 2005). Ultimately, the district court must identify the pertinent factors, and it is accorded "wide latitude in deciding how to determine reliability." *Id.*

Finally, the Helpfulness Requirement turns on

> the common sense inquiry [of] whether the untrained layman would be qualified to determine intelligently and to the best possible degree the particular issue without enlightenment from those having a specialized understanding of the subject involved in the dispute.

See Fed. R. Evid. 702, Advisory Committee Notes (citation omitted).

The burden of establishing admissibility is borne by the proponent of the expert opinion. *See Kilpatrick v. Breg, Inc.*, 613 F.3d 1329, 1335 (11th Cir. 2010) (citing

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McCorvey v. Baxter Healthcare Corp., 298 F.3d 1253, 1256 (11th Cir. 2002)); *see also Frazier*, 387 F.3d at 1260. The proponent does not have to prove that the opinion is scientifically correct, just that it is reliable and helpful. *See Lord v. Fairway Elec. Corp.*, 223 F. Supp. 2d 1270, 1279 (M.D. Fla. 2002) (citing Fed. R. Evid. 702, Advisory Committee Notes). If the proponent does so, then the court should open the gate by permitting the proponent to elicit testimony from the expert witness concerning his or her reliable opinions and by allowing the jury to fulfill its role of determining the weight to accord such testimony. Indeed, the Court's limited gatekeeping role "is not intended to supplant" presentation of contrary evidence to the jury or the practice of cross-examination in a courtroom. *See United States v. Ala. Power Co.*, 730 F.3d 1278, 1282–85 (11th Cir. 2013). Accordingly, once the proponent satisfies the minimum threshold for admissibility, the parties' remaining reliability and relevance disputes must be decided by the jury—preferably based on the litigants': (1) presentation of contrary evidence, such as testimony from the litigant's own expert witness providing both contrary opinions and criticism of—among other things—the opposing expert's qualifications and the inaccuracy or unreliability of his or her opinions; and (2) use of cross-examination and appropriate legal argument. *See id.*; *see also Costa v. Wyeth, Inc.*, No. 8:04-cv-2599-T-27MAP, 2012 WL 1069189, at *2 (M.D. Fla. Mar. 29, 2012).

II. Discussion

a. Dr. McCarthy

In their sole *Daubert* motion, Plaintiffs seek to exclude opinions set forth in defense expert Dr. Thomas McCarthy's ("**Dr. McCarthy**") respective liability and damages reports. (Doc. 197.) Plaintiffs contend that Dr. McCarthy's opinions are unreliable and do not fit

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the issues to which they are applied. (*Id.* at 6.)

In his liability report, Dr. McCarthy opines that Health First does not possess market power in the inpatient hospital services market ("**Liability Opinion**"). (*See id.*) This Liability Opinion is based on Dr. McCarthy's comparison of Health First's actual hospital prices to "expected" hospital prices generated by Dr. McCarthy's regression analysis. (*Id.*) Dr. McCarthy also challenges the amount of damages calculated by Plaintiffs' expert, Dr. Hal J. Singer ("**Dr. Singer**"), based on a categorical breakdown Omni's operating costs ("**Damages Opinion**"). (*Id.*)

Per the Liability Opinion, Heath First does not exercise market power in the inpatient hospital services market because its prices are not higher than expected. (*Id.* at 15.) This opinion is based on a regression model which predicts that, as per-capita income within an area increases, hospital charges will decrease ("**Negative Correlation**"). (*Id.* at 21.) Plaintiffs contend that the Liability Opinion is contrary to: (1) longstanding, basic economic principles; (2) common sense; and (3) an econometric model developed and published by Dr. William Lynk, which consistently demonstrates a *positive* relationship between income and hospital prices—that is, as per-capita income within an area increases, hospital prices also increase. (*See id.* at 21–22.) Additionally, Plaintiffs take issue with the fact that Dr. McCarthy's model predicts a correlation between a hospital's share of revenue attributable to Medicaid and the hospital's charges, yet inexplicably predicts that such correlation was positive in 2007 and negative in 2013 ("**Flipped Correlation**"). (*Id.* at 22–23.) Plaintiffs posit that this model should not switch between a negative and positive correlation, but rather should be negative as in Dr. Lynk's model. (*Id.* at 23.) Plaintiffs maintain that the Negative and Flipped Correlations are

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caused by a "specification error"—i.e., an incorrect key feature or assumption in the model. (*Id.*) As a result, Plaintiffs argue that Dr. McCarthy's model may yield incorrect or misleading results. (*Id.* at 23–24.)

In particular, Plaintiffs contend that "[t]he failure of a regression model to tell a coherent story about its independent variables means that it similarly will not confidently or coherently predict the dependent variable," which—in the present case—is hospital prices. (*Id.* at 24.) Moreover, Plaintiffs argue that standard economic tests as to the reliability of Dr. McCarthy's model reveal that his predicted hospital prices are severely inaccurate and yield a statistical confidence interval of 50 to 275 percent for HRMC. (*Id.* at 24–25.) As such, the predicted prices for HRMC may be significantly below or above HRMC's observed prices. (*Id.* at 25.) Consequently, Plaintiffs contend that Dr. McCarthy's opinion is inadmissible. (*See id.* at 20–26.)

Turning to the Damages Opinion, Plaintiffs primarily challenge Dr. McCarthy's reliance on a third-party valuation report prepared by Health Capital Consultants, LLC ("**HCC Valuation Report**") in determining Omni's fixed, variable, and partially variable costs. (*Id.* at 7, 9.) Plaintiffs argue that the cost estimates in the HCC Valuation Report: (1) do not reflect the economic realities of Omni's business; (2) lack a valid scientific connection to the disputed facts in the instant action; and (3) were unreasonably relied on by Dr. McCarthy. (*Id.* at 7.)

In particular, the authors of the HCC Valuation Report expressly disclaimed the reliability of the report for any purpose other than the estimation of Omni's fair market value.[4] (*Id.* at 9, 11.) Plaintiffs also seek exclusion of the Damages Opinion on the

[4] In its entirety, the disclaimer reads as follows:

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grounds that Dr. McCarthy failed to independently verify the qualifications of the HCC Valuation Report's authors or the accuracy of their assumptions and conclusions. (*Id.* at 9.)

In their response, the Corporate Defendants raise several objections to Plaintiffs' *Daubert* Motion. (Doc. 214.) First, Corporate Defendants contend that Plaintiffs' criticism of Dr. McCarthy's Liability Opinion reflects "a fundamental misunderstanding of Dr. McCarthy's analysis and, ultimately, its purpose." (*Id.* at 10.) According to the Corporate Defendants, the purpose of Dr. McCarthy's regression analysis was to determine whether Health First's hospitals have high prices compared to their peer hospitals in Florida and whether market power was likely to be the cause of any pricing differentiation. (*Id.*) To achieve this purpose, Dr. McCarthy ran a regression to estimate how *non*-market power factors—including case-mix, patient demographics, input costs, and market power—affect prices on average; then he used the combined effect of those non-market factors to calculate the "expected" price for each hospital in Florida. (*Id.*) In light of this methodology, the Corporate Defendants maintain that: (1) Dr. McCarthy's regression analysis purposefully controlled for non-market power factors; and (2)

"The objective of this REPORT is to provide an estimate of the *Fair Market Value* . . . as of the VALUATION DATE, of the SUBJECT INTEREST. The purpose and specific use of this REPORT is to assist [Omni] in its advertisement to the management of the SUBJECT ENTITY regarding the consideration of a prospective transaction of the SUBJECT INTEREST.

The opinions expressed in this REPORT are restricted to that use and not valid if used for any other purpose. Any other use of this REPORT may lead the user to an incorrect conclusion for which the VALUATOR assumes no responsibility. No other use of this REPORT is permitted without the express written authorization of the VALUATOR. Possession of this REPORT or a copy thereof does not carry with it the right of publication. It may not be used for any other purpose, in whole or in part, by anyone except [Omni], for whom this REPORT was prepared, or conveyed to any other third party without the previous express written consent of the VALUATOR." (Doc. 197-2, pp. 9)

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therefore, the expected prices produced from the regression analysis contained no information about market power *by design*. (*Id.*) The Corporate Defendants represent that, because market power is captured only in the residual—that is, the difference between the expected price and actual observed price—Dr. McCarthy's analysis compares the residuals for each hospital in Florida to assess the relative market power of the Health First hospitals. (*Id.* at 11.) Consequently, Dr. McCarthy explains that his regression analysis determines the portion of the price explained by the observable non-market power factors to better isolate the portion of the price attributable to market power. (*Id.* at 12.)

Based on the foregoing, the Corporate Defendants reject the criticism of Plaintiffs' liability expert, Dr. H.E. Frech, III ("**Dr. Frech**"), who avers that Dr. McCarthy should have applied the standard error of the forecast ("**SEF**")[5] to account for variation in the dependent variable—the actual, or observed, prices left unexplained by the expected prices as estimated by the regression. (*Id.* at 11–12.) According to Dr. McCarthy, applying the SEF in this manner would have double-counted the residual. (*Id.* at 12.) Additionally, Dr. McCarthy explains that the breadth of Dr. Frech's confidence intervals is not surprising because the expected prices, unlike the observed prices, do not account for any measure of possible market power. (*Id.*) The gist of this argument is that Dr. Frech's confidence intervals compare apples to oranges. According to Dr. McCarthy, a properly computed confidence interval for his analysis reveals a much narrower confidence interval. (*Id.* at 12–13.)

[5] According to Plaintiffs, SEF is a measure of the degree of accuracy of a forecast. (Doc. 197, p. 24.)

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In addressing Plaintiffs' criticism of the Negative and Flipped Correlations, the Corporate Defendants contend that Dr. McCarthy's regression model is a "reduced form" model and, therefore, "does not presume a specific defined 'structural' relationship between the dependent variable and the explanatory variables of the regression." (*Id.* at 13.) The Corporate Defendants represent that: (1) a "reduced form" regression model can account for multiple and possibly competing structural relationships at the same time (*id.* at 13–14 (citing THAD W. MIRER, ECONOMIC STATISTICS & ECONOMETRICS 368–71 (3d ed. 1995))); and (2) as such, reduced form regression models often yield results that "have coefficient estimates that are statistically insignificant, . . . signs that are different than what economic theory may predict in a vacuum for any one variable, or that even change when estimated based on data from different time periods." (*Id.* at 14.) Moreover, referencing case law from the U.S. Supreme Court and within the U.S. Court of Appeals for the Eleventh Circuit, the Corporate Defendants aver that purported errors in the way an economist performs a regression analysis go to the weight, and not the admissibility, of the expert's opinion. (*Id.* at 15–16.) Finally, the Corporate Defendants point to a lack of evidence tending to show that: (1) the results of Dr. McCarthy's regression would change if the model was "corrected" as suggested by Dr. Frech; (2) the reliability of the regression model is questionable; or (3) Dr. McCarthy's regression methodology was so incomplete or inaccurate that an economist would not have relied on it in rendering an opinion. (*Id.* at 16.)

As to Dr. McCarthy's Damages Opinion, the Corporate Defendants argue that it was reasonable for Dr. McCarthy to use the variable costs identified in the HCC Valuation Report to perform his alternative estimate of damages because: (1) such costs were

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determined in 2009 and 2010—entirely independent of the instant litigation; (2) the authors of the HCC Valuation Report had the necessary expertise to determine the difference between a fixed and variable cost; and importantly, (3) the authors consulted with Omni management and ownership in preparing the valuation report and also considered historical trends. (*Id.* at 5, 6.) As such, Dr. McCarthy concluded that the HCC Valuation Report was "the best independent information available to identify each category of operating costs as fixed, variable or partially variable in response to changes in physician counts." (Doc. 225, ¶ 57.) To corroborate this conclusion, the Corporate Defendants cite deposition testimony from Dr. Deligdish, in which he stated that Omni "cooperated with the valuation and the individuals doing the valuations so that they could provide the most accurate valuation of the company," and "provided them with full and total access to any information they requested." (Doc. 214-7, p. 9.) Therefore, the Corporate Defendants contend that it was not unreasonable for Dr. McCarthy to rely on the HCC Valuation Report without further consultation with its authors and without conducting any further independent investigation. (Doc. 214, p. 8.)

As an initial matter, there is no challenge to Dr. McCarthy's qualifications. Plaintiffs' objections are primarily geared toward the reliability of his data. Pursuant to the principles espoused in *Kumho Tire Co. v. Carmichael*, 119 S. Ct. 1167 (1998), all expert testimony should be evaluated for its relevance and reliability under criteria appropriate to the given discipline. *See also SMS Sys. Maint. Serv. Inc. v. Dig. Equip. Corp.*, 188 F.3d 11, 25 (1st Cir. 1999) ("An expert must vouchsafe the reliability of the data on which he relies and explain how the cumulation of that data was consistent with standards of the expert's profession.").

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Upon consideration, the Court finds that Dr. McCarthy's regression analysis model is reliable and that his explanation in response to Plaintiffs' criticisms are reasonable. Importantly, the weight Dr. McCarthy's Liability Opinion is to be afforded, in light of the apparent inconsistencies in the Flipped and Negative Correlations, will have to be developed on cross examination and ultimately evaluated by the jury. Drs. McCarthy and Frech clearly disagree about the significance of such factors; however, this does not mean that the Court should "select" one expert over the other. Such a selection would usurp the function of the jury and counsel advocacy. Additionally, while the wide range of confidence interval values may indeed undercut the usefulness of Dr. McCarthy's opinion, it does not render the opinion inadmissible. The Court admits that the breadth of such range did present a close call as to whether Dr. McCarthy's opinion meets the *Daubert* "fit" or helpfulness prong. Nonetheless, for now, the Court concludes that the opinion is admissible.

As to Dr. McCarthy's Damages Opinion, while Plaintiffs challenge the propriety of Dr. McCarthy's wholesale adoption of Omni's fixed and variable costs as set forth in the HCC Valuation Report, they do not argue that the methodology employed in the report is itself unsound. Whether such use undermines the reliability of Dr. McCarthy's opinion is a "garbage in, garbage out" objection that is best left for cross examination. Standing alone, Dr. McCarthy's Damages Opinion may or may not be sufficient to support a defense verdict, but it is admissible. Therefore, Plaintiffs' *Daubert* motion is due to be denied.

b. Dr. Frech

According to the Corporate Defendants, Dr. Frech intends to provide expert

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testimony: (1) defining the relevant product markets for Defendants' alleged anticompetitive conduct; (2) determining whether Health First possessed monopoly power and caused anticompetitive effects; and (3) evaluating whether there are any efficiency justifications that might outweigh such anticompetitive effects. (Doc. 194, p. 2.) The Corporate Defendants contend that the Court should exclude Dr. Frech's testimony because his methodology is flawed and his opinions are based on insufficient or incorrect facts or data that are contradicted by the record. (*Id.* at 1, 3.) Specifically, the Corporate Defendants maintain that Dr. Frech has not conducted any competitive pricing analysis of any market but, instead, has relied solely on the allegations in the Complaint, Plaintiffs' interrogatory answers, and select documents provided to him by another expert's assistant. (*Id.* at 3.) The Corporate Defendants also maintain that Dr. Frech's theory of liability: (1) has not been subject to peer review; (2) has an uncertain potential rate of error; and (3) is not generally accepted. (*Id.* at 20–21.)

The Corporate Defendants primarily criticize Dr. Frech's definition of the SBC geographical market and the cluster markets for services within that market. The Court declines to exclude Dr. Frech's opinion on this basis. As a threshold matter, Dr. Frech's report sets forth, in painstaking detail, the economic and factual grounds for his definition of the geographical market. (*See* Doc. 194-1, pp. 110–127.) These grounds are well in line with the Supreme Court's instruction that the definition of a relevant market should be a "pragmatic" exercise, "not a formal, legalistic one." *Brown Shoe Co. v. United States*, 370 U.S. 294, 336 (1962). Moreover, as set forth in Dr. Frech's report, the SBC geographic market is also supported by Health First's own internal documents and positions taken in prior litigation. (*See* Doc. 194-1, pp. 119, 121.) The Supreme Court has

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also recognized that there is "no barrier to combining in a single market a number of different products or services where that combination reflects commercial realities." *United States v. Grinnell Corp.*, 384 U.S. 563, 572 (1966).

The remainder of the *Daubert* motion criticizes Dr. Frech's purported testimony as either contradicted by record evidence or factually unsupported. (*See* Doc. 194, pp. 13–20, 22–24.) Though the Corporate Defendants partially attack this testimony as "untested conclusions," the Court agrees with Plaintiffs' view that Health First's challenge largely amounts to a motion for summary judgment. (*See* Doc. 212, pp. 14–15.) "[I]t is not the role of the district court to make ultimate conclusions as to the persuasiveness of the proffered evidence." *Quiet Tech. DC-8, Inc. v. Hurel-Dubois UK Ltd.*, 326 F.3d 1333, 1341 (11th Cir. 2003). As such, the Court declines to follow the Corporate Defendants down the path of conflating admissibility with sufficiency. Indeed, "[t]he *Daubert* analysis should not supplant a trial on the merits." *Mathis v. Exxon Corp.*, 302 F.3d 448, 461 (5th Cir. 2002).

On balance, the Court finds that the Corporate Defendants' *Daubert* motion as to Dr. Frech is also due to be denied.

c. Dr. Singer

In a second *Daubert* motion, the Corporate Defendants move to exclude the testimony of Dr. Singer on the grounds that his methodology is flawed and his opinions are based on insufficient or incorrect facts or data. (Doc. 199, p. 1.) Specifically, the Corporate Defendants argue that: (1) because Dr. Singer's testimony relies on the testimony of Dr. Frech, it is flawed to the same extent that Dr. Frech's testimony is flawed; (2) Dr. Singer purports to testify that Plaintiffs should be awarded damages that do not

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flow from Defendants' alleged anticompetitive conduct; and (3) Dr. Singer's damage calculations are contradicted by the facts and based on erroneous assumptions. (*Id.* at 1–2.)

Importantly, the Corporate Defendants take issue with Dr. Singer's seemingly blind acceptance of testimony that Plaintiffs' injuries were caused by Defendants' Alleged Common Scheme. (*Id.* at 5–10.) That is, the Corporate Defendants contend that Dr. Singer failed to consider alternative explanations or independently investigate the basis for such testimony. (*See id.* at 8–9.) Other challenges to Dr. Singer's report include arguments that he misattributed damages (*see id.* at 11–12 15–16, 19) and assumed a zero attrition rate among Omni physicians alleged to have left the practice as a result of Defendants' conduct (*id.* at 9-10).

In response, Plaintiffs argue that a damages expert may properly assume causation. (Doc. 213, p. 3.) Plaintiffs also point to portions of Dr. Singer's deposition in which he testified that he independently reviewed Plaintiffs' evidence for corroboration and explicitly recognized that Omni has at times experienced attrition for reasons unrelated to Defendants' conduct. (*See* Doc. 199-1, pp. 25, 26, 88 n.22.)

The Court construes the Corporate Defendants' challenge as an attack on Dr. Singer's damages model based on the failure to include all possible variables with respect to causation. However, "[a]ntitrust law does not require that the defendant be the exclusive cause of the plaintiff's injury but only a 'material' one." *Gulf States Reorganization Grp. v. Nucor Corp.*, 466 F.3d 961, 965 (11th Cir. 2006). Thus, while Dr. Singer's testimony may very well be subject to scrutiny on cross-examination, the Court finds that it is not excludable on this basis.

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In a similar vein, although the Corporate Defendants contend that Plaintiffs have the burden of disaggregating losses in the event that some losses are attributable to Defendants' illegal acts and other losses are not (Doc. 199, p. 4), the Court is persuaded by contrary authority. The Supreme Court has concluded that, where "the evidence sustain[s] verdicts for the plaintiffs,"

> in the absence of more precise proof, the jury [may] conclude as a matter of just and reasonable inference from the proof of the defendants' wrongful acts and their tendency to injure plaintiffs' business, and from the evidence of the decline in prices, profits[,] and values, not shown to be attributable to other causes, that defendants' wrongful acts had caused damage to the plaintiffs."

Bigelow v. RKO Radio Pictures, Inc., 327 U.S. 251, 264 (1946). Referencing proof of damage in antitrust suits, the *Bigelow* Court reiterated that "[t]he most elementary conceptions of justice and public policy require that the wrongdoer shall bear the risk of uncertainty which his own wrong has created." *Id.* at 265. In such circumstances, "the wrongdoer may not object to the plaintiff's reasonable estimate of the cause of injury and of its amount, supported by the evidence, because not based on more accurate data which the wrongdoer's misconduct has rendered unavailable." *Id.* Such authority supports Plaintiffs' contention that the burden should be on the violator—if liability is established—to disaggregate monetary losses. From there, the jury may be charged with carving out of Dr. Singer's testimony monetary losses unrelated to the challenged conduct, if any. As such, the Corporate Defendants' motion to exclude the testimony of Dr. Singer is due to be denied.

THE SUMMARY JUDGMENT MOTIONS

I. Standards

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Summary judgment is appropriate only "if the movant shows that there is no genuine dispute as to any material fact and that the movant is entitled to judgment as a matter of law." Fed. R. Civ. P. 56(a); *Celotex Corp. v. Catrett*, 477 U.S. 317, 323 (1986). As to issues for which the movant would bear the burden of proof at trial, the "movant must affirmatively show the absence of a genuine issue of material fact, and support its motion with credible evidence demonstrating that no reasonable jury could find for the non-moving party on all of the essential elements of its case." *Landolfi v. City of Melbourne, Fla.*, 515 F. App'x 832, 834 (11th Cir. 2012) (citing *Fitzpatrick v. City of Atlanta*, 2 F.3d 1112, 1115 (11th Cir. 1993)). As to issues for which the non-movant would bear the burden of proof at trial, the movant has two options: (1) the movant may simply point out an absence of evidence to support the nonmoving party's case; or (2) the movant may provide "affirmative evidence demonstrating that the nonmoving party will be unable to prove its case at trial." *U.S. v. Four Parcels of Real Property in Green and Tuscaloosa Ctys. in State of Ala.*, 941 F.2d 1428, 1438 (11th Cir. 1991) (citing *Celotex Corp.*, 477 U.S. at 325).

"The burden then shifts to the non-moving party, who must go beyond the pleadings and present affirmative evidence to show that a genuine issue of material fact exists." *Porter v. Ray*, 461 F.3d 1315, 1320 (11th Cir. 2006) (citing *Fitzpatrick*, 2 F.3d at 1115–17). "A factual dispute is genuine 'if the evidence is such that a reasonable jury could return a verdict for the nonmoving party.'" *Four Parcels*, 941 F.2d at 1437 (quoting *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986)).

The Court must view the evidence and all reasonable inferences drawn from the evidence in the light most favorable to the non-movant. *Battle v. Bd. of Regents*,

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468 F.3d 755, 759 (11th Cir. 2006). However, "[a] court need not permit a case to go to a jury . . . when the inferences that are drawn from the evidence, and upon which the non-movant relies, are 'implausible.'" *Mize v. Jefferson City Bd. of Educ.*, 93 F.3d 739, 743 (11th Cir. 1996).

II. Corporate Defendants' Motion for Summary Judgment ("MSJ")

A. Statute of Limitations

As a preliminary matter, the Court elects to address the Corporate Defendants' final argument in its MSJ—its contention that Plaintiffs' claims are partially barred by the four-year statute of limitations applicable to their antitrust and state law claims. *See* 15 U.S.C. § 15b; Fla. Stat. §§ 95.11(3)(f), 95.11(3)(p). Plaintiffs initiated the instant action on **September 27, 2013**. (*See* Doc. 1.) As such, the Corporate Defendants maintain that any claims or damages that accrued prior to **September 27, 2009**, are time barred. (Doc. 201, p. 33.) In particular, the Corporate Defendants argue that Plaintiffs may not seek any damages predicated on the termination of: (1) Omni's provider contracts with HFHP on October 1, 2008; (2) Dr. Dowdell's provider agreement with HFHP in February 2007; or (3) Dr. Komar's employment at the Heath First emergency intensive care unit in January 2009. (*Id.* at 33, 34, 37.) The Corporate Defendants also contend that, because Dr. Seminer disposed of his Omni shares in March 2009, any damages he suffered were sustained at that time and are thus barred. (*Id.* at 38.)

In response, Plaintiffs urge the Court to apply the continuing violation doctrine. (Doc. 235, p. 40.) In support, Plaintiffs argue that none of their claims are solely predicated on the termination of their provider agreements, but rather on Defendants' ongoing Alleged Common Scheme, inclusive of the 2013 MIMA Acquisition. (*Id.* at 39.)

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Indeed, Plaintiffs point to Dr. Singer's damages report, which describes the effects of Omni's continuing exclusion from the HFHP network, inclusive of the 2008 termination. (Doc. 235-47, ¶ 10.)

The former Fifth Circuit thoroughly addressed the application of the continuing violation doctrine in *Poster Exchange, Inc. v. National Screen Service Corporation*, 517 F.2d 117 (5th Cir. 1975), a decision that is binding on this Court. *See Bonner v. City of Prichard, Ala.*, 661 F.2d 1206, 1207 (11th Cir. 1981). The plaintiff in *Poster Exchange* alleged that the defendants engaged in a continued, unlawful antitrust conspiracy, monopoly, and attempted monopoly within the motion picture accessory industry. 517 F.2d at 119. One of the three issues on appeal was the applicability of the statute of limitations to the plaintiff's claim of a continuing antitrust conspiracy. *Id.* at 122. The Fifth Circuit agreed with the plaintiff's assertion that it was entitled to recover damages caused by the defendants' continuation of the alleged monopoly and conspiracy and that such actions should be treated "as a continuing series of acts upon which successive causes of action may accrue." *Id.* at 124–25. In so concluding, the Fifth Circuit highlighted that the plaintiff's complaint was "based on continuing antitrust behavior, not merely the continuing damage it feels from a single day's monopoly and refusal to deal" outside the limitations period. *Id.* at 125. Moreover, the *Poster Exchange* court stated that binding authority "la[id] to rest the theory that . . . suit upon a continued antitrust violation must be prosecuted from the first act of illegality (plus, of course, any period during which the limitations period was tolled.)" *Id.* at 126. The Fifth Circuit also distinguished between a violation that is final at its impact, such as the immediate and permanent destruction of a plaintiff's business, and the violation at issue in *Poster Exchange*, whereby "the action

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complained of the was the exclusion of [the plaintiff] from any participation in the [relevant industry]," noting that in the latter example, "such action, while perhaps unequivocal, was not [necessarily] permanent." *Id.* at 126–27. However, the Fifth Circuit also clarified that "a newly accruing claim for damages must be based on some injurious act actually occurring during the limitations period, not merely the abatable but unabated inertial consequences of some pre-limitations action"—that is, the plaintiffs must demonstrate that the defendant's actions during the limitations period caused it harm. *Id.* at 128.

In anticipation of Plaintiffs' continuing violation argument, the Corporate Defendants rely on case law providing that, "[w]here rights and liabilities are finalized by a contract or by denial of a contract, and damages are at that time provable with certainty, the statute of limitations begins to run at that time." *Midwestern Waffles Inc. v. Waffle House, Inc.*, 734 F.2d 705, 715 (11th Cir. 1984); *see also City of El Paso v. Darbyshire St. Co.*, 575 F.2d 521, 523 (5th Cir. 1978). In support, the Corporate Defendants contend that the termination of Omni and Dr. Dowdell's provider agreements were final and unequivocal as of October 1, 2008, and February 1, 2007, respectively. (Doc. 201, p. 35.) The Corporate Defendants also argue that HFHP did not create any new or accumulating injuries by any subsequent refusals to deal. (*Id.* at 36.) Indeed, the Corporate Defendants maintain that all damages claimed by Omni and Dr. Dowdell in the instant litigation stem from the original termination of their provider agreements and not from any subsequent refusals to deal, as these were merely reaffirmations of the initial termination. (*Id.* at 36, 37.) To this point, Plaintiffs counter that Health First genuinely entertained reinstating Omni's provider agreement on multiple occasions over the years following Omni's termination. (Doc. 235, p. 40.)

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Under *Midwestern Waffles*, if Plaintiffs' subsequent requests for reinstatement as participating providers with HFHP were genuine—i.e., if Plaintiffs had reason to believe that their original terminations were subject to reconsideration—then "there would be a new alleged injury when a genuine subsequent request was denied." 734 F.2d at 715. Upon consideration of the record, the Court finds that Plaintiffs have produced evidence sufficient to warrant the application of the continuing violation doctrine. The instant action is more akin to the circumstances presented in *Poster Exchange* and the example of a genuine request for reinstatement as set forth in *Midwestern Waffles*. Plaintiffs cite to exhibits that demonstrate that HFHP considered reinstating Plaintiffs' provider agreements during the limitations period. (Doc. 238-36, 238-37, Doc. 238-38, Doc. 238-51, pp. 8–11.) This evidence shows that in two instances Health First conditioned Omni's reinstatement on its purchase of HFHP insurance for its employees (Doc. 238-36) and its individual physicians joining a physicians group, such as MIMA, that was "in line with Health First['s] interest" (Doc. 238-51, pp. 10–11). The record also supports Plaintiffs' contention that HFHP considered reinstating Dr. Dowdell in March of 2008. (Doc. 298-29.) Thus, HFHP's continued exclusion of Dr. Dowdell from the HFHP network despite his requests for reinstatement during the limitations period may also be fairly construed as new injuries under the continuing violation doctrine. (*See* Doc. 235-38, ¶¶ 15–16.)

Similarly, the Corporate Defendants argue that the state law claims of Omni, Dr. Deligdish, SOAR, Dr. Komar, Boone, PAS, and Dr. Dowdell are also barred by the statute of limitations. (Doc. 201, pp. 37–38.) While it is true, as Defendants argue, that under Florida law a cause of action accrues from the time the injury is first inflicted on the

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plaintiff, *Carter v. Cross*, 373 So. 2d 81 (Fla. 3d DCA 1979), it is also true that Florida recognizes the continuing tort doctrine. *Seaboard Air Line R.R. Co. v. Holt*, 92 So. 2d 169, 170 (Fla. 1956). In light of the foregoing, the Court finds that the application of the continuing tort doctrine is also warranted under the circumstances. As such, Defendants are not entitled to judgment as a matter of law on their statute of limitations defense at this time.

B. Count I

In Count I of the Complaint, Plaintiffs allege that the MIMA Acquisition was an impermissible merger in restraint of trade, thus violating Section 7 of the Clayton Act. (Doc. 57, ¶¶ 291–99.) Section 7 prohibits acquisitions "where in any line of commerce or in any activity affecting commerce in any section of the country, the effect of such acquisition may be substantially to lessen competition, or tend to create a monopoly." *Polypore Int'l, Inc. v. Fed. Trade Comm'n*, 686 F.3d 1208, 1213 (11th Cir. 2012) (quoting 15 U.S.C. § 18). Importantly, "Congress used the words 'may be substantially to lessen competition' to indicate that its concern was with probabilities, not certainties." *Brown Shoe Co.*, 370 U.S. at 323 (1962).

The crux of the Corporate Defendants' MSJ as to Count I is that Plaintiffs have uncovered no evidence that the MIMA Acquisition substantially lessened competition or tended to create a monopoly in the relevant market for physician services in SBC. (Doc. 201, p. 3.) The Court disagrees.

In the Complaint, Plaintiffs aver that, by acquiring the largest independent physicians group in SBC, Health First substantially lessened competition in the market for physician services by: (1) requiring that former MIMA physicians no longer accept

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Medicare Advantage plans not offered by Health First, thereby forcing patients who wished to maintain their relationships with their physicians to switch to Health First's Medicare Advantage plans; and (2) ensuring that all employed physicians referred patients exclusively to Health First's hospitals, physicians, and ancillary service providers. (*Id.* ¶¶ 3, 263, 294.)

The parties first dispute whether the MIMA Acquisition is a vertical or horizontal merger. (*See* Doc. 235, p. 9; Doc. 249, pp. 4–5.) As Plaintiffs' Complaint alleges that the MIMA Acquisition was a vertical merger *(see, e.g.*, Doc. 57, ¶ 261), Plaintiffs are entitled to proceed under this theory if supported by the evidence.

As defined by the Supreme Court, "[e]conomic arrangements between companies standing in a supplier-customer relationship are characterized as 'vertical.'" *Brown Shoe Co.*, 370 U.S. at 323. On the other hand, "[a]n economic arrangement between companies performing similar functions in the production or sale of comparable goods or services is characterized as 'horizontal.'" *Id.* at 334.

Defendants admit that Health First is a non-for-profit corporation, with its principal place of business in SBC, which bills itself as "Central Florida's only fully integrated health system." (Doc. 11, p. 11.) Additionally, Health First is the parent corporation of: (1) HRMC; (2) Cape Canaveral Hospital; (3) Palm Bay Hospital; (4) Viera Hospital; (5) HF Physicians; and (6) HFHP. (*Id.*) Moreover, at the time of the MIMA Acquisition, MIMA was the largest independent physicians group in SBC. (Doc. 111, p. 3.) In light of these admissions, the Court finds that Plaintiffs' characterization of the MIMA Acquisition as a vertical merger is supported by the evidence as MIMA and Health First's other subsidiaries can be fairly described as downstream suppliers in Health First's integrated,

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vertical market. *See* Joshua S. Gans, *Concentration-Based Merger Tests and Vertical Market Structure*, 50 J.L. & ECON. 661, 670 (2007) (explaining that the nature of a vertically integrated firm is its function as a net supplier of inputs and that "[a] merger between any upstream and downstream firm is a pure vertical integration").

In evaluating how a vertically integrated firm may lessen competition in a geographic market, the Supreme Court explained that,

> [t]he primary vice of vertical merger or other arrangement tying a customer to a supplier is that, by foreclosing the competitors of either party from a segment of the market otherwise open to them, the arrangement may act as a clog on competition, which deprives rivals of a fair opportunity to compete.

Brown Shoe Co., 370 U.S. at 323–24 (citing *Standard Oil Co. of Cal. v. United States*, 337 U.S. 293, 314 (1949)). Therefore, "the diminution of the vigor of competition which may stem from a vertical arrangement results primarily from a foreclosure or share of the market otherwise open to competitors." *Id.* at 328.

Contrary to the Corporate Defendants' contention, Plaintiffs maintain that they have produced sufficient evidence to demonstrate that the MIMA Acquisition substantially lessened competition in SBC. (Doc. 235, pp. 3–4.) First, Plaintiffs point to Kimberley Nowakowski's deposition testimony that physicians employed by HF Physicians are required to refer patients to Health First facilities or providers, unless: (1) the patient chooses otherwise; (2) medical necessity requires otherwise; or (3) the patient's insurance payer provides otherwise. (Doc. 235-38, p. 21.) Second, in his expert report, Dr. Frech concludes that, through acquisition and alignment, Health First has foreclosed more than 25% of the physician services market by its Exclusive Referral Practice. (Doc. 235-1, p. 81.) Finally, Plaintiffs produced a document entitled "HFMG Medicare

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Advantage Transition Plan Summary" which outlines a plan for eliminating all non-HFHP Medicare Advantage plans, as established during the MIMA Acquisition. (Doc.235-4, p. 2.)

Upon consideration of the evidence, the Court finds that there is a genuine issue of material fact as to whether the MIMA Acquisition substantially lessens competition or tends to create a monopoly in SBC, thus foreclosing judgment as a matter of law as to Count I.[6]

C. Count II

In Count II, Plaintiffs allege that Health First and HRMC[7] have monopolized the acute care inpatient hospital services market in SBC in violation of Section 2 of the Sherman Act. (Doc. 57, ¶¶ 300–314.) Specifically, Plaintiffs aver that Health First's monopoly power in the inpatient hospital services market is demonstrated by: (1) its ability to exclude rival providers of inpatient hospital services; (2) its ability to raise prices to private health insurers and other third-party payors to above-competitive levels; and (3) its near 70% market share. (*Id.* ¶ 302.) Plaintiffs also allege that Health First has exercised, maintained, and exploited this monopoly power through exclusionary and anticompetitive conduct, including the Exclusive Referral Practice, group boycotts, concerted refusals to

[6] The Court also rejects the Corporate Defendants' argument that Plaintiffs lack standing to sue because they have not been *totally* excluded from the market. (*See* Doc. 201, p. 3 n.2.) As previously stated, "[t]he primary vice of vertical merger or other arrangement tying a customer to a supplier is that, by foreclosing the competitors of either party from a *segment* of the market otherwise open to them, the arrangement may act as a clog on competition, which deprives rivals of a fair opportunity to compete." *Brown Shoe Co.*, 370 U.S. at 323–24 (emphasis added). Moreover, nowhere in the Corporate Defendants' cited authority does the Eleventh Circuit pronounce that antitrust injury requires complete exclusion from the relevant market. *See Gulf States*, 466 F.3d 961.

[7] For purposes of addressing the Corporate Defendants' MSJ as to Count II only, the Court will refer to Health First and HRMC collectively as "Defendants."

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deal, and monopoly leveraging. (*Id.* ¶ 305.)

"Section 2 of the Sherman Act provides that every person who shall monopolize, or attempt to monopolize any part of the trade or commerce among the several States shall be deemed guilty of a felony." *Morris Commc'ns Corp. v. PGA Tour Inc.*, 364 F.3d 1288, 1293 (11th Cir. 2004) (citing 15 U.S.C. § 2). In particular,

> [t]he offense of monopoly under § 2 of the Sherman Act has two elements: (1) the possession of monopoly power in the relevant market[;] and (2) the willful acquisition or maintenance of that power as distinguished from growth or development as a consequence of a superior product, business acumen, or historic accident.

Id. at 1293–94 (quoting *Grinnell Corp.*, 384 U.S. at 570–71). "The first element, monopoly power, is the power to control prices in or to exclude competition from the relevant market. The second element requires predatory or exclusionary acts or practices that have the effect of preventing or excluding competition within the relevant market." *Id.* at 1294. "In order for a practice to be exclusionary, it must harm the competitive process and thereby harm consumers." *Id.*

In their MSJ as to Count II, the Corporate Defendants contend that Plaintiffs have presented no evidence that either Health First or HRMC: (1) has the ability to control prices or exclude competition; or (2) engaged in any exclusionary conduct. (Doc. 201, pp. 5–8.) Plaintiffs counter that: (1) Health First's market share is prima facie evidence of monopoly power in the hospital market; and (2) the substantial barriers to entry in that market reinforce the power conferred by that market share. (*See* Doc. 235, p. 11–18.)

As stated by the Eleventh Circuit, "[t]he principal measure of actual monopoly power is market share." *U.S. Anchor Mfg., Inc. v. Rule Indus.*, 7 F.3d 986, 999 (11th Cir. 1993). Dr. Frech's expert report concludes that Health First's share of the

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hospital market was 86.8% in 2014. (Doc. 235-1, p. 68 tbl.4.) Based on this evidence, the Court concludes that Plaintiffs have created a genuine issue of material fact as to Defendants' ability to exclude competition from the relevant market. *See Rule Indus.*, 7 F.3d at 999 (stating that "a sufficiently large market share may alone create a genuine dispute over whether the defendant possessed a dangerous probability of successfully monopolizing a market despite the existence of other facts tending to make monopolization unlikely, thereby precluding summary judgment for the defendant"). Indeed, the Eleventh Circuit has explicitly pronounced that binding circuit precedent compels the conclusion that "[a] market share estimated with reasonable confidence to fall between 60 and 65% suffices to raise a jury question concerning dangerous probability." *Id.* (citing *MaGhee v. N. Propone Gas Co.*, 858 F.2d 1487, 1506 (11th Cir. 1988)); *see also Grinnell Corp.*, 384 U.S. at 571 (finding that an 87% market share "leaves no doubt" as to monopoly power). In assessing whether an entity possesses monopoly power within a market, courts typically examine market structure in search of circumstantial evidence of monopoly power, such as whether the firm has a predominant market share and whether there is freedom of, or barriers to, entry. *McWane Inc. v. Fed. Trade Comm'n*, 783 F.3d 814, 830 (11th Cir. 2015).Therefore, evidence of Defendants' 86.8% market share in the inpatient hospital services market, coupled with Plaintiffs' evidence demonstrating the existence of high barriers to entry into the relevant market (*see* Doc. 235-1, pp. 69–70), presents a jury question as to the first element required for liability on Count II.

The Court similarly concludes that Plaintiffs have raised a factual issue for determination by the jury with respect to the second element of their claim in Count II—

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the willful acquisition or maintenance of monopoly power as evidenced by the exclusion of competitors within the relevant market. Dr. Frech concluded that Defendants' exclusionary practices have resulted in antitrust injury—namely, the diversion of referrals from its providers—in multiple markets, including the acute-care inpatient services market. (Doc. 235-1, pp. 5–6, 87–90.) This evidence is corroborated by witness testimony elaborating on the specific ways in which Defendants engaged in exclusionary practices through its Exclusive Referral Practice. (*E.g.*, Doc. 235-38, pp. 5–6; Doc. 235-42, pp. 5–6; Doc. 238–45, pp. 4–5.) As such, the Corporate Defendants' MSJ as to Count III is due to be denied.

D. Counts III, IV, V, and VI

In Counts III through VI of the Complaint, Plaintiffs assert several attempted monopolization claims under Section 2 of the Sherman Act. (Doc. 57, ¶¶ 315–366.) Specifically, Plaintiffs allege that: (1) Health First and HF Physicians attempted to monopolize the physician services market (Count III); (2) Health First, HMRC, and HF Physicians attempted to monopolize the ancillary services market (Count IV); (3) Health First and HFHP attempted to monopolize the private health insurance market (Count V); and (4) Health First and HFHP attempted to monopolize the Medicare Advantage Market (Count VI). (*Id.*)

Under § 2 of the Sherman Act, "the conduct of a single firm [is] unlawful only when it actually monopolizes or threatens to do so." *Spectrum Sports, Inc. v. McQuillan*, 506 U.S. 447, 459 (1993). Thus, to state a claim for attempted monopolization, a plaintiff must demonstrate: (1) that the defendant possessed the specific intent to achieve monopoly power by predatory or exclusionary conduct; (2) that the defendant did in fact commit

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such anticompetitive conduct; and (3) a dangerous probability that the defendant might have succeeded in its attempt to achieve monopoly power. *Rule Indus.*, 7 F.3d at 993.

"Most attempts to measure monopoly power involve quantifying the degree of concentration in a relevant market and/or the extent of a particular firm's ability to control productive capacity in that market." *Id.* at 994. Other relevant determinants of the market power of a prospective predator include the absolute and relative market shares of competing firms, "the strength and capacity of current competitors, the potential for entry[,] the historic intensity of competition[,] and the impact of the legal or natural environment. *Id.* (quoting *In re Int'l Tel. & Tel. Corp.*, 104 F.T.C. 280, 412 (1984)). However, "[d]espite the seemingly broad array of factors employed by the Federal Trade Commission, the principal judicial device for measuring actual or potential market power remains market share, typically measured in terms of a percentage of total market sales." *Rule Indus.*, 7 F.3d at 994.

Moreover, "[i]n evaluating a § 2 attempt to monopolize claim, it is necessary to consider the relevant market . . ." *Tech. Res. Servs., Inc. v. Dornier Med. Sys., Inc.*, 134 F.3d 1458, 1466 (11th Cir. 1998) (citing *Spectrum Sports,* 506 U.S. at 459). As such, the Court will, in turn, discuss whether the respective Defendants are entitled to summary judgment on Plaintiffs' attempted monopolization claims within each relevant market.

1. Physician Services Market

In their attempted monopolization claim in Count III, Plaintiffs allege that the relevant market is the physician services market in SBC. (Doc. 57, ¶ 316.) The Corporate Defendants contend that Plaintiffs' claim fails as a matter of law because: (1) a dangerous probability of success cannot be shown when the defendant possesses less than 50% of

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the market; (2) there are low entry barriers into the physician services market; and (3) there is no evidence of any specific intent by HF Physicians to monopolize the physicians services market. (Doc. 249, p. 7; *see also* Doc. 201, p. 10.) The Corporate Defendants also maintain that Plaintiffs failed to properly define a relevant market. (Doc. 201, p. 10.)

With respect to the Corporate Defendants' contention that Plaintiffs have failed to define a relevant market, Plaintiffs' point to their response to the Corporate Defendants' *Daubert* motion to exclude the testimony of Dr. Frech—a motion which the Court intends to deny. (Doc. 235, p. 21.) In similar fashion, the Court rests on its prior pronouncement that the markets defined by Dr. Frech are sufficient for admission under *Daubert*. The Court thus rejects the Corporate Defendants' conclusory argument that the physician services market is inadequately defined.

As to the first element of an attempted monopolization claim, the Court agrees with Plaintiffs that a reasonable juror could infer that Health First and HF Physicians possessed the specific intent to monopolize based on the unfair or predatory nature of their tactics, particularly in coercing market participants to maximize referrals within the Health First system and minimize referrals outside of it. (Doc. 235-39, ¶ 6); *see also Spectrum Sports*, 506 U.S. at 459 (explaining that a finding that a defendant has engaged in unfair or predatory tactics may be sufficient to prove the necessary intent to monopolize). Additionally, Plaintiffs have produced evidence showing that physicians employed by Health First have unilaterally terminated all Medicare Advantage plans not offered by Health First (*see* Doc. 235-4), which Plaintiffs argue would cause Health First to forego significant sources of revenue. As the Eleventh Circuit has recognized, "[t]he

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unilateral termination of a voluntary (and thus presumably profitable) course of dealing" may suggest "a willingness to forsake short-term profits to achieve an anticompetitive end," from which the intent to achieve monopoly power by exclusionary conduct may be inferred. *See Verizon Commc'ns, Inc. v. Law Offices of Curtis V. Trinko, LLP*, 50 U.S. 398, 409 (2004); *see also Aspen Skiing Co. v. Aspen Highlands Skiing Corp.*, 472 U.S. 585, 610–611 (1985). Such evidence is also sufficient to meet the second element of Plaintiffs' attempted monopolization claim in Count III.

Finally, the Court disagrees with the Corporate Defendants' interpretation of *Rule Industries* as containing a *per se* requirement that a defendant possess at least a 50% market share to constitute a dangerous probability of success under the third element of an attempted monopolization claim. The Court acknowledges that in concluding that there was insufficient evidence from which the jury could have found a dangerous probability of monopolization, the *Rule Industries* court held that, as a matter of law, there was no dangerous probability of success *because* the defendant possessed less than 50% of the market throughout the time of the alleged conduct. *Rule Indus.*, 7 F.3d at 1000–01. However, in the same decision, the *Rule Industries* court drew attention to the Fifth Circuit's cautionary remarks in *Cliff Ford Stores, Inc. v. Kroger, Inc.*, 417 F.2d 203, 207 n.2 (5th Cir 1969), that "one must be particularly wary of the numbers game of market percentage when considering an attempt to monopolize suit under the dangerous probability standard." *Rule Indus.*, 7 F.3d at 999. Accordingly, the Undersigned elects to follow the approach taken in *Gen. Cigar Holdings, Inc. v. Altadis, S.A.*, in which the court stated that, "consistent with [*Rule Industries*], if a plaintiff is to sustain an attempted monopolization claim with an allegation of less than 50% market share, he must also

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allege other reasons that make a monopoly dangerously probable." 205 F. Supp. 2d 1335, 1351 (S.D. Fla. 2002), *aff'd sub nom.*, 54 F. App'x 492 (11th Cir. 2002).

Here, notwithstanding the fact that Health First possesses only a 27% market share in the physician services market (Doc. 235-1, p. 81 n.245; *see also* Doc. 201-8, 48:17–23), Plaintiffs provide evidence from their liability expert suggesting that: (1) markets for specialist physicians are significantly concentrated and involve substantial barriers to entry (*see* Doc. 235-1, pp. 52, 55–56 & n.152); (2) Health First's vertical integration, combined with its dominance in the market for acute inpatient hospital services, allows it to impair competition in multiple markets through exclusionary tactics and facilitate the exercise of monopoly power in markets, such as physician services, where its market share appears relatively low when viewed in isolation (Doc. 235-38, ¶ 6); and (3) absent "the dramatic contraction in the scale of Omni's operations resulting from Omni's exclusion from [HFHP]," Health First's market share in physician services would have been lower (*id.* ¶ 8). Additionally, in his declaration, Dr. Frech vouches that HF Physicians' market share in certain specialties is substantially higher than its share in physician services overall. (*Id.* ¶ 10 & tbl.1.) In light of this showing and the factors enumerated in *Rule Industries*, the Court concludes that the combined effect of Health First's 86% market share in the inpatient hospital services market, its 27% market share in the physician services market, and its ability to exclude competitors throughout is sufficient to create a jury question as to Health First and HF Physicians' "dangerous probability of achieving market power." Thus, Count III survives the Corporate Defendants' MSJ.

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2. Ancillary Services Market

Count IV of the Complaint alleges that Health First, HRMC, and HF Physicians attempted to monopolize the ancillary services market in SBC in violation of Section 2 of the Sherman Act. (Doc. 57, ¶¶ 328–40.) The Complaint defines the ancillary services market as "axillary or supplemental services provided by a licensed physician or medical practice to support diagnosis and treatment of a patient's condition." (*Id.* at ¶ 63.) As alleged, such services include: (1) diagnostic services (e.g., x-rays and laboratory testing); (2) durable medical equipment and medical devices (e.g., crutches and orthotics), (3) therapies (e.g., radiation therapy and dialysis); and (4) outpatient surgeries (e.g., in-house surgery suits and ambulatory surgery centers). (*Id.* at ¶ 64.) According to the Complaint, "[a]ncillary services are purchased in conjunction with medical or hospital care" and are most commonly "covered and paid for by the patient's insurance"; additionally, "patients are often directed to a particular ancillary service provider by their doctors or health plan." (*Id.*) Because patients' health plans typically only reimburse for services performed by approved ancillary service providers (*id.* ¶ 66), Plaintiffs allege that Health First has acquired a dominant share of the ancillary services market in SBC through its ownership and control of numerous subsidiaries (*id.* ¶ 70.) Finally, Plaintiffs allege that immediately following the MIMA Acquisition, the former MIMA physicians began: (1) terminating business relationships with ancillary service providers outside the Health First system; and (2) directing all ancillary services to Health First's own higher-priced providers. (Doc. 57, ¶ 270.) As a result, Plaintiffs aver that prices are higher, there are fewer alternatives for participants in the ancillary services market in SBC, and

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that their ability to effectively compete in this market has been substantially limited. (*Id.* ¶¶ 332, 334.)

In support of their MSJ as to Count IV, the Corporate Defendants first present deposition testimony from Dr. Frech, in which he admits that he does not intend to offer any opinions as to the ancillary services market. (Doc. 201, p. 11 (citing Doc. 201-8, 23:12–21, 33:5–13, 46:8–9).) As "[c]onstruction of a relevant economic market or a show of monopoly power in that market" must be supported by expert testimony, the Corporate Defendants contend that Plaintiffs have abandoned this claim. (*Id.* (citing *Am. Key Corp. v. Cole Nat'l Corp.*, 762 F.2d 1529, 1579 (11th Cir. 1985).) Second, the Corporate Defendants maintain that, because Plaintiffs have failed to demonstrate that Defendants had a share of the market that was 50% or greater, they cannot prove that Defendants possessed a dangerous probability of success. (*Id.*) Finally, the Corporate Defendants contend that: (1) Plaintiffs cannot produce any evidence of specific intent by the relevant Defendants to monopolize the ancillary services market; and (2) there are low entry barriers into the ancillary services market. (Doc. 249, p. 7.)

In response, Plaintiffs cite numerous opinions in Dr. Frech's report as to the nature and effects of Health First's conduct in the ancillary services market. (Doc. 235, p. 21 (citing, *inter alia*, Doc. 235-1, ¶¶ 160, 165, 173, 197).) Additionally, Plaintiffs again maintain that *Rule Industries* did not set a bright-line rule requiring that a dangerous probability of success be demonstrated by possession of a market share that is greater than 50% during the relevant time period. (*Id.* at 22.) Instead, Plaintiffs argue that the conduct supporting their claim for attempted monopolization of the physician services market is sufficient to support their claim for attempted monopolization of the ancillary

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services market because many of them are providers of both physician and ancillary services and sustained damages in the ancillary services market as a result of Health First's conduct. (*Id.*) Additionally, Plaintiffs contend that Health First has the power to force physicians to refer HFHP patients to Health First facilities for ancillary services by refusing to credential participating physicians to perform ancillary services at other locations. (*Id.* (citing Doc. 235-58, ¶ 8).)

Upon consideration of the evidence, the Court concludes that Plaintiffs have produced sufficient evidence to support the elements of an attempted monopolization claim in the ancillary services market. Here, Dr. Frech's report concludes, *inter alia*, that: (1) Health First has foreclosed 39% of radiologists in SBC through its exclusive relationship with Brevard Physicians Associates (Doc. 235-1, ¶¶ 165, 159); and (2) Health First's exclusive dealing arrangements have harmed competition in the physician and ancillary services markets (*id.* ¶ 197). The Court agrees with Plaintiffs that it is the role of counsel, not the expert, to procure the relevant testimony at trial to support Plaintiffs' claims. (*See* Doc. 235, p. 22.)

The declaration of Dr. Dowdell further corroborates the alleged exclusionary conduct. Dr. Dowdell specializes in interventional pain management and is the CEO, medical director, and sole shareholder of SOAR. (Doc. 235-58, ¶¶ 1, 3.) Dr. Dowdell declares that, during his tenure as an HFHP participating provider from 2003 to 2006, he was advised that Health First expected him to bring all his insured patients to Palm Bay Pain Clinic and to perform procedures on HFHP patients exclusively at Health First ambulatory surgery centers. (*Id.* ¶ 6.) HFHP also required its participating physicians to perform all X-rays, DEXA, MRIs, labs, physical therapy, and other ancillary services at a

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Health First facility. (*Id.* ¶ 8.) According to Dr. Dowdell, this requirement greatly inconvenienced his patients and resulted in delays in diagnosis and treatment. (*Id.*)

On November 1, 2006, Peter Weiss ("**Dr. Weiss**")—CEO of HFHP—visited Dr. Dowdell's office to discuss pain management. (*Id.* ¶ 7.) At that time, Dr. Weiss learned that Dr. Dowdell was performing most of his surgical procedures at his in-office operating suite, as opposed to Health First facilities.[8] (*Id.*) According to Dr. Dowdell, Dr. Weiss was also aware that Dr. Dowdell was not bringing all his patients to Palm Bay Pain Clinic and Melbourne Same Day Surgery as previously instructed. (*Id.*) During the meeting, Dr. Dowdell requested credentialing with HFHP to perform X-rays and other ancillary services in his office. (*Id.* ¶ 8.) Two days later, Dr. Weiss informed Dr. Dowdell that the HFHP Board had voted to terminate his contract—effective February 2007—based on their belief that he potentially jeopardized patient care. (*Id.* ¶¶ 8, 9.) However, Dr. Dowdell believes that he was terminated because he did not comply with the requirement that he perform all of his surgical procedures at Health First facilities. (*Id.* ¶ 10.) Indeed, according to Dr. Dowdell's declaration, he met with Health First Medical Director Dr. Joe Collins ("**Dr. Collins**") and HFHP Director of Provider Relations Katie Fleming ("**Ms. Fleming**") on April 16, 2008, at which time Dr. Collins informed him that HFHP had no quantifiable evidence that any of his medical procedures jeopardized patient care. (*Id.* ¶ 11, 12.) Nonetheless, in response to Dr. Dowdell's request at the meeting as to whether he could bring an HFHP participating provider into his practice, Dr. Dowdell was told that if a

[8] In his declaration, Dr. Dowdell avers that his office operating suite was certified by the Department of Health. (Doc. 235-58, ¶ 7.)

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participating HFHP provider joined his practice, then that provider's contract would be terminated. (*Id.* ¶ 13.)

Prior to and after his termination from HFHP, Dr. Dowdell continued to see patients at HRMC. (*Id.* ¶ 18.) However, the nurse managers at HRMC often ignored his orders to refer these patients to non-Health First facilities; instead, the HRMC nurses transferred such patients to Health First facilities. (*Id.*) Additionally, despite continued communications with Health First and HFHP and repeated attempts at reinstatement, Dr. Dowdell's application to rejoin HFHP was continuously denied. (*See id.* ¶¶ 11, 12, 15, 16.)

As previously mentioned, specific intent may be inferred from predatory or exclusionary conduct. *See Spectrum Sports*, 506 U.S. at 459. Consequently, the Court finds that, based on the foregoing evidence of exclusionary conduct, a reasonable juror could conclude that Health First possessed the specific intent to achieve monopoly power in the ancillary services market and that Health First did in fact commit such anticompetitive conduct. *See Rule Indus.*, 7 F.3d at 993.

Finally, the Court reiterates its prior conclusion that Plaintiffs need not demonstrate that a defendant possess a 50% or greater market share to constitute a dangerous probability of success for an attempted monopolization claim if other factors are present. Although market share is the principal device utilized by courts to measure monopoly power, the extent of a firm's ability to control productive capacity in a market may alternatively be indicative of monopoly power. *See Rule Indus.*, 7 F.3d at 994. Here, the interrelated nature of Health First's alleged exclusionary treatment, location, and referral practices supports Plaintiffs' contention that Health First has the ability to control

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productive capacity in the ancillary services market. Notably, Dr. Frech concludes that Health First's foreclosure of the physician services market through acquisition and alignment has anticompetitive effects on the ancillary services market by directing referrals to Health First hospitals and foreclosing referrals to other sources of ancillary services. (Doc. 235-1, ¶ 165.) Further illustration of the interconnected nature of these markets is evidenced by Dr. Frech's correlation of the decline in Omni's collections on ancillary services as physicians left its practice. (Doc. 235-47, ¶ 27.) To this end, Dr. Frech has compiled multiple tables demonstrating Omni's forgone revenues for ancillary services. (Doc. 235-47 ¶¶ 27–29, 37, 38; *id.* at 17–18 tbls.5A–5D, 21–22 tbls.6A–6D, 28–29 tbls.8A–8D, 30–31 tbls.9A–9D).)

Dr. Frech also concludes that, generally, a hospital's vertical integration into health plans "significantly increases health plans' bargaining power with independent physicians and ancillary service providers." (Doc. 235-1, ¶ 126.) Specific to Health First, Dr. Frech summarizes the anticompetitive nature of its vertical integration as a series of exclusionary activities designed to reduce competition among hospitals, physicians, health plans, and ancillary service providers, which it enforced through penalties for non-compliance—namely, termination of provider contracts. (*Id.* ¶¶ 147, 156, 197.) Given the parallel nature of the physician services and ancillary services markets, Dr. Dowdell's declaration, and Dr. Frech's conclusions—including his quantification of the foreclosure of radiologists in SBC—the Court is unable to conclude, as a matter of law, that Health First does not possess a dangerous probability of successfully achieving a monopoly of the ancillary services market in SBC. Not only does the evidence create a question of fact as to Health First's ability to control productive capacity in this market, but it also supports

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a finding that there are substantial barriers to entry in the ancillary services market—i.e., the procurement of HFHP participating provider contracts predicated on the agreement to engage in exclusive referral and treatment practices that potentially violate the Sherman Act. Consequently, the Corporate Defendants' MSJ is due to be denied with respect to Count IV.

3. Private Health Insurance Market

At the outset of its response to the Corporate Defendants' MSJ, Plaintiffs concede that there is insufficient evidence to support their claim under Count V of the Complaint for attempted monopolization of the private health insurance market. (Doc. 235, p. 7, n.1.) Consequently, Plaintiffs purport to voluntarily dismiss this claim. (*Id.*) As the Corporate Defendants have already filed a MSJ and do not stipulate to dismissal (*see* Doc. 201; Doc. 249, p. 7, n.7), the Court construes Plaintiffs' concession as a request for voluntary dismissal by Court order pursuant to Federal Rule of Civil Procedure 41(a)(2) and finds that it is due to be granted. Accordingly, the Court will dismiss Count V of the Complaint with prejudice.

4. Medicare Advantage Market

Count VI of the Complaint alleges that Health First and HFHP attempted to monopolize the Medicare Advantage Market. (Doc. 57, ¶¶ 354–66.) In particular, Plaintiffs allege that Health First wields a dominant share of the Medicare Advantage market in SBC through its ownership and control of HFHP. (*Id.* ¶ 355.) According to Plaintiffs, Health First has enhanced and abused this market power through exclusionary conduct, which has harmed Plaintiffs, who participate in the relevant market as suppliers. (*Id.* ¶¶ 357, 359.) Specifically, Plaintiffs contract with private health insurers to offer services as part

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of their provider networks, while insurers offering Medicare Advantage plans pay Plaintiffs for services rendered to their Medicare Advantage enrollees. (*Id.* ¶ 359.) Plaintiffs allege that Health First's exclusionary course of conduct has substantially limited their ability to effectively compete in this market. (*See id.* ¶ 360.)

In their MSJ as to Count VI, the Corporate Defendants argue that: (1) there is no evidence that Medicare Advantage is a separate market from traditional Medicare coverage (Doc. 201, p. 12); (2) Plaintiffs cannot produce any admissible evidence of a conspiracy and do not otherwise have proof of any unlawful exclusionary conduct (*id.* at 12–13); (3) HFHP's declining market share, new entry to market, and the lack of evidence of inhibited growth or competition therein support a finding that Health First and HFHP do not have a dangerous probability of success with respect to monopolization of the Medicare Advantage market (*id.* at 13–14); and (4) there is no evidence of specific intent to monopolize this market (Doc. 249, p. 8). Plaintiffs counter each of these arguments. (Doc. 235.)

As an initial matter, the Court agrees with Plaintiffs that Medicare Advantage is a product independent of Medicare, and thus the Medicare Advantage market is distinct from the traditional Medicare market. (*See* Doc. 235, pp. 22-23.) Importantly, this is the position taken by the Antitrust Division of the U.S. Department of Justice. *See United States v. UnitedHealth Grp. Inc.*, 1:08-cv-00322-ESH (D.D.C. Feb. 25, 2008), Doc. 1. This position is further supported by Dr. Frech's report, which cites at least two corroborating journal articles. (Doc. 235-1, ¶ 60.)

The remainder of the Corporate Defendants' arguments challenge the sufficiency of the evidence supporting the elements of an attempted monopolization claim. To

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establish the intent element, Plaintiffs point to documentation outlining the steps of Health First's strategy—formulated during the MIMA Acquisition—to unilaterally terminate all non-Health First Medicare Advantage plans formerly accepted by MIMA. (Doc. 235-4.) The Corporate Defendants contend that, in light of the MIMA Acquisition, such termination constitutes a permissible unilateral refusal to deal because Health First hospitals have never contracted with any other Medicare Advantage plans. (Doc. 201, pp. 12–13.) However, the unilateral termination of a voluntary and presumably profitable course of dealing may be indicative of anticompetitive intent where it suggests a willingness to forsake short-term profits to achieve an anticompetitive end. *See Trinko*, 540 U.S. at 409 (summarizing the *Aspen Skiing* exception). Consequently, the Court finds this evidence sufficient to raise a jury question as to the intent element of an attempted monopolization claim.

Next, Plaintiffs argue that Health First's refusal to accept any Medicare Advantage plans outside its own constitutes anticompetitive conduct. (Doc. 235, p. 23.) Plaintiffs also maintain that the vertical integration of the Health First system injures competing Medicare Advantage plans because they are denied access to patients treated at HRMC, which Plaintiffs contend is the only hospital in SBC with Level II Trauma Center, Level II Neonatal Intensive Care Unit, and an air ambulance. (*Id.* at 23; *see also* Doc. 57, ¶ 116.) Additionally, Plaintiffs argue that Health First's Exclusive Referral Practice cements this effect within the physician services market. (Doc. 235, p. 24.) Upon consideration, the Court agrees that Health First's exclusion of HRMC—a "must have" hospital in SBC—from all competing Medicare Advantage plans evidences anticompetitive exclusive dealing on the part of Health First and HFHP.

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As to the third element, the Corporate Defendants underscore HFHP's declining share of the Medicare Advantage market in SBC, which has fallen from 100% in 2005 to 50–60% currently. (Doc. 201, p. 13.) Consequently, the Corporate Defendants contend that this decline evidences a lack of market power, which the Court should consider in determining whether there is a dangerous probability of successfully monopolizing the market. (*Id.* at 14.) In particular, the Corporate Defendants represent that this significant decline was created by new entry and expansion in the market by competitors, which evidences a lack of barriers to entry. (*Id.*; *see also* Doc. 249, p. 8.) Additionally, the Corporate Defendants argue that there is no evidence that new Medicare Advantage plans have been unable to effectively compete and grow despite the Corporate Defendants' alleged exclusionary conduct. (Doc. 201, p. 14.)

Although Plaintiffs concede that Health First's market share has declined, they maintain that its remaining market share is well within the range associated with a dangerous probability of achieving monopoly power. (Doc. 235, p. 24.) The Court agrees. Indeed, the Corporate Defendants concede that HFHP currently possesses a 50 to 60% share of the Medicare Advantage market. (Doc. 201, p. 13.) As contemplated by the Eleventh Circuit, "a sufficiently large market share may alone create a genuine dispute over whether the defendant possessed a dangerous probability of successfully monopolizing a market despite the existence of other facts tending to make monopolization unlikely, thereby precluding summary judgment for the defendant." *Rule Indus.*, 7 F.3d at 999. The Court thus declines to depart from Eleventh Circuit precedent concluding that "a dangerous probability of achieving monopoly power may be established by a 50% share," *Rule Indus.*, 7 F.3d at 1000. While the Corporate

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Defendants are free to argue at trial that low barriers to entry and a declining market share negate the attempted monopolization claim that Plaintiffs allege in Count VI, the Court may not weigh the evidence to foreclose Plaintiffs' claim at this stage of the proceedings. As such, the Corporate Defendants' MSJ as to Plaintiffs' attempted monopolization claim in Count VI is due to be denied.

E. Count VII

In Count VII, Plaintiffs assert a claim against all Defendants for a contract, combination, or conspiracy in restraint of trade in violation of Section 1 of the Sherman Act ("**Section One Conspiracy Claim**"). (Doc. 57, ¶¶ 367–379.) Specifically, Plaintiffs allege that Defendants participated in a common scheme with co-conspirators[9] to restrain trade and exclude competition in the aforementioned markets by engaging in: (1) exclusive dealing arrangements; (2) tying arrangements; and (3) a group boycott/concerted refusal to deal. (*Id.* ¶¶ 367–69.) Plaintiffs Omni, SOAR, IFS, and Florida Pain allege that they were harmed by such conduct because: (1) they either had their provider contracts terminated or were denied access to the Health First network for refusing to agree to the exclusive dealing arrangements, which caused them to be denied access to Health First's enrollees; (2) the physicians who agreed to the exclusive dealing arrangements have subjected them to a group boycott/concerted refusal to deal; (3) they have stopped receiving inpatient referrals from HRMC; and (4) the exclusionary practices have prevented them from growing their businesses due to a lack of referrals and the inability to access a substantial segment of insured persons in SBC. (*Id.* ¶¶ 375–

[9] According to Plaintiffs, all physicians and medical practices that agreed to Health First's exclusive dealing arrangements are Defendants' co-conspirators—including MIMA and its physicians prior to the MIMA Acquisition.

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378). Additionally, Omni and SOAR allege that Health First has actively lured physicians away from their practices. (*Id.* ¶¶ 375, 376.) Meanwhile, the individual Antitrust Plaintiffs—Drs. Deligdish, Seminer, Dowdell, Gayles, Golovac, Grenevicki, and Komar—allege that they were harmed by Defendants' exclusionary practices because they have been: (1) denied access to Health First's members; and (2) blacklisted by Health First and, thus, received no patient referrals from HF Physicians or its co-conspirators, regardless of the patient's insurance provider. (*Id.* ¶ 379.)

Section One of the Sherman Act provides that "[e]very contract, combination in the form of trust or otherwise, or conspiracy, in restraint of trade or commerce . . . is declared to be illegal." 15 U.S.C. § 1. Therefore, to survive the Corporate Defendants' motion for judgment as a matter of law on their Section One Conspiracy Claim, Plaintiffs must prove the existence of an agreement to restrain trade between two or more persons evidenced by "a unity of purpose or a common design and understanding, or a meeting of minds in an unlawful arrangement." *Harcros Chems.*, 158 F.3d at 569.

In their MSJ, the Corporate Defendants contend that they are entitled to judgment as a matter of law because: (1) Plaintiffs cannot present any admissible evidence of any agreement or conspiracy; and (2) no legitimate inference may be drawn from any circumstantial evidence. (Doc. 201, p. 14.) In particular, the Corporate Defendants argue that the only evidence Plaintiffs can produce in support of a conspiracy between MIMA and Health First is inadmissible hearsay testimony from Dr. Deligdish. (*Id.* at 17–18.) Additionally, the Corporate Defendants aver that purely circumstantial evidence implying that HF Physicians and MIMA doctors conspired to admit patients only to Health First hospitals—and not Wuesthoff—cannot defeat their MSJ because the record evidence

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shows legitimate reasons why doctors would not want to admit patients to Wuesthoff—namely, lack of the same services as Health First's hospitals and quality concerns. (Doc. 249, p. 9.)

In response, Plaintiffs point to documentary evidence that arguably raises questions of material fact with respect to their Section One Conspiracy Claim, thus precluding the grant of summary judgment. (Doc. 235, pp. 18–19.) First, Plaintiffs produce an email from Joseph.McClure@MIMA.com to Peter.Weiss@health-first.org in which the sender references "the political relationship, now years in duration between HFHP and MIMA" which "drives PET/CT and MRI to HRMC for [MIMA] patients." (Doc. 238-15, p. 2.) The email explains that "MIMA physicians do not have any choice in consulting radiologists for health plan patients as [they] do in all other fields" and continues to identify some of the sender's concerns regarding two erroneous diagnoses and the quality and standard of care by the HRMC radiologists. (*Id.*) The sender states that he does not know how to fix the problem and that he cannot refer to anyone but these physicians. (*Id.*) Additionally, Plaintiffs produced deposition testimony from a witness who points to the behavior of MIMA as evidence of a conspiracy—specifically, that: (1) MIMA has over 100 doctors and 10,000 hospital admissions a year, yet only one percent of those admissions is at Wuesthoff; and (2) MIMA has offices within one to three miles of Wuesthoff and has moved its building and main headquarters closer to Wuesthoff, yet still does not utilize Wuesthoff.[10] (Doc. 235-41, p. 6.)

Based on the foregoing, the Court finds that there is a genuine dispute of material

[10] Contrary to Defendants' arguments, none of Plaintiffs' proffered testimony constitutes hearsay.

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fact as to whether an illegal conspiracy existed between MIMA and Health First to refer patients only to Health First physicians and admit patients only to Health First hospitals. Such circumstantial evidence is sufficient to defeat the MSJ. Rarely will a plaintiff be able to establish the existence of a conspiracy with direct evidence of an explicit agreement; indeed, "most conspiracies are inferred from the behavior of the alleged conspirators." *Id.* (quoting *Seagood Trading Corp. v. Jerrico, Inc.*, 924 F.2d 1555, 1573 (11th Cir. 1991)). Thus, "[w]hen a plaintiff seeks to prove a conspiracy by inference, courts must be mindful that on summary judgment the inferences to be drawn from the underlying facts must be viewed in the light most favorable to the party opposing the motion.'" *Id.* (quoting *United States v. Diebold, Inc.*, 369 U.S. 654, 655 (1962)).

The Court acknowledges that "antitrust law limits the range of permissible inferences from ambiguous evidence in a § 1 case." *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 588 (1986). Notably, "conduct as consistent with permissible competition as with illegal conspiracy does not, standing alone, support an inference of antitrust conspiracy." *Id.* However, the Court finds that Plaintiffs' evidence does not fall into the latter category. Though the Corporate Defendants argue that there were legitimate reasons why doctors would not want to admit patients to Wuesthoff, they point only to Plaintiffs' response stating that the scope and sale of Wuesthoff's services are significantly more limited than those of Health First. (Doc. 249, p. 9, n.12 (citing Doc. 238, pp. 13–14).) A reasonable juror could conclude that MIMA physician Joseph McClure's email referencing the political relationship between MIMA and Health First and his inability to refer patients to radiologists outside HRMC—despite quality concerns—is more consistent with an illegal conspiracy than permissible competition. Consequently,

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the Corporate Defendants' motion as to Count VI is due to be denied.[11]

F. Count VIII

In Count VIII of the Complaint, Plaintiffs allege that all Defendants violated Section 2 of the Sherman Act by engaging in a conspiracy to monopolize the market for physician services, ancillary services, and Medicare Advantage plans in SBC ("**Section Two Conspiracy Claim**"). (Doc. 57, ¶¶ 380–92.) According to Plaintiffs, Defendants have participated in a common scheme designed to leverage Health First's market power and create a vertically-integrated healthcare monopoly in SBC through multiple forms of exclusionary conduct. (*Id.* ¶ 380.) As in the alleged Section One Conspiracy Claim, Plaintiffs aver that Health First's co-conspirators consist of all the physicians and medical practices that agreed to Health First's exclusive dealing arrangements—including MIMA and its physicians prior to the MIMA Acquisition. (*Id.* ¶ 382.) Plaintiffs allege that such exclusionary conduct has hindered their ability to effectively compete in the relevant markets in SBC, thereby causing injury to competition and consumers. (*Id.* ¶ 386, 385.)

Unlike a § 2 attempted monopolization claim, a claim for conspiracy to monopolize does not require a showing of monopoly power. *Levine v. Cent. Fla. Med. Affiliates*, 72 F.3d 1538, 1556 (11th Cir. 1996). "Instead, a plaintiff proves a section 2 conspiracy to monopolize by showing: '(1) concerted action deliberately entered into with the specific intent of achieving a monopoly; and (2) the commission of at least one overt act in furtherance of the conspiracy.'" *Id.* (quoting *Todorov v. DCH Healthcare Auth.*,

[11] The Court also rejects the Corporate Defendants' contention that portions of Plaintiffs' evidence falls outside the scope of the Complaint. (*See* Doc. 249, p. 9.) To the contrary, Plaintiffs alleged a conspiracy based on exclusive dealing arrangements between MIMA and Health First. (*E.g.*, Doc. 57, ¶¶ 146–152, 368.) The evidence produced by Plaintiffs supports exactly that.

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921 F.2d 1439, 1460 n.35 (11th Cir. 1996)).

Incorporating the same arguments advanced in its MSJ as to Count VII, the Corporate Defendants contend that Plaintiffs cannot produce any admissible evidence of a conspiracy between the Corporate Defendants and any other entity. (Doc. 201, p. 20.) Specifically, the Corporate Defendants maintain that their conduct constitutes a unilateral refusal to deal based on legitimate business decisions. (*Id.*) Moreover, the Corporate Defendants again posit that Plaintiffs have not set forth sufficient evidence to: (1) define the ancillary services market; or (2) demonstrate that Health First possessed the required intent to monopolize the markets for hospital services, physician services, and Medicare Advantage insurance. (*Id.*) Plaintiffs similarly rely on their arguments in response to the Corporate Defendants' MSJ as to Count VII. (Doc. 235, p. 27.)

As it has done twice before in the instant Order, the Court again rejects the Corporate Defendants' contention that Plaintiffs have not adequately defined the ancillary services market. Similarly, the Court declines to revisit the Corporate Defendants' challenge as to the sufficiency of the evidence supporting a finding of specific intent to monopolize the hospital services, physician services, and Medicare Advantage insurance markets. Finally, the Court has already rejected the Corporate Defendants' contention that Plaintiffs' proffered evidence is probative only of a permissible unilateral refusal to deal, rather than an illegal conspiracy. As such, the Corporate Defendants' MSJ as to Count VIII also fails.

G. Count IX

Turning to Plaintiffs' state law claims, in Count IX of the Complaint, Plaintiffs seek damages and injunctive relief against all Defendants for alleged violations of FDUTPA.

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(Doc. 57, ¶¶ 393–405.) Plaintiffs predicate their FDUTPA claim on the Alleged Common Scheme (*see id.* ¶ 397), which they contend constitutes immoral, unethical, oppressive, and unscrupulous conduct that offends public policy and is substantially injurious to consumers. (*Id.* ¶ 396.)

Under FDUTPA, Plaintiffs must demonstrate only that: (1) the alleged conduct was unfair or deceptive; and (2) they were damaged by such unfair or deceptive conduct. *True Title, Inc. v. Blanchard*, No. 6:06-cv-1871-Orl-19DAB, 2007 WL 430659, at *3 (M.D. Fla. Feb. 5, 2007). A practice is unfair under FDUTPA if "it offends established public policy, is immoral, unethical, oppressive, unscrupulous, or substantially injurious to consumers." *Suris v. Gilmore Liquidating, Inc.,* 651 So. 2d 1282, 1283 (Fla. 3d DCA 1995) (citing *Spiegel, Inc. v. Fed. Trade Comm'n*, 540 F.2d 287, 293 (7th Cir. 1976)). "Antitrust violations are included within the conduct proscribed by the FDUTPA." *Marco Island Cable, Inc. v. Comcast Cablevision of South, Inc.*, No. 2:04-cv-26-FTM-29DNF, 2006 WL 1814333, at *6 (M.D. Fla. July 3, 2006). Given that the Court has already determined that the evidence supporting the antitrust violations alleged in Counts I through VIII is sufficient to survive the Corporate Defendants' MSJ, the Antitrust Plaintiffs have met their burden with respect to the first element of a FDUTPA claim.[12] The

[12] The Corporate Defendants also appear to dispute whether Plaintiffs are consumers of services within the purview of FDUTPA. (*See* Doc. 201, pp. 200, 201.) Though immaterial, the Court rejects this argument. Florida law has clearly established that the 2001 amendment to FDUTPA eradicated the prior requirement that a plaintiff be a consumer to seek relief under the statute. *N. Am. Clearing, Inc. v. Brokerage Comput. Sys., Inc.*, 666 F. Supp. 2d 1299, 1310 n.9 (M.D. Fla. 2009) (stating that "the 2001 Amendments to FDUTPA broadened its scope to allow any person or entity who has suffered a loss as a result of unfair or deceptive acts or practices to commence a private action for actual damages"); *see also Caribbean Cruise Line, Inc. v. Better Bus. Bureau of Palm Beach Cty.*, 169 So. 3d 164 (Fla. 4th DCA 2015) (same). Moreover, a claim under FDUTPA need not even arise out of a consumer transaction. *Furmanite America, Inc. v.*

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remaining Plaintiffs—Boone and PAS—have also produced sufficient evidence of unfair and deceptive conduct on the part of Defendants. (*E.g.*, Doc. 235-57.)

With respect to the second element, the Corporate Defendants first maintain that the absence of evidence of actual damages, as defined by FDUTPA, is fatal to Plaintiffs' claim for damages under the statute. (Doc. 201, pp. 20–23, Doc. 249, p. 9.) Specifically, the Corporate Defendants maintain that Plaintiffs cannot demonstrate that the "things of value" they have purchased have diminished in valued as a result of Defendants' alleged actions. (Doc. 201, p. 22.) The Court agrees.

Under Florida law, "[t]he measure of actual damages is the difference in the market value of the product or service in the condition in which it was delivered and its market value and the condition in which it should have been delivered according to the contract of the parties."[13] *Rollins, Inc. v. Heller*, 454 So. 2d 580, 585 (Fla. 3d DCA 1984). Neither the Complaint, Plaintiffs' response to the Corporate Defendants' MSJ, nor Dr. Singer's damages report reveals a calculation of damages that fit within this definition. (*See* Doc. 57, ¶¶ 393–405; *see also* Doc. 199-1, pp. 80–84; *cf.* Doc. 235, p. 22–23.) As such, Plaintiffs' claim for damages in Count IX fails as a matter of law.

Nonetheless, under FDUTPA,

> anyone aggrieved by a violation of [the statute] may bring an action to obtain a declaratory judgment that an act or practice violates [the statute] and to enjoin a person who has violated, is violating, or is otherwise likely to violate [the statute].

T.D. Williamson, Inc., 506 F.Supp.2d 1134, 1145–46 (M.D. Fla. 2007).

[13] The only notable exception to this rule is "when the product is rendered valueless as a result of the defect." *Rollins, Inc.*, 454 So. 2d at 585. In that circumstance, "the purchase price is the appropriate measure of actual damages." *Id.*

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Fla. Stat. § 501.211. Thus, "regardless of whether an aggrieved party can recover 'actual damages' under section 501.211(2), it may obtain injunctive relief under section 501.211(1)." *Wyndham Vacation Resorts v. Timeshares Direct, Inc.*, 123 So. 3d 1149, 1152 (Fla. 5th DCA 2012). As mentioned above, Plaintiffs also seek injunctive relief. (Doc. 57, ¶ 393.) To this point, the Corporate Defendants maintain that Plaintiffs offer no evidence that Dr. Gayles, Dr. Golovac, Dr. Dowdell, Dr. Grenevicki, or Boone were "aggrieved" within the meaning of FDUTPA. (Doc. 201, p. 23.)

Florida's Fifth District Court of Appeals ("**Fifth DCA**") has stated that, for purposes of § 501.211(1), an "aggrieved" person "must be able to demonstrate some specific past, present, or future grievance." *Ahearn v. Mayo Clinic*, 180 So. 3d 165, 173 (Fla. 5th DCA 2015). Consistent with prior case law, the *Ahearn* court concluded that an aggrieved party is not required to suffer monetary damages to maintain an action for an injunction under § 501.211(1). *Id*. at 171–73, 175. Rather, the *Ahearn* court found that the meaning of "aggrieved" as used in § 501.211(1) is more consistent with the *Black's Law Dictionary* definition describing a person "angry or sad on grounds of perceived unfair treatment" and, therefore, provides broader relief than FDUTPA's damages provision. *Id.* at 172, 175. However, the injury claimed cannot be merely speculative. *Id.* at 173.

Here, the Court finds that Dr. Singer's damages report sets forth affirmative evidence demonstrating that Dr. Gayles, Dr. Golovac, Dr. Dowdell, Dr. Grenevicki, and Boone were aggrieved by Defendants' alleged actions, which they contend harmed their respective practices. (Doc. 199-1, pp. 116–137.) Such evidence, *inter alia*, is sufficient to create a genuine issue of material fact as to Plaintiffs' FDUTPA claim for injunctive relief.

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Finally, the Corporate Defendants contend—once again—that HFHP is exempt from suit pursuant to § 501.212(4)(a) of the Florida Statutes. (*Id.* at 23–24.) The Court previously resolved this issue against Defendants in its Dismissal Order. (*See* Doc. 105, pp. 29–31.) The Corporate Defendants do not present any new basis or evidence for their exemption argument. As such, the Court construes their argument as an attempt to re-litigate an issue already determined by the Court, and finds that it is due to be denied.

H. Count X

In their tenth count, Plaintiffs assert a state law claim for tortious interference with business relationships against all Defendants. (Doc. 57, ¶¶ 406–422.) Under Florida law,

> "[t]he elements of the tort of intentional interference with an advantageous business relationship are: 1) the existence of a business relationship, not necessarily evidenced by an enforceable contract; 2) knowledge of the relationship on the part of the defendant; 3) an intentional and unjustified interference with that relationship by the defendant; and 4) damage to the plaintiff as a result of the breach of the relationship."

Magre v. Charles, 729 So. 2d 440, 443–44 (Fla. 5th DCA 1999). In particular, Plaintiffs allege that Defendants interfered with three different types of business relationships: (1) Plaintiffs' relationships with patients insured by HFHP ("**Patient Relationships**"); (2) Plaintiffs' relationship with other doctors who previously referred patients to them or otherwise utilized their services ("**Referral Relationships**"); and (3) Plaintiffs' relationships with physicians in their practices whom Health First lured away to join other practices ("**Practice Relationships**"). (Doc. 57, ¶ 406; *see also* Doc. 235, p. 30.)

The Corporate Defendants raise several grounds in support of their MSJ as to Count X. First, the Corporate Defendants contend that: (1) Plaintiffs' claim with respect to their Referral Relationships fails as a matter of law because payment or compensation

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for referrals is illegal and, therefore, business relationships relating to patient referrals are not legally cognizable (Doc. 201, p. 24); (2) Plaintiffs cannot prove a business relationship with identifiable patients and physicians or Defendants' knowledge thereof (*id.* at 25, 26, 28); and (3) the record is devoid of any evidence of causation (*id.* at 25, 26, 28). The Corporate Defendants also argue that Plaintiffs cannot prove that HFHP's termination of Plaintiffs' provider contracts constituted unlawful interference because: (1) a claim for tortious interference cannot exist against a party to the relationship interfered with; and (2) such terminations were expressly permitted under the terms of the provider contracts. (*Id.* at 26–27.) Finally, the Corporate Defendants contend that their actions are protected under Florida's competition privilege. (*Id.* at 28.) Upon consideration, the Court finds that Plaintiffs have established a prima facie claim for tortious interference based on the exhibits cited in their response. Therefore, the Corporate Defendants' MSJ as to Count X is due to be denied.

As an initial matter, the Court rejects the Corporate Defendants' argument that a physician-referral relationship cannot form the basis of a tortious interference claim as it is squarely at odds with existing Florida law. *See, e.g.*, *Magre*, 729 So. 2d 440. Indeed, Plaintiffs' alleged damage does not turn on the procurement of an illegal referral fee but, rather, on their loss of paying patients as a result of Defendants' interference with their provider contracts stemming from their refusal to refer all patients to Health First facilities. (*See, e.g.*, Doc. 199-1, p. 38.)

In *Magre*, Florida's Fifth DCA reversed a grant of summary judgment in favor of the defendant on a tortious interference claim. *Id.* at 444. The facts of the case involved a surgeon's allegedly defamatory letter to his colleagues criticizing the plaintiff—

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Dr. Magre—following the hospital's full reinstatement of Dr. Magre's previously suspended staff privileges. *Id.* at 442. In his complaint, Dr. Magre alleged that the defendant had intentionally interfered with his relationship with the hospital and members of its medical staff who referred patients to him because the letter contained "untrue statements concerning his professional skill and reputation." *Id.* at 442, 444. Ultimately, the *Magre* court concluded that, because the letter came after Dr. Magre's reinstatement with full staff privileges, it did not constitute intentional interference with a business relationship with the hospital, but may have constituted intentional and unjustified interference with Dr. Magre's business relationship with other doctors who refer patients to him. *Id.* at 444.

In a similar case, Florida's Third DCA reversed the lower court's dismissal of the plaintiffs' tortious interference claim on the ground that the plaintiffs sufficiently alleged a cause of action for tortious interference and that the competition privilege was a question of fact to be resolved at trial. *Greensberg v. Mount Sinai Med. Ctr. of Greater Miami, Inc.*, 629 So.2d 252, 256 (Fla. 3d DCA 1993). Specifically, in *Greensberg*, two cardiac surgeons experienced difficulty obtaining operating room time and assisting hospital personnel after Dr. Greensberg resigned as chairman of the department. *Id.* at 254. The newly-appointed chairman allegedly: (1) induced referring physicians to send patients to him instead of plaintiffs; and (2) refused to honor the recommendations of referring physicians who sent patients to plaintiffs. *Id.* at 254–55. According to the *Greensberg* plaintiffs, the defendants also told patients that plaintiffs no longer practiced cardiac surgery at the hospital and set up numerous obstacles to prevent plaintiffs from performing even emergency surgeries. *Id.* at 255. On appeal, the Third DCA agreed that

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the *Greensberg* plaintiffs had adequately alleged intentional interference with their relationships with referring physicians and patients. *Id.* at 255–56.

Finally, in *Scheller v. American Medical International Inc.*, 502 So.2d 1268 (Fla. 4th DCA 1987), the doctor-plaintiff brought a claim for tortious interference with an advantageous business relationship, alleging that the defendants interfered with his relationship with other physicians and their patients by preventing plaintiffs from offering pathology services at the hospital and interfering with his billing. *Id.* at 1271–72. As a result, the *Scheller* plaintiff alleged that he lost patients and patient referrals. *Id.* at 1272. In reversing the lower court's dismissal, the Fourth DCA held that the plaintiff's allegations were sufficient to state a cause of action for tortious interference. *Id.* In light of the foregoing authorities, the Court finds that the Corporate Defendants' first contention is not well taken.

The Corporate Defendants' second argument is equally unfounded. Indeed, Plaintiffs have produced sufficient evidence to demonstrate Defendants' knowledge of Plaintiffs' business relationship with identifiable patients and physicians and, contrary to the Corporate Defendants' contention, Plaintiffs do not allege a business relationship with the public at large. First, Plaintiffs produced a form letter sent from Dr. Collins to insured patients following the termination of its provider contract with Dr. Dowdell, encouraging Dr. Dowdell's patients to select a new physician from an enclosed list of participating providers in order to retain coverage for services. (Doc. 235-17.) Plaintiffs also present correspondence from MIMA physician Stephen Blythe to Dr. Weiss at Health First, informing Dr. Weiss: (1) that HFHP's termination of Omni's provider agreement had precipitated the receipt of ten to twenty daily phone calls from patients seeking new

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primary care physicians; and (2) of the problem created by his inability to refer patients to a physician not yet credentialed by HFHP. (*See* Doc. 235-16.) Plaintiffs contend that the foregoing evidence supports their position that Health First: (1) intended for patients insured by HFHP to seek out other treating physicians; (2) had knowledge of the substantial numbers of patients who did exactly that; and (3) was aware of the importance to patients of seeking in-network providers. (Doc. 235, p. 31.) The Court agrees.

Based on the record evidence, a reasonable juror could also conclude that the Corporate Defendants had knowledge of Plaintiffs' prior Referral Relationships with HFHP participating physicians. At his deposition, Dr. Weiss testified that, "[i]f any participating physician in [HFHP] was referring routinely to doctors that were not participating in the plan, that would have caused a great deal of attention on the part of the leadership." (Doc. 235-50, p. 7.) Finally, it is beyond genuine dispute that the Corporate Defendants would have had knowledge of the relationship between Plaintiffs and the physicians they recruited to join HF Physicians, who were members of Plaintiffs' respective practices at the time.

Plaintiffs have also set forth sufficient evidence to create a factual issue as to whether Defendants' interference with Plaintiffs' Patient, Referral, and Practice Relationships was intentional or unjustified. Importantly, the parties offer contradicting theories with respect to the reasons for Defendants' conduct. Though the Corporate Defendants contend that their actions are shielded by Florida's competition privilege, this determination is more appropriately reserved to the jury under the present circumstances. To establish the competition privilege, the Corporate Defendants must show, *inter alia*, that it did not employ improper means and it did not intend to create or continue an illegal

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restraint on competition. *Int'l Sales & Serv., Inc. v. Austral Insulated Prods.*, 262 F.3d 1152, 1159 (11th Cir. 2001). Such elements are hotly-debated issues in the instant litigation and both parties have produced evidence from which a reasonable juror could reach different conclusions. As such, summary judgment on the Corporate Defendants' competition privilege defense is not warranted. Indeed, "when there is room for different views, the determination of whether the interference was improper or not is ordinarily left to the jury, to obtain its common feel for the state of community mores and for the manner in which they would operate upon the facts in question." *Mfg. Research Corp. v. Greenlee Tool Corp.*, 693 F.2d 1037, 1040 (11th Cir. 1982).

The Corporate Defendants' final basis for summary judgment on Count X is that Plaintiffs are unable to produce any evidence of causation. (Doc. 201, p. 25.) This challenge is thus directed to the fourth element of a tortious interference claim, which requires Plaintiffs to prove damages *as a result of* Defendants' interference with their Patient, Referral, and Practice Relationships. Upon consideration, the Court finds that Dr. Singer's damage report presents enough evidence to withstand the Corporate Defendants' summary judgment challenge on this issue. (*See* Doc. 199-1, pp. 85–141); *see also Wolicki-Gables v. Arrow Int'l., Inc.*, 641 F. Supp. 2d 1270, 1288 (M.D. Fla. 2009) (recognizing that proximate causation is ordinarily determined by the jury, unless the court finds that the issue is undisputed after considering all facts and reasonable inferences in favor of the nonmoving party). Nonetheless, the Corporate Defendants are free to reassert their challenges to Dr. Singer's damage calculations during cross examination at trial.

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I. Refusals to Deal

As a final matter, the Corporate Defendants advance a catchall argument that the absence of any admissible evidence of a conspiracy renders their conduct lawful unilateral refusals to deal. (Doc. 201, pp. 29–33; Doc. 249, p. 2.) The Corporate Defendants also argue that the *Aspen Skiing* exception is inapplicable here because Plaintiffs lack evidence of anticompetitive intent or effect. (Doc. 249, pp. 2–4.) As outlined in its analysis of Plaintiffs' individual claims, the Court disagrees.

However, even if the Court were to accept the Corporate Defendants' argument that their conduct was done for legitimate business reasons, Plaintiffs have produced evidence to raise a material issue of fact as to this contention. Pursuant to Eleventh Circuit case law, "[o]nce the defendant has met its burden to show its valid business justification, the burden shifts to the plaintiff to show that the proffered business justification is pretextual." *Morris Commc'ns*, 364 F.3d at 1295. Plaintiffs point to multiple pieces of evidence, which suggest that the Corporate Defendants' purported business reasons are pretextual. (*See* Doc. 235, pp. 33–39.) As such, the Court declines to grant the Corporate Defendants' MSJ on this basis. "It is well-established that summary judgment is inappropriate to decide questions of scienter, knowledge, and intent." *Ross v. Bank South, N.A.*, 885 F.2d 723, 751 n.8 (11th Cir. 1989). Finally, the Court is mindful of the Supreme Court's instruction that "summary procedures should be used sparingly in complex antitrust litigation where motive and intent play leading roles[.]" *Poller v. Columbia Broad. Sys., Inc.*, 386 U.S. 464, 491 (1962).

III. Individual Defendants' Motion for Summary Judgment

Defendants Means and Senne also move for summary judgment on Counts VII

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through X of the Complaint. (Docs. 189, 195.)

According to the Complaint, Means and Senne were executive members of Health First and HRMC, respectively, during the time of the alleged unlawful conduct. (*See* Doc. 57, ¶¶ 30, 31.) Specifically, Plaintiffs allege that Means and Senne initiated conversations with physicians in the Medical Practice Plaintiffs' practice groups following the termination of the relevant practice's provider contracts with HFHP. (*Id.* ¶¶ 154, 155.) Plaintiffs allege that, during these conversations, the Individual Defendants "actively lured" physicians away from the Medical Practice Plaintiffs by informing the physicians that "they could regain access to Health First's patients and referrals if they left their practice and joined HF Physicians or an independent group more loyal to Health First"—that is, one in which the physicians had agreed to enter into exclusivity arrangements pursuant the Exclusive Referral Practice. (*Id.* ¶ 153, 154.) The Medical Practice Plaintiffs allege that the foregoing conduct caused them injury by creating conditions which prevented them from achieving growth. (*Id.* ¶ 153.)

The Complaint also alleges that Means and Senne authorized, participated in, directed, and/or ratified the unlawful acts described therein, thus demonstrating that they actively and knowingly engaged in a scheme designed to achieve anticompetitive ends—namely, unlawfully maintaining Health First's hospital monopoly and attempting to monopolize several other healthcare-related markets. (*Id.* ¶¶ 189, 191, 193, 195.) As examples of such affirmative conduct, Plaintiffs represent that: (1) Means instructed the CEO of Wuesthoff to stay out of SBC and told physicians at a HRMC medical staff meeting, "if you sign letters of support for Wuesthoff, we will know who you are"; and

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(2) Senne explicitly instructed Omni that it could participate in HFHP's network if it agreed to admit its patients exclusively to Health First's hospitals. (*Id.* ¶¶ 190, 194.)

In their respective MSJs, Means and Senne contend that Plaintiffs cannot produce any admissible evidence to demonstrate that they participated in, directed, or ratified the alleged illegal conduct. (Doc. 189, p. 2; Doc. 195, p. 2.) In response, Plaintiffs argue that there is a genuine dispute of material fact with respect to Senne and Means's individual liability and personal participation. (Doc. 236.) Upon review of the record, the Court concludes that, while it is not particularly strong, Plaintiffs' proffered evidence is sufficient to raise issues of material fact from which a reasonable juror could infer knowing participation on the part of the Individual Defendants.

A. Counts VII and VIII

A director, officer, or agent of a corporate entity may be individually liable for violations of the Sherman Act if he or she authorizes, orders, or participates in any of the actions constituting an antitrust violation. *See* 15 U.S.C. § 24; *see also United States v. Wise*, 370 U.S. 405, 416 (1962); *Longleaf Mitigation Dev. Co. v. Fla. Mitigation Providers, LLC*, 519 F.Supp.2d 1233, 1236 (M.D. Fla. 2007).

1. Count VII

To survive the Individual Defendants' motion on their Section One Conspiracy Claim, Plaintiffs must prove the existence of an agreement to restrain trade between two or more persons evidenced by "a unity of purpose or a common design and understanding, or a meeting of minds in an unlawful arrangement." *Harcros Chems.*, 158 F.3d at 569. Here, Plaintiffs allege that Means and Senne "directly participated in the common scheme by, *inter alia*, inviting physicians to enter exclusive dealing

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arrangements [with] Health First and convincing physicians to leave those practices which refused to join the conspiracy." (Doc. 57, ¶ 370.) Upon consideration, the Court finds that Plaintiffs have produced sufficient evidence of Means and Senne's personal participation in such common scheme to subject them to individual liability for Plaintiffs' Section One Conspiracy Claim.

In particular, Plaintiffs point to correspondence from Senne from which a reasonable juror could infer that he helped perpetuate the alleged conspiracy by requiring MIMA physicians to refer cancer patients exclusively to Health First's cancer center as a condition of MIMA's participation in HFHP. (*See* Doc. 236-4.) Additionally, in its Dismissal Order, the Court previously held that Plaintiffs' meetings with Health First representatives, coupled with their subsequent exclusion from HFHP and "blacklisting" by HFHP network providers, adequately provided the context for the alleged agreement to boycott physicians who refused to enter into exclusive referral arrangements with Health First. (Doc. 105, p. 29.) To that end, Dr. Seminer's declaration (Doc. 236-12) provides supporting evidence of the alleged conspiracy. Indeed, Dr. Seminer's declaration recounts a conversation in which Senne agreed to contract with Omni for inclusion of its Sheridan Surgery Center within HFHP's network on the condition that Omni admit all its patients to Health First institutions and turn over several of its best primary care physicians to Health First. (*Id.* ¶ 6.) In another declaration, former Omni shareholder and current Omni employee Dr. Peter Tarashi ("**Dr. Tarashi**") stated that he met with Senne and Means following HFHP's termination of Omni's participation agreement. (Doc. 236-13, ¶¶ 2, 3.) In that meeting, Dr. Tarashi was told that he could become a participating provider with HFHP only if: (1) he signed an individual contract with HFHP

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and left Omni; or (2) Dr. Deligdish and Dr. Seminer no longer had leadership roles at Omni and were not included in such contract. (*Id.* ¶ 5.) The Court finds that these declarations demonstrate that Senne and Means knowingly participated in and helped perpetrate the alleged conspiracy.

2. Count VIII

In Count VIII, Plaintiffs allege the same conduct on the part of the Individual Defendants as they do in Count VII. (*See* Doc. 57, ¶ 383.) The elements of a Section Two Conspiracy Claim, as alleged in Count VIII, include: (1) concerted action deliberately entered into with the specific intent of achieving a monopoly; and (2) the commission of at least one overt act in furtherance of the conspiracy. *Levine*, 72 F.3d at 1556.

As an initial matter, the Court concludes that Dr. Tarashi and Dr. Seminer's declarations (Docs. 236-12, 236-13), as well as Senne's correspondence regarding MIMA's exclusive referral of cancer patients to Health First facilities (Doc. 236-4), are also sufficient to support the contention that Senne and Means participated in the alleged Section Two Conspiracy Claim. Additionally, at his deposition, Emil Miller testified that, during discussions with Means about the opportunities for Wuesthoff and Health First to work collectively together, he was told that Wuesthoff should withdraw its application to build a hospital in SBC and "get out of the market." (Doc. 236-15, p. 5.) Such testimony is certainly probative of Means's personal perpetuation of the alleged Section Two Conspiracy Claim and, specifically, his intent to achieve a monopoly.

B. Counts IX and X

Finally, the Court finds that Plaintiffs have produced sufficient evidence to support their FDUTPA and tortious interference claims against the Individual Defendants.

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As previously iterated, to bring a claim under FDUTPA, a plaintiff need only plead that: (1) the alleged conduct was unfair or deceptive; and (2) the plaintiff was damaged by such conduct. *True Title*, 2007 WL 430659, at *3. A reasonable juror could conclude that the above-cited evidence is probative of unfair and deceptive conduct. Additionally, Plaintiffs contend that such conduct was part of the Alleged Common Scheme perpetuated through the Corporate Defendants. The Court has already concluded that the record contains adequate proof that Plaintiffs were aggrieved by this common scheme and may, thus, seek injunctive relief under FDUTPA. However, as aforementioned, Plaintiffs' damages evidence is insufficient to support a claim for actual damages under the statute.

Lastly, the elements of tortious interference require Plaintiffs to demonstrate: (1) the existence of a business relationship; (2) that Defendants had knowledge of that relationship; (3) that Defendants intentionally and unjustifiably interfered with that relationship; and (4) that Plaintiffs were damaged as a result of such interference. *Magre*, 729 So. 2d at 443–44. The Individual Defendants' primary challenges to Plaintiffs' tortious interference claim are that: (1) Plaintiffs lack admissible evidence as to Means and Senne's participation in the common scheme; and (2) the termination of the Omni contract was proper and based on legitimate business reasons. (Doc. 189, p. 14, Doc. 195, pp. 10–11.) However, the record evidence previously discussed supports the contrary conclusion that Senne and Means individually participated in the Alleged Common Scheme, which Plaintiffs also allege as the basis for their tortious interference claim. Indeed, the alleged interference with Plaintiffs' Patient, Referral, and Practice Relationships includes luring Omni providers to other medical practices, persuading Omni

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patients to switch to alternative medical providers, terminating Omni's provider contracts, and blacklisting physicians. As the Court concluded in its analysis of the Corporate Defendants' MSJ, there are genuine issues of material fact as to the propriety of such conduct, which the Court must leave for the jury's determination at trial.

CONCLUSION[14]

Accordingly, it is hereby **ORDERED AND ADJUDGED** that:

1. Plaintiffs' Daubert Motion to Exclude Defendants' Expert Testimony and Incorporated Memorandum of Law (Doc. 197) is **DENIED**.
2. Defendants' Motion to Exclude the Testimony of Dr. H.E. Frech, III and Incorporated Memorandum of Law (Docs. S-194, 207) is **DENIED**.
3. Defendants' Motion to Exclude the Testimony of Dr. Hal J. Singer and Incorporated Memorandum of Law (Docs. S-199, 208) is **DENIED**.
4. Corporate Defendants' Joint Motion for Summary Judgment and Incorporated Memorandum of Law (Docs. S-201, 209), Defendant Michael D. Means'[s] Motion for Summary Judgment (Doc. 189), and Defendant Jerry Senne's Motion for Summary Judgment (Doc. 195) are **GRANTED IN PART AND DENIED IN PART**.
   a. Pursuant to Federal Rule of Civil Procedure 41(a)(2), Count V of the Third Amended Complaint (Doc. 57, ¶¶ 341–53) is **DISMISSED WITH PREJUDICE**.
   b. Plaintiffs' claim for actual damages in Count IX is **DISMISSED WITH**

[14] Any remaining arguments raised in the parties' motions but not expressly addressed in this Order are rejected.

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PREJUDICE. However, Plaintiffs are entitled to proceed on their claim for injunctive relief in Count IX.

c. In all other respects, Defendants' Motions for Summary Judgment are **DENIED**.

DONE AND ORDERED in Chambers in Orlando, Florida, on August 13, 2016.

ROY B. DALTON JR.
United States District Judge

Copies:

Counsel of Record

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Filing # 31396845 E-Filed 08/27/2015 02:01:22 PM

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT IN AND FOR THE STATE OF FLORIDA, BREVARD COUNTY

CIVIL DIVISION

NORTH BREVARD COUNTY HOSPITAL DISTRICT, d/b/a PARRISH MEDICAL CENTER,

Plaintiff,

v.

HEALTH FIRST, INC., HEALTH FIRST HEALTH PLANS, INC., HEALTH FIRST INSURANCE, INC., HEALTH FIRST PHYSICIANS, INC., and HEALTH FIRST MEDICAL GROUP, LLC,

Defendants.
_____/

CASE NO.:

COMPLAINT

Plaintiff North Brevard County Hospital District d/b/a Parrish Medical Center ("North Brevard County Hospital District" or "PMC"), by and through undersigned counsel, hereby sues Defendants Health First, Inc., Health First Health Plans, Inc. ("HF Health Plans"), Health First Insurance, Inc. ("HF Insurance"), Health First Physicians, Inc. ("HF Physicians"), and Health First Medical Group, LLC ("HF Medical Group") (collectively referred to herein as "Health First"), for damages and injunctive relief as to a number of practices of Health First, based upon personal knowledge as to the facts pertaining to Plaintiff, and upon information and belief as to all other matters. Plaintiff states in support thereof as follows:

I. NATURE OF THE ACTION

1. By this action, PMC seeks, inter alia, to recover damages arising out of HF Health Plans' breach of the Participating Medical Facility Agreement, as amended, ("PFA"), attached

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hereto as Exhibit A and also, as described below, seeks damages arising out of improper reduction in payments made to PMC by HF Health Plans and HF Insurance after the termination of the PFA.[1]

2. PMC had a contractual relationship with HF Health Plans and HF Insurance up until December 7, 2014 when the PFA was terminated, without cause.

3. Prior to that termination, beginning on or about April 1, 2013, HF Health Plans, with respect to its Medicare Advantage plans and/or lines of business ("Medicare Advantage Plans"), systematically underpaid reimbursement to PMC for services rendered to members enrolled in HF Health Plans' Medicare Advantage Plans in violation of the PFA, including, but not limited to, Addendum D to the PFA (referred to herein as the "Medicare Reimbursement Provisions").

4. HF Health Plans' purported justification for such unilateral reduction (the "Unilateral Reduction") is the Center of Medicare and Medicaid Services' ("CMS") reduction in payments to providers under the Medicare Fee-For-Service Program and reduction in the Net Capitation Payment to Medicare Advantage Organizations ("MAOs") made pursuant to the Budget Control Act of 2011 (the "CMS Sequestration Reduction"). The CMS Sequestration Reduction is inapplicable to the PFA, and thus HF Health Plans' Unilateral Reduction is a breach of the PFA.

5. By this action, PMC also seeks to recover damages for HF Health Plans' and HF Insurance's improper reduction in payments with respect to emergency services and care and follow up treatment to emergency services and care rendered by PMC from December 8, 2014 through March 7, 2015 to members enrolled in: (i) HF Health Plans' licensed health maintenance

[1] The PFA is attached as Exhibit A to the service copy of the Complaint, but not to the Complaint filed with the Court due to the confidentiality of the terms contained in the PFA.

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organization plans and/or lines of business, including without limitation, point of service plans and/or lines of business ("Licensed HMO and POS Plans"); and (ii) HF Health Plans' and HF Insurance's commercial plans and/or lines of business other than Licensed HMO and POS Plans ("Non HMO/POS Plans") ("Licensed HMO and POS Plans" and "Non HMO/POS Plans" are collectively referred to herein as "Commercial Plans").

6. Further, by way of this action, PMC, seeks to recover damages for, and enjoin Health First from, its anticompetitive conduct, including, without limitation, exclusive dealing arrangements, group boycott/concerted refusal to deal, and efforts to monopolize the markets for medical and radiation oncology physician services. Health First has created an anticompetitive model under which it owns and operates health insurers and various entities, including without limitation, hospitals, urgent care centers, free standing oncology centers, and HF Physicians. Such conduct has been implemented with the specific intent and purpose to further Health First's goal of eliminating competition in North Brevard County's healthcare industry, including, without limitation, in North Brevard County's market for medical oncology physician services and radiation oncology physician services.

7. In addition, by way of this action, PMC, seeks to enjoin Health First, Inc., HF Physicians, and HF Medical Group from improperly soliciting PMC's employed and/or contracted Physicians ("PMC Physicians") and from making disparaging and false statements regarding PMC in furtherance of such improper solicitation.

8. North Brevard County Hospital District is a political subdivision of the State of Florida created by the Legislature to provide for the health care needs of the public, and to operate a hospital, PMC. PMC is the hospital of last resort insofar as it bears the burden of providing medical services to the uninsured and/or indigent communities of North Brevard

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County. In furtherance of its legislative purpose, PMC provides a significant amount of charitable care. For example, in 2014, PMC provided charitable care in the amount of Eighteen Million and Eight Hundred Thousand Dollars ($18,800,000.00).

9. PMC expends considerable public resources in recruiting and retaining skilled physicians to provide various health services to the public. PMC Physicians practice through North Brevard Medical Support, Inc. ("NBMS"), a not-for-profit corporation authorized by North Brevard County Hospital District's charter to provide for the financial stability and well-being of PMC through physician recruitment, patient acquisition, and the providing of medical goods and services.

10. The present dispute is not between two private entities. Here, PMC is a governmental entity that was created by the Florida legislature for the public good in an effort to address the medical needs of the communities in North Brevard County. Consequently, allowing the anticompetitive conduct of Health First to continue thwarts the legislative purpose behind the creation of PMC and allows a private entity to obstruct PMC in its pursuit of that public good.

II. THE PARTIES, JURISDICTION, AND VENUE

11. Plaintiff, North Brevard County Hospital District, is an independent tax district with its principal place of business in Brevard County, Florida.

12. Defendant, Health First, Inc. is a Florida non-profit corporation with its principal place of business in Brevard County, Florida.

13. Defendant, Health First, Inc. owns and directs the affairs of Defendants, HF Health Plans, HF Insurance, HF Physicians, and HF Medical Group.

14. Defendant, Health First, Inc. has acquired, and currently owns and operates, the following hospitals in Brevard County: (i) Holmes Regional Medical Center ("Holmes"); (ii)

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Cape Canaveral Hospital ("Cape Canaveral"); (iii) Viera Hospital ("Viera"); and (iv) Palm Bay Hospital ("Palm Bay") (Holmes, Viera, Palm Bay and Cape Canaveral are collectively referred to herein as "Health First Hospitals").

15. Defendant, HF Health Plans is a Florida corporation that is licensed as a health maintenance organization ("HMO") and Third Party Administrator ("TPA") in the State of Florida, with its principal place of business in Brevard County, Florida. HF Health Plans offers group and individual HMO and point of service ("POS") plans. HF Health Plans also offers TPA services, including, without limitation, administering Administrative Services Only plans for self-funded employer groups or other qualifying groups. Further, HF Health Plans is a Medicare Advantage Organization ("MAO") and offers Medicare Advantage Plans.

16. Defendant, HF Insurance is a Florida corporation that is licensed as a Life and Accident Health Insurer in the State of Florida, with its principal place of business in Brevard County, Florida. HF Insurance offers health care coverage options, including, but not limited to, Medicare Supplement plans and group and individual preferred provider organization ("PPO") plans. HF Insurance's plans are administered by HF Health Plans.

17. Defendant, HF Physicians is a Florida corporation with its principal place of business in Brevard County, Florida. HF Physicians is the Managing Member of Defendant, Health First Medical Group, LLC ("HF Medical Group")(HF Physicians and HF Medical Group are collectively referred to herein as "HF Doctors"). HF Medical Group is a Florida limited liability company with its principal place of business in Brevard County, Florida. HF Medical Group is Brevard County's largest multi-specialty physician group.

18. HF Health Plans, HF Insurance, and HF Physicians are wholly owned subsidiaries of the parent healthcare corporation, Health First, Inc. In addition to HF Health Plans, HF

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Insurance, HF Physicians, and HF Medical Group, Health First, Inc. owns and operates various entities, including, without limitation, Health First Hospitals, urgent care centers, outpatient centers, rehabilitation facilities, diagnostic and treatment centers, and a network of fitness and wellness services.

19. This Court has personal jurisdiction over each of the parties because they all are present and conduct substantial business in Brevard County, Florida.

20. Venue is appropriate in Brevard County, Florida because the Defendants conduct substantial business in Brevard County, Florida and because the events giving rise to the claims asserted herein occurred in Brevard County, Florida.

21. PMC has retained the undersigned counsel and agreed to pay undersigned counsel a reasonable attorneys' fee.

III. FACTUAL BACKGROUND

A. Creation of the PMC/HF Health Plans and HF Insurance Relationship

22. Effective February 1, 2007, PMC and HF Health Plans entered into the PFA whereby PMC agreed to render hospital services to members enrolled in HF Health Plans' plans and/or lines of business, in exchange for certain reimbursement terms and other conditions. Over the term of the PFA, it was amended three (3) times.

23. Pursuant to the Third Amendment to the PFA, effective January 1, 2013, PMC also became a participating provider for HF Health Plans' affiliate, HF Insurance. Further, pursuant to the Third Amendment to the PFA, HF Insurance is subject to the same rights and obligations as those applicable to HF Health Plans under the PFA, including HF Health Plans' obligations regarding reimbursement.

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24. Pursuant to the PFA, HF Health Plans and HF Insurance are obligated to reimburse PMC for services rendered to their members.

B. Breach of the PFA due to Improper Unilateral Reductions in Reimbursement

25. HF Health Plans has breached the PFA by systematically underpaying PMC for services rendered by PMC to members enrolled in HF Health Plans' Medicare Advantage Plans.

1. CMS Sequestration Reduction

26. As a result of the Budget Control Act of 2011, effective April 1, 2013, CMS implemented the CMS Sequestration Reduction.

27. CMS released a memorandum on May 1, 2013, attached hereto as Exhibit B, providing MAOs, Medicare Part D drug plans, and other programs with additional information about the application of the CMS Sequestration Reduction to the Medicare Advantage program, Medicare Part D, and other specified program payments. With regard to payment arrangements between MAOs and contractual providers, CMS stated in pertinent part:

> Section 1854(a)(6)(B)(iii) of the Social Security Act prohibits CMS from interfering in the payment arrangements between MAOs and contractual providers. The statute specifies that CMS 'may not require any MA organization to . . . require a particular price structure for payment under such a contract . . .' *Thus, whether and how sequestration might affect an MAO's payments to its contracted providers are governed by the terms of the contract between the MAO and the provider.*

(emphasis added).

28. Therefore, CMS instructs that the terms of the agreement between providers and MAOs govern whether and how an MAO may implement a reduction in reimbursement related to the CMS Sequestration Reduction.

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29. In an April 17, 2014 letter from CMS to the American Hospital Association ("CMS Letter to AHA"), attached hereto as Exhibit C, CMS provided the following relevant question and answer:

> **Question**: Does the two percent payment reduction under sequestration apply to the payment rates reflected in Medicare FFS fee schedules or does it only apply to the final payment amounts?
>
> **Answer:** Payment adjustments required under sequestration are applied to all claims *after determining the Medicare payment*, including application of the current fee schedule, coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments. *All fee schedules, pricers, etc., are unchanged by sequestration. Only the* ***final payment amount*** *is reduced.*

(emphasis added).

30. CMS created a new Claim Adjustment Reason Code ("CARC"), CARC 253 – Sequestration – Reduction in Federal Spending, to identify when payment is reduced due to sequestration. CMS defines Claim Adjustment Reason Codes as "[a] national administrative code set that identifies the reason for any differences, or adjustments, between the original provider charge for a claim or service and the payer's payment for it."

31. As such, CARC 253 is an adjustment to the "final payment amount" paid by CMS to Medicare Fee-For-Service providers ("CMS Final Payment Amount"). In other words, the CMS Final Payment Amount is the amount that CMS pays to a Medicare Fee-For-Service provider, which does not include the amounts owed by a member under patient cost-share liability or the amounts owed by another payor in a coordination of benefits scenario.

2. HF Health Plans' Unilateral Reduction in Reimbursements Owed to PMC Violate the Express Terms of the PFA

32. The PFA and/or the Medicare Reimbursement Provisions therein do not permit HF Health Plans to implement the Unilateral Reduction. Further, the reimbursement terms of the PFA, as set forth in Addendum D to the PFA, are not tied to the CMS Final Payment Amount.

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HF Health Plans' Unilateral Reduction to the reimbursements owed to PMC for services rendered to members enrolled in its Medicare Advantage Plans despite its obligations under the PFA, including, but not limited to, the Medicare Reimbursement Provisions, is a breach of the Agreement.

33. Moreover, the scope of HF Health Plans' improper Unilateral Reduction to reimbursement to PMC under the PFA is comparatively even larger than the CMS Sequestration Reduction to reimbursements under the Medicare Fee-For-Service Program. HF Health Plans has systematically underpaid PMC by applying an improper Unilateral Reduction to the entire payer component of the reimbursement amount owed to PMC set forth in the Medicare Reimbursement Provisions. That reimbursement amount, due to the benefit structure of HF Health Plans' Medicare Advantage Plans, is greater than the Medicare payment component for services rendered by PMC to a beneficiary in the Medicare Fee-for-Service Program.

34. Nevertheless, HF Health Plans erroneously relies upon the CMS Sequestration Reduction as justification to implement the Unilateral Reduction.

35. In a March 26, 2013 letter, HF Health Plans advised NBMS that "[b]ecause Health First Health Plans will be receiving a two percent reduction across the board from CMS, we will be reducing our reimbursement to providers for the Medicare line of business by two percent as of the same date." *See* Letter from Katie Fleming, HF Health Plans' Director of Provider Relations, to NBMS dated March 26, 2013, attached hereto as Exhibit D.

36. In a May 20, 2013 letter to HF Health Plans, PMC notified HF Health Plans that the PFA does not allow HF Health Plans to apply the Unilateral Reduction to reimbursements

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owed to PMC. *See* Letter from Timothy K. Skeldon, PMC's Sr. Vice President and CFO, to Ms. Fleming ("May 20, 2013 Letter"), attached hereto as Exhibit E.[2]

37. Despite PMC's notification that the Unilateral Reduction in reimbursements owed to PMC was prohibited under the PFA, HF Health Plans continued the improper Unilateral Reduction in reimbursement amounts owed to PMC pursuant to the Medicare Reimbursement Provisions.

38. In addition, in a June 21, 2013 letter to PMC, HF Health Plans denied any wrongdoing and refused to admit that PMC had been underpaid for its services due to the Unilateral Reduction. *See* Letter from Jennifer H. Brady, M.D., HF Health Plans' Vice President, Medical Director, to Mr. Skeldon ("June 21, 2013 Letter"), attached hereto as Exhibit F.[3]

C. HF Health Plans' and HF Insurance's Improper Payments for Non-Continuing Care Services

39. The PFA was terminated, without cause, effective 11:59 p.m., December 7, 2014.

40. The PFA provides that, subject to certain requirements in the PFA and under law, PMC shall continue to provide certain services to members who were receiving certain services as of December 7, 2014 ("Continuing Care Services").

41. As of December 8, 2014, with the exception of certain Continuing Care Services, the PFA does not set the reimbursement rate to be paid by HF Health Plans and/or HF Insurance for services rendered by PMC to members enrolled in their Commercial Plans.

[2] The May 20, 2013 Letter is attached as Exhibit E to the service copy of the Complaint, but not to the Complaint filed with the Court as the May 20, 2013 Letter contains certain confidential terms of the PFA.
[3] The June 21, 2013 Letter is attached as Exhibit F to the service copy of the Complaint, but not to the Complaint filed with the Court as the June 21, 2013 Letter contains certain confidential terms of the PFA.

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42. As described below, HF Health Plans and HF Insurance have improperly reduced payments to PMC for emergency services and care and follow up treatment for members provided emergency services and care by improperly reimbursing PMC as if such care was Continuing Care Services when such care was not Continuing Care Services.

1. Post-Contract Emergency Services and Care and Emergency Services and Care and Follow Up Treatment Rendered to Members Enrolled in HF Health Plans' and HF Insurance's Commercial Plans

43. Following termination of the PFA, members enrolled in HF Health Plans' and HF Insurance's Commercial Plans continued to present to PMC seeking care for emergency conditions. When such a patient presented to PMC, PMC was required by federal and state law to provide certain treatment.

44. After the termination of the PFA, certain members enrolled in HF Health Plans' and HF Insurance's Commercial Plans received follow up treatment from PMC to the emergency services and care rendered by PMC. With regard to such follow up treatment, HF Health Plans and/or HF Insurance authorized PMC to provide such services to the HF Health Plans' and/or HF Insurance's member.

45. For such emergency services and care and follow up treatment to such emergency services and care rendered by PMC from December 8, 2014 through March 7, 2015 to members enrolled in HF Health Plans' and HF Insurance's Commercial Plans, PMC has requested, but has not received, payment from HF Health Plans and HF Insurance of the amounts equal to PMC's billed charges for Commercial Plans.

46. Instead, with respect to services rendered during the ninety day (90) period after the termination of the PFA, beginning on December 8, 2014 and ending on March 7, 2015, HF Health Plans and HF Insurance improperly reduced reimbursement to PMC for emergency

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services and care and follow up treatment to emergency services and care provided to members enrolled in their Commercial Plans as if such services were Continuing Care Services, when such services were not Continuing Care Services.

47. HF Health Plans and HF Insurance incorrectly take the position that all hospital services rendered by PMC to their members enrolled in Commercial Plans during this post-contract period are Continuing Care Services. HF Health Plans and HF Insurance have inappropriately invoked Section 4.8, applicable to Continuing Care Services, of the terminated PFA to pay PMC at the rates set forth in the PFA as if the emergency services and care and follow up treatment to emergency services and care were Continuing Care Services. Such emergency services and care and follow up treatment to emergency services and care were not Continuing Care Services.

2. Post-Contract Emergency Services and Care Rendered by PMC to HF Health Plans' Licensed HMO and POS Plans

48. On and after December 8, 2014, Section 641.513(5), Florida Statutes, governs the reimbursement for emergency services and care rendered to members enrolled in HF Health Plans' Licensed HMO and POS Plans.

49. Section 641.513(5) provides, in relevant part, as follows:

> Reimbursement for services pursuant to this section by a provider who does not have a contract with the health maintenance organization shall be the lesser of:
>
> a. The provider's charges;
> b. The usual and customary provider charges for similar services in the community where the services were provided; or
> c. The charge mutually agreed upon by the health maintenance organization and the provider within 60 days of the submittal of the claim.

50. Plainly, unless otherwise mutually agreed upon pursuant to Section 641.513(5)(c), Florida Statutes, the statute sets the payment rate according to what the hospital (§ 641.513(5)(a),

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Florida Statutes) or the local community of hospitals (§ 641.513(5)(b), Florida Statutes) **charge** for their emergency services and care.

51. Yet, in complete disregard of their obligations under Section 641.513(5), Florida Statutes, HF Health Plans refuses to pay PMC's billed charges for services rendered to members enrolled in HF Health Plans' Licensed HMO and POS plans after the termination of the PFA.

52. As established by the web-site operated by Florida's Agency for Health Care Administration, PMC's billed charges (§ 641.513(5)(a), Florida Statutes) are less than or equal to the usual and customary provider charges for similar services in the community where the services were provided (§ 641.513(5)(b), Florida Statutes). Moreover, PMC and HF Health Plans cannot mutually agree upon a payment pursuant to Section 641.513(5)(c), Florida Statutes. Therefore, HF Health Plans is obligated to pay PMC's billed charges pursuant to Section 641.513(5)(a), Florida Statutes, for emergency services and care rendered by PMC, from December 8, 2014 to March 7, 2015, to members enrolled in HF Health Plans' Licensed HMO and POS Plans.

53. PMC brings this action under Section 641.513(5), Florida Statutes, seeking damages because HF Health Plans is obligated to pay PMC's billed charges for emergency services and care rendered by PMC to members enrolled in its Licensed HMO and POS Plans which were not receiving care at the time of the termination, but is not paying PMC's billed charges for such emergency services and care.

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D. Health First's Anticompetitive Conduct

1. Health First's Anticompetitive Conduct Throughout Brevard County

(a) Health First is a Vertically Integrated Healthcare System

54. Health First describes itself as "fully integrated health system." Health First purports to be a "fully integrated health system" in Brevard County by operating in all aspects within the healthcare system, including, without limitation, hospital services, physician services, outpatient services, ancillary services, and private health insurance products.

55. For example, Health First, Inc. has a dominant share of the market for acute care inpatient services in South Brevard County through its ownership of Holmes and Palm Bay hospitals.

56. Also, for example, Health First, Inc. owns HF Physicians, which is the Managing Member of HF Medical Group. In February 2013, Health First, Inc. acquired Melbourne Internal Medicine Associates, P.A. ("MIMA"), which at the time of its acquisition was the largest multi-specialty physician group in Brevard County. After Health First, Inc.'s acquisition of MIMA, HF Medical Group became the largest specialty physician group in Brevard County.

(b) Health First Uses and Abuses its Market Power in One Product/Service Market to Gain Control of Other Related Product/Service Markets

57. Health First has acquired and/or is in the process of acquiring a dominant market share of healthcare related markets in South Brevard County and certain healthcare related markets in North Brevard County.

58. Holmes is considered a "must have" hospital for health insurers offering health insurance products in South Brevard County because of its size and unique offerings. For example, Holmes is the only facility located in South Brevard County that offers "Level II"

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trauma care, neonatal-intensive care, and is capable of receiving an air-ambulance. Health First, Inc. through Health First Hospitals, refuses to permit competitor health insurers to include Holmes in their provider networks unless those competitor health insurers also include Health First's other hospitals (Viera, Palm Bay, and Cape Canaveral) at above competitive reimbursement rates, which above competitive reimbursement rates are obtained by Health First, Inc.'s and Health First Hospitals' exploitation of their market power. Such conduct by Health First, Inc. and Health First Hospitals constitutes an impermissible tying arrangement. Further, Health First, Inc. through Health First Hospitals, contracts with its affiliated health plans, HF Health Plans and HF Insurance, at lower reimbursement rates than those charged to competitor health plans under the tying arrangements.

59. By coercing competitor health insurers to contract with all of Health First Hospitals at supra competitive prices, Health First, Inc. and Health First Hospitals are exploiting their market power in South Brevard County to increase profits beyond those it would otherwise earn in a competitive market and to increase the reimbursement expenses of competitor health insurers. In addition, Health First, Inc. through HF Doctors also engages in price discrimination whereby HF Physicians and/or HF Medical Group contract with Health First, Inc.'s affiliated health plans at lower prices than those charged to competitor health plans. Health First's price discrimination arrangements allows HF Health Plans and HF Insurance to charge lower premiums to their members and reduce member cost-share amounts, which in turn, grows HF Health Plans' and HF Insurance's market strength and Health First's market strength as a whole.

60. Health First requires that the physicians which comprise HF Doctors, including those HF Doctors' physicians that practice in North Brevard County, to admit exclusively or almost exclusively to Health First Hospitals, and refer exclusively or almost exclusively to other

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HF Doctors and facilities owned by Health First. Such conduct constitutes exclusive dealing, a group boycott, and a concerted refusal to deal.

61. Also, Health First, Inc. through its affiliated health plans, HF Health Plans and HF Insurance, uses its dominant market share, in the Brevard County private health insurance market, to refuse to contract as participating providers with physicians practicing in Brevard County, including North Brevard County, unless they agree to: (a) admit exclusively or almost exclusively to Health First Hospitals; and (b) refer exclusively or almost exclusively to HF Doctors, physicians contracted with HF Health Plans and HF Insurance, and facilities owned by Health First. Such conduct constitutes exclusive dealing, a group boycott, and a concerted refusal to deal.

62. Health First also requires HF Doctors and other participating providers in HF Health Plans and HF Insurance's networks, including those physicians that practice in North Brevard County, to refuse to refer to physicians that do not refer all or nearly all of their patients to: (a) Health First Hospitals or other facilities owned by Health First; and (b) HF Doctors and/or physicians that are contracted with HF Health Plans and HF Insurance. Such conduct constitutes a group boycott or concerted refusal to deal.

63. A patient's utilization of a particular physician's or facilities' services is generally guided by a single purchase decision. This single purchase decision is typically seeking treatment at a hospital's emergency department or with a primary care physician. Most of a patient's subsequent healthcare-related choices will be dictated from that original decision by physician referrals. As such, physician referrals generally control the course and scope of services rendered to patients. Due to the passive nature of healthcare consumers, an entity that is able to influence physicians, will, to a substantial degree, control the patients' treatment options.

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64. Further, when independent physicians acquiesce to Health First's coercion, Health First expands its control over all the markets in which it participates. For instance, when independent physicians join HF Doctors, which competes with independent physicians in the physician services and ancillary services markets, HF Doctors increases its market share and loses competitors. As HF Doctors grows, Health First's influence correspondingly grows in the acute care inpatient hospital services, physician services, ancillary services, and private health insurance markets. Also, for example, when physicians enter into exclusive referral arrangements, and engage in group boycotts against or concerted refusals to deal with facilities not owned by Health First or physicians not contracted with Health First, Health First Hospitals and HF Doctors benefit from an influx of patients, which increases their market share.

65. Health First's exclusive referral arrangements and group boycotts also ensure that Health First Hospitals and HF Doctors render services to members of competitor health insurers' plans as much as possible, which correspondingly maximizes HF Health Plans' and HF Insurance's competitive advantage in the private health insurance market by maximizing competitor health insurers' reimbursement expenses, which have been inflated through Health First's tying arrangements and price discrimination that result from exploitation of market power. Further, the higher revenue generated from Health First's competitor health plans allows Health First to shift those profits to its affiliated health plans creating an unfair advantage in the market for private health insurance.

66. As a result and by Health First's design, it has become apparent to physicians practicing in Brevard County that, in order to provide services at Health First's affiliated facilities, gain access to patients enrolled in HF Health Plans' and HF Insurance's health plans, or obtain referrals from HF Doctors, Health First's affiliated entities, and/or participating

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providers in HF Health Plans' and HF Insurance's networks, they are forced to participate in Health First's anticompetitive practices.

(c) Health First's Anticompetitive Healthcare Model is also Illustrated Through Two Recent Lawsuits

67. Health First's actions in furtherance of creating an anticompetitive healthcare model in South Brevard County are currently the subject of ongoing lawsuits in federal court alleging antitrust causes of action (*OMNI Healthcare Inc. et al. v. Health First, Inc. et al.*, Case No. 6:13-CV-01509-RBD-DAB, United States District Court for the Middle District of Florida ("OMNI Action")) and alleging causes of action under the Federal False Claims Act and the Florida False Claims Act (*United States of America et al. v. Health First, Inc. et al.*, Case No. 6:14-cv-00501-RBD-DAB, United States District Court for the Middle District of Florida ("Qui Tam Action")).

68. The allegations made in the OMNI Action and Qui Tam Action reflect how Health First has instituted and implemented an illegally maintained fully integrated healthcare system in South Brevard County through conduct that substantially mirrors its conduct in North Brevard County.

69. The plaintiffs in the OMNI Action allege that after Health First, Inc.'s acquisition of Health First Hospitals, Health First, Inc. and/or its wholly owned subsidiaries formed a healthcare monopoly in South Brevard County by controlling the relevant markets for acute care inpatient hospital services, physician services, ancillary services, private health insurance, and Medicare Advantage plans. The plaintiffs in the OMNI Action allege Health First, Inc. and/or its wholly owned subsidiaries accomplished that, through, for example: (a) tying arrangements between Health First Hospitals and HF Health Plans; (b) price discrimination arrangements by Health First Hospitals and HF Physicians in favor HF Health Plans and against competitor health

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insurers; (c) entering into exclusive dealing arrangements with physicians, whereby as a precondition to accessing members enrolled in HF Health Plans' health plans such physicians must refer all or nearly all of their patients to physicians in HF Physicians or contracted with HF Health Plans and referring all of its patients to facilities owned by Health First; and (d) group boycotts of physicians who refuse to comply with Health First's exclusive referral arrangements by: (i) excluding such physicians from HF Health Plans' provider network; (ii) revoking such physicians' privileges at Health First Hospitals; and/or (iii) prohibiting HF Physicians or physicians contracted with HF Health Plans from referring members enrolled in competitor health insurers' health plans to such physicians.

70. The Relator in the Qui Tam Action alleges a variety of violations of the Anti-Kickback Statute and the Stark Act involving Health First, Inc.'s and/or its wholly owned subsidiaries' anticompetitive actions in South Brevard County by providing improper kickbacks and incentives to the physicians of MIMA (which was acquired by Health First, Inc., HF Physicians, and/or their wholly owned subsidiaries in 2013 and renamed HF Medical Group) and certain other physician groups, for referrals to Health First, Inc.'s facilities. The Relator alleges that as a result, for example, 99% of patients admitted by MIMA physicians were admitted to Health First Hospitals, despite the presence of Wuesthoff Hospital Melbourne, which was closer to MIMA's main location than any of the Health First Hospitals.

71. The Relator further alleged that Health First, Inc.'s and/or its wholly owned subsidiaries' improper kickbacks and incentives to MIMA physicians and other certain physician groups in exchange for exclusive referrals to its facilities include, without limitation: (a) in 1999 and in 2002, Health First, Inc. and/or its wholly owned subsidiaries sold portions of its ownership interest in outpatient facilities to certain physician groups, including MIMA, in

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exchange for an agreement to exclusively refer patients to such facilities and HF Health Plans required its members to utilize such outpatient facilities by refusing to contract with competing facilities; (b) from 2000 through 2011, Health First, Inc. and/or Health First Hospitals employed MIMA physicians as medical directors of its facilities at exorbitant rates for little work in exchange for referring their patients exclusively to facilities owned by Health First, Inc.; and (c) in 2013, Health First, Inc. acquired MIMA and purchased MIMA's ownership in an outpatient facility, paying significantly above fair market value for both as a reward for patient referrals and in exchange for continued exclusive referrals. After the acquisition of MIMA, former MIMA physicians were told that their ability to contract with HF Health Plans was dependent on signing with Health First, Inc. and after signing, Health First, Inc. required those physicians to terminate all contracts with health insurers that allowed referrals to non-Health First Hospitals.

2. *Health First's Attempted Monopolization of the Markets for Medical Oncology Physician Services and Radiation Oncology Physician Services through Imminent Acquisition of Space Coast Cancer Center and Imposition of Exclusive Dealing Arrangements*

(a) Relevant Services Markets

72. The medical oncology physician services market comprises diagnosis of cancer, staging of cancer, and physician administered chemotherapy, hormone therapy, and other drugs to treat cancer. The radiation oncology physician services market comprises physician administered radiation therapy to treat cancer.

73. There is a low cross elasticity of demand between: (i) medical oncology physician services or radiation oncology physician services; and (ii) other physician services.

74. There are high barriers to entry into the market for medical oncology physician services or radiation oncology physician services in North Brevard County including, without limitation, licensure, medical education, and training requirements.

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(b) Relevant Geographic Market

75. To market their products to employers and individuals, private health insurers contract to purchase healthcare services, such as medical oncology physician services and radiation oncology physician services, in the geographic area in which members enrolled in their health plans are likely to seek medical care. Additionally, members of health plans typically seek medical care close to their homes or employment locations.

76. There is low cross elasticity of demand respectively between: (i) the medical oncology physician services and radiation oncology physician services outside North Brevard County; and (ii) the medical oncology physician services and radiation oncology physician services within North Brevard County.

77. Health insurers that sell policies to members in North Brevard County cannot reasonably purchase the medical oncology physician services and radiation oncology physician services outside North Brevard County as an alternative to serve those beneficiaries. As a result, physicians located outside of North Brevard County do not generally compete with healthcare providers within North Brevard County for the sale of medical oncology physician services and radiation oncology physician services.

78. As the actions and arrangements set forth herein which are being taken and imposed by Health First are so blatantly anticompetitive, under the antitrust "quick look" doctrine no geographic or product markets need be circumscribed. In the event that a relevant geographic market is required to be set forth in this suit, such market is North Brevard County.

79. HF Doctors, once a pending acquisition of Space Coast Cancer Center ("SCCC," described infra) closes, would have the market power, if acting collectively, to increase prices for

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medical oncology physician services and radiation oncology physician services above competitive levels.

80. PMC participates in the markets for medical oncology physician services and radiation oncology physician services as a competitor as it offers such services.

(c) Imminent Acquisition of SCCC and Imposition of Exclusive Dealing

81. Recently, HF Medical Group has entered into an agreement with SCCC to acquire SCCC. The acquisition is scheduled to close in September 2015.

82. SCCC is a medical and radiation oncology physician practice and a free standing medical and radiation oncology center with two primary locations in Titusville (North Brevard County) and Viera (Central Brevard County). SCCC employs and/or contracts with six (6)[4] medical oncologists and two (2) radiation oncologists, all of which practice in North Brevard County.

83. Currently, in the market for medical oncology physician services in North Brevard County there are a total of nine (9) medical oncologists, six (6) of which are currently employed and/or contracted with SCCC and three (3) of which are independent of SCCC and HF Doctors. All such nine (9) medical oncologists are in-network providers for HF Health Plans and/or HF Insurance. All six (6) of the medical oncologists that are currently employed and/or contracted with SCCC currently have privileges at PMC. All three (3) of the medical oncologists that are independent of SCCC and HF Doctors currently have privileges at PMC.

[4] There are currently seven (7) medical oncologists employed and/or contracted with SCCC, but one was not included in the calculation because he will retire upon the closing of HF Medical Group's acquisition of SCCC.

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84. Currently, in the market for radiation oncology physician services in North Brevard County there are a total of three (3)[5] radiation oncologists, two (2) of which are currently employed and/or contracted with SCCC and one (1) of which is independent of SCCC and HF Doctors. All three (3) radiation oncologists practicing in North Brevard County are currently in-network providers for HF Health Plans and/or HF Insurance. Both of the radiation oncologists currently employed and/or contracted with SCCC currently have privileges at PMC and the one (1) radiation oncologist that is independent of SCCC and HF Doctors consults at PMC.

85. Upon the closing of HF Medical Group's acquisition of SCCC, the physicians that comprise SCCC will be employees of HF Doctors. As such, in September 2015, HF Doctors will employ six (6) of the nine (9) medical oncologists practicing in North Brevard County and two (2) of the three (3) radiation oncologists practicing in North Brevard County.

86. Subsequent to that acquisition, Health First will impose on all or most of those physicians the same exclusive dealing arrangements, as referenced in paragraphs 60-66 and 69-71 above, imposed on other physicians associated with Health First practicing in Brevard County. The exclusive dealing arrangements include requiring such medical and radiation oncologists to admit exclusively or almost exclusively to Health First Hospitals, and refer exclusively or almost exclusively to HF Doctors and facilities owned by Health First. Although the medical and radiation oncologists that are currently practicing at SCCC may retain their privileges at PMC after the acquisition, such privileges will, in practice, likely only be used for emergency services due to the exclusive dealing arrangements that such oncologists will have entered into with Health First.

[5] There are currently four (4) radiation oncologists practicing in North Brevard County, but one was not included in the calculation because of his imminent retirement.

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87. After the closing of the acquisition, then, there is a dangerously high probability that HF Doctors will have a monopoly of the markets for medical oncology physician services and radiation oncology physician services in North Brevard County. There will only be three (3) medical oncologists in North Brevard County that are outside of HF Doctors' employment and there will only be one (1) radiation oncologist in North Brevard County outside of HF Doctors' employment. In addition, one hundred (100%) percent of the medical oncologists and radiation oncologists practicing in North Brevard County are in-network providers of HF Health Plans and/or HF Insurance and therefore will be subject to exclusive referral arrangements with Health First.

88. Given the imposition of Health First's exclusive dealing arrangements referenced above, PMC has experienced and will experience further reduction or elimination of referrals from HF Doctors' newly acquired medical oncologists and radiation oncologists and/or a reduction or elimination of acute care inpatient hospital services and outpatient services for medical and radiation oncology. Patients residing in North Brevard County, including members enrolled in health plans other than those plans affiliated with Health First, who would otherwise have received inpatient and/or outpatient oncology services at PMC through the medical and/or radiation oncologists acquired by HF Medical Group, will instead, because of the exclusive dealing arrangements, receive such services at a hospital owned by Health First significantly further south in Brevard County.

89. HF Medical Groups' pending acquisition of SCCC thus has a dangerously high probability of reducing competition and creating monopoly power in North Brevard County to the detriment of PMC as well as consumers. PMC will lose referrals and admissions, creating the risk that it will not be able to retain sufficient volume of referrals and admissions to support

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the provision of such services. Some cancer patients will be deprived of receiving full care in their geographic area. Their physicians will be deprived of referral choice as to where their patients receive oncology services and the hospitals they are admitted to, to their and their patients' detriment including quality of care.

90. Such anticompetitive conduct will likely increase Health First's revenue through its inflated prices charged to competitor health plans for medical and radiation oncology physician services rendered by HF Doctors and/or participating providers in HF Health Plans' and/or HF Insurance's network. Patients will suffer in having to pay increased premiums.

91. There are no pro-competitive justifications for the exclusive dealing arrangements that would be sufficient to overcome their anticompetitive effects.

3. Exclusive Dealing Arrangements and Group Boycott Regarding HF Doctors and Providers in HF Health Plans' and HF Insurance's Networks in North Brevard County

(a) Relevant Services Market

92. The physician specialties that are included in HF Health Plans' and HF Insurance's networks are allergy & immunology, anesthesiology, audiology, bariatric surgery, breast surgery, cardiology, cardiovascular & thoracic surgery, cardiovascular diseases, clinical cardiac, clinical neurophysiology, colon & rectal surgery, critical care medicine, dentistry, dermatology, dermatopathology, electrophysiology, endocrinology & metabolism, family medicine, foot & ankle surgery, gastroenterology, general practice, general surgery, geriatric medicine, hand surgery/orthopaedic surgery, hematology, hospitalist, infectious disease, internal medicine, interventional cardiology, maternal & fetal medicine, medical oncology, neonatal-perinatal medicine, nephrology, neurology, neurosurgery, obstetrics & gynecology, ophthalmology, optometry, oral & maxillofacial surgery, orthopaedic surgery, otolaryngology

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(ENT), pain management, pathology, pediatric allergy & immunology, pediatric cardiology, pediatric critical care medicine, pediatric dermatology, pediatric endocrinology, pediatric gastroenterology, pediatric hematology-oncology, pediatric nephrology, pediatric neurology, pediatric neurosurgery, pediatric ophthalmology, pediatric orthopaedics, pediatric otolaryngology, pediatric pulmonology, pediatric surgery, pediatric urology, pediatrics, perinatology, physical medicine & rehab, plastic & reconstructive surgery, podiatry, psychiatry, pulmonary medicine, pulmonology & critical care medicine, radiation oncology, rheumatology, sleep medicine, sports medicine, surgery – general, therapeutic radiology, thoracic surgery, transplant hepatology, urogynecology, urology, vascular surgery, and vitreoretinal disease (collectively referred to herein as the "Relevant Physician Specialty(ies)").

93. The markets for the Relevant Physician Specialties are comprised of healthcare services that a physician, licensed under state law to practice medicine or osteopathy, provides or coordinates.

94. There is a low cross elasticity of demand between physician services and non-physician healthcare services. There is also a low cross elasticity of demand between the Relevant Physician Specialties services.

95. Health insurers usually contract with an entire medical practice, rather than separately contract with each physician in a practice.

96. Physicians practicing in the Relevant Physician Specialties are typically reimbursed for services rendered at a rate according to a provider service agreement between the physician or the group medical practice and the health insurer.

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97. Patients with health insurance have limited financial responsibility when receiving health services from a physician or facility. Members of health plans usually have cost-share responsibilities as part of their benefit plans.

98. As mentioned above, a patient's utilization of a particular physician's services is generally guided by a single purchase decision. This single purchase decision is typically seeking treatment at a hospital's emergency department or with a primary care physician. Most of a patient's subsequent healthcare-related choices will be dictated from that original decision by physician referrals. As such, physician referrals generally control the course and scope of services rendered to patients. Due to the passive nature of healthcare consumers, an entity that is able to influence physicians, will, to a substantial degree, control the patients' treatment options.

99. Therefore, patients will also suffer as their choice of hospital will be entirely removed by their physician's arrangement with Health First that forces physicians in the Relevant Physician Specialties to exclusively or nearly exclusively refer patients to Health First Hospitals.

100. The markets for the Relevant Physician Specialties have recently developed a trend in which physician practices form much larger physician practices through merger or acquisition. This recent trend is exemplified in Health First, Inc.'s acquisition of MIMA. Larger physician practices have an increased ability to bargain with health insurers for higher reimbursement rates.

101. There are high barriers to entry into the market for each of the Relevant Physician Specialties in North Brevard County including, without limitation, licensure, medical education, and training requirements. An additional barrier to entry is competing with larger physician practices resulting from the recent trend to consolidate and merge.

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(b) Relevant Geographic Market

102. Under the antitrust "quick look" doctrine, the practices at issue are so blatantly anticompetitive that a relevant geographic market need not be defined. In the event such definition were required, the relevant geographic market for the Relevant Physician Specialties markets would be the same as the medical oncology physician services market and radiation oncology physician services market, North Brevard County. To market their products to employers and individuals, private health insurers contract to purchase healthcare services, such as the Relevant Physician Specialties services, in the geographic area in which members enrolled in their health plans are likely to seek medical care.

103. Absent the wrongful conduct of Health First, a small percentage of members of health plans who live within North Brevard County would travel outside its borders to seek the Relevant Physician Specialty services. As a result, physicians practicing the Relevant Physician Specialties located outside of North Brevard County do not generally compete with physicians within North Brevard County for the Relevant Physician Specialty services. There is a low cross elasticity of demand between physicians practicing the Relevant Physician Specialty services outside North Brevard County and within North Brevard County.

104. HF Doctors would have the market power, if acting collectively, to increase prices above competitive levels.

(c) The Targeted Practices

105. HF Health Plans and/or HF Insurance have entered into exclusive dealing arrangements with physicians in the Relevant Physician Specialties practicing in North Brevard County who are not employed by Health First but who are members of their network of participating providers. Health First has also entered into exclusive dealing arrangements with

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the physicians that comprise HF Doctors. Such physicians are forced by Health First to refuse to deal with physicians and facilities that do not refer exclusively to Health First.

106. As a result, physicians in the Relevant Physician Specialties that refuse to enter into such exclusive referral arrangements have had their referrals cease from physicians that have entered into these exclusive referral arrangements and/or been otherwise blacklisted by Health First for failing to sufficiently comply with Health First's anticompetitive practices. For example, non-compliant physicians in the Relevant Physician Specialties have been terminated from Health First's network of participating providers and/or denied further access to Health First Hospitals and/or other facilities owned by Health First, including termination of hospital privileges at Health First Hospitals.

107. Health First's exclusive referral arrangements and imposition of group boycotts also restricts access by non-Health First affiliated physicians and facilities in the Relevant Physician Specialties in North Brevard County to: (a) members of HF Health Plans and HF Insurance who otherwise would have been referred absent their treating physician's participation in the exclusionary arrangements; and (b) members of competitor health plans who otherwise would have been referred absent their treating physician's participation in exclusionary arrangements. Thus, such members are deprived of access to PMC.

108. PMC has been harmed by the loss of referrals and admissions from physicians in the Relevant Physician Specialties in HF Doctors practicing in North Brevard County and from physicians in the Relevant Physician Specialties practicing in North Brevard County that are participating providers in HF Health Plans' and HF Insurance's networks. Rather than refer to PMC, such physicians refer patients residing in North Brevard County, including members

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enrolled in health plans other than those affiliated with Health First, for acute care inpatient services and outpatient services to Health First Hospitals, typically, Cape Canaveral or Viera.

109. Furthermore, after the initial referral to Cape Canaveral or Viera, Health First frequently transfers such patients to Holmes for treatment, thereby increasing Health First's revenue through the inflated prices (obtained through an abuse of market power) charged to competitor health plans. Such conduct by Health First is an example of Health First embedding its monopoly pricing in South Brevard County into the communities throughout Brevard County by requiring referrals and admissions of patients from physicians in the Relevant Physician Specialties practicing in North Brevard County to facilities owned by Health First.

110. Pursuant to such exclusive dealing arrangements and group boycotts, competition in the Relevant Physician Specialty markets in North Brevard County has been reduced and the ability of such physicians practicing in North Brevard County to provide quality medical care has been compromised by unduly restricting their ability to make meaningful choices concerning patient referrals and admissions thereby harming consumers.

111. Such exclusive dealing arrangements and group boycotts have harmed PMC and other competitors of Health First by foreclosing their access to a significant volume of patients within North Brevard County.

112. There are no pro-competitive justifications for such exclusive dealing arrangements and group boycotts that would be sufficient to overcome their anticompetitive effects.

E. HF Medical Group Solicits PMC's Physicians and Health First, Inc. Makes False Statements and Misrepresentations

113. HF Medical Group and/or its agents have solicited and continue to solicit PMC Physicians to cease working with PMC and join HF Medical Group and/or other physician

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groups with exclusive referral arrangements with HF Health Plans and/or HF Insurance with the intent to eliminate competition in North Brevard County, and thereby harm PMC's business interest.

114. HF Medical Group and/or its agents have solicited certain PMC physicians offering network access to members enrolled in HF Health Plans' and HF Insurance's plans and referrals of such members and/or members enrolled in competitor health insurers' plans that are being treated at a facility owned by Health First or by a physician that has entered into an exclusive referral arrangement with Health First, including HF Doctors, on the conditions that they: (a) leave PMC to join HF Medical Group or other physician groups that have existing exclusive referral arrangements with Health First; (b) agree to enter into an exclusive referral arrangement with Health First; (c) refuse to refer to physicians that are not contracted with HF Health Plans and HF Insurance; and (d) refuse to refer to facilities that are not owned by Health First.

115. Health First had access to the identities of PMC Physicians and knew that such PMC Physicians had contracts with PMC and/or an advantageous business relationship with PMC.

116. NMBS and HF Health Plans entered into the Health First Health Plans Participating Medical Group Agreement (the "Group Agreement"), effective April 1, 2012, pursuant to which NMBS billed HF Health Plans for covered services provided by PMC Physicians to members enrolled in HF Health Plans' plans. Health First had knowledge of the identities of PMC Physicians because Addendum B to the Group Agreement lists the names, specialties, and addresses of PMC Physicians.

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117. Recently, HF Medical Group and/or its agents have solicited PMC Physicians to leave PMC and join HF Doctors and/or other physician groups with exclusive referral arrangements with HF Health Plans and/or HF Insurance.

118. Also recently, Health First, Inc.'s President and CEO, Steven Johnson, has made disparaging and false statements regarding PMC's economic future to elected officials in an effort to harm PMC's business interests, including, without limitation, to spread misinformation to encourage solicited PMC Physicians and/or PMC Physicians that Health First targeted for solicitation to leave PMC and join HF Doctors and/or physician groups with exclusive referral arrangements with HF Health Plans and/or HF Insurance and to also influence appointments to PMC's Board of Directors.

119. More specifically, Mr. Johnson questioned the financial efficacy of PMC by intentionally misrepresenting to elected officials that, "PMC would be out of business in two years."

120. Health First, Inc.'s and HF Medical Group's actions are deceptive, malicious and destructive to PMC's mission of providing quality healthcare to the members of the community it serves and to PMC's business interests.

121. On or about September 8, 2014, PMC provided notice to Mr. Johnson of its knowledge of Health First's wrongful solicitation of PMC Physicians.

122. On December 23, 2014, PMC sent counsel for Health First, Inc. and/or its owned entities, including HF Health Plans, a letter demanding that HF Health Plans cease: (i) disseminating false information about PMC to elected officials; (ii) contacting such elected officials in an effort to influence appointments to PMC's Board of Directors for HF Health

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Plans' own financial gain; and (iii) soliciting, and/or attempting to solicit, PMC Physicians (the "Cease and Desist Letter").

123. After PMC sent the Cease and Desist Letter, Health First continued its unlawful behavior against PMC. For example, Mr. Johnson made a disparaging and false statement to the Brevard County Board of County Commissioners that cited one of the rates in the PFA as indicative of the overall rates in the contract. In fact, that one rate was a rate for a sub-sect of services under one line of business and is not indicative of the rates throughout the PFA.

IV. CAUSES OF ACTION

COUNT I—BREACH OF CONTRACT
(Against HF Health Plans)

124. PMC realleges and adopts the allegations contained in paragraphs 1-4, 8, 11, 15-16, and 18-38 above as if fully set forth herein.

125. As referenced above, PMC and HF Health Plans entered into the PFA, as amended, effective February 1, 2007, which was terminated effective December 7, 2014.

126. Pursuant to PFA, PMC rendered hospital services to members enrolled in HF Health Plans' Medicare Advantage Plans.

127. HF Health Plans were obligated to pay PMC in compliance with the terms of the PFA, including, but not limited to, the Medicare Reimbursement Provisions.

128. For claims with dates of service on or about April 1, 2013 through on or about December 7, 2014, HF Health Plans systematically underpaid PMC pursuant to the Unilateral Reduction, despite its obligations under the PFA, including, but not limited to, the Medicare Reimbursement Provisions for services rendered by PMC to members enrolled in HF Health Plans' Medicare Advantage Plans.

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129. HF Health Plans' conduct constitutes a breach of their obligations under the PFA, including, but not limited to, the Medicare Reimbursement Provisions.

130. As a result of HF Health Plans' conduct, PMC has been damaged in an amount in excess of $170,000.

131. All the conditions and covenants specified in the PFA have been performed, waived by HF Health Plans, or otherwise satisfied by PMC.

WHEREFORE, Plaintiff, PMC, hereby requests that this Court enter judgment for damages in its favor and against Defendant, HF Health Plans, award pre-judgment and post-judgment interest, attorneys' fees and costs pursuant to the PFA, and any other relief this Court deems just and proper.

COUNT II – VIOLATION OF SECTION 641.513(5), FLORIDA STATUTES
(Against HF Health Plans)

132. PMC realleges and adopts the allegations contained in paragraphs 1-2, 5, 8, 11, 15-16, 18-24, and 39-53 above as if fully set forth herein.

133. Following the termination of the PFA, from December 8, 2014 through March 7, 2015, PMC rendered emergency services and care to members enrolled in HF Health Plans' Licensed HMO and POS Plans as a non-contracted provider.

134. HF Health Plans has partially and improperly reimbursed PMC for emergency services and care rendered by PMC to such members.

135. Section 641.513(5), Florida Statutes, sets forth HF Health Plans' obligation to reimburse PMC for emergency services and care rendered by PMC to its members enrolled in its Licensed HMO and POS Plans, where there is no contract between PMC and HF Health Plan, by paying the lesser of "the provider's charges, the usual and customary provider charges for similar services in the community where the services were provided, or the charge mutually agreed upon

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by the health maintenance organization and the provider within 60 days of the submittal of the claim."

136. PMC and HF Health Plans cannot and have not mutually agreed upon a payment pursuant to Section 641.513(5)(c), Florida Statutes.

137. HF Health Plans has completely disregarded its obligation under Section 641.513(5)(a) or (b), Florida Statutes, and refuses to pay PMC's billed charges for emergency services and care rendered by PMC to members enrolled in HF Health Plans' Licensed HMO and POS Plans, which are less than or equal to the usual and customary provider charges for similar services in the community where the services were provided.

138. Thus, HF Health Plans' has violated Section 641.513(5), Florida Statutes.

139. Because of this blatant violation, PMC has been damaged by not being properly reimbursed for emergency services and care rendered by PMC to members enrolled in HF Health Plans' Licensed HMO and POS Plans.

140. As a result of HF Health Plans' conduct, PMC has been damaged.

WHEREFORE, Plaintiff, PMC, hereby requests that this Court enter judgment for damages in its favor and against Defendant, HF Health Plans, award pre-judgment and post-judgment interest, attorneys' fees and costs, and provide such other and further relief this Court deems necessary and appropriate.

COUNT III –UNJUST ENRICHMENT
(Against HF Health Plans and HF Insurance)

141. Plaintiff realleges and adopts the allegations contained in paragraphs 1-2, 5, 8, 11, 15-16, 18-24, and 39-53 above as if fully set forth herein.

142. The members enrolled in HF Health Plans' and/or HF Insurance's Commercial Plans, including, without limitation, HF Health Plans' Licensed HMO and POS Plans, pay HF

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Health Plans' and/or HF Insurance to ensure that they receive medical services and care. By providing certain of these members with emergency services and care and emergency services and care and subsequent treatment, Plaintiff conferred a benefit on HF Health Plans and/or HF Insurance.

143. For services rendered from December 8, 2014 through March 7, 2015, HF Health Plans and/or HF Insurance authorized the provision of subsequent treatment following emergency services and care rendered by PMC to members enrolled in HF Health Plans' and/or HF Insurance's Commercial Plans, including, without limitation, HF Health Plans' Licensed HMO and POS Plans. HF Health Plans and HF Insurance knowingly and voluntarily accepted these benefits.

144. HF Health Plans and HF Insurance have been unjustly enriched by not paying the billed charges for the emergency services and care and for the follow up treatment to the emergency services and care, rendered by PMC, from December 8, 2014 through March 7, 2015, to members enrolled in HF Health Plans' and HF Insurance's Commercial Plans. It is inequitable for HF Health Plans and HF Insurance to retain the benefit without paying the value thereof to PMC.

145. As a result of HF Health Plans' and HF Insurance's conduct, PMC has been damaged.

WHEREFORE, Plaintiff, PMC, hereby requests that this Court enter judgment for damages in its favor and against Defendants, HF Health Plans and HF Insurance, award pre-judgment and post-judgment interest, and provide such other and further relief this Court deems necessary and appropriate.

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COUNT IV - QUANTUM MERUIT
(Against HF Health Plans and HF Insurance)

146. PMC realleges and adopts the allegations contained in paragraphs 1-2, 5, 8, 11, 15-16, 18-24, and 39-53 above as if fully set forth herein.

147. From December 8, 2014 through March 7, 2015, PMC has rendered emergency services and care or emergency services and follow up treatment to such emergency services and care, to members enrolled in HF Health Plans' and HF Insurance's Commercial Plans, including, without limitation, HF Health Plans' Licensed HMO and POS Plans, as a non-participating provider.

148. PMC conferred a benefit upon HF Health Plans and HF Insurance by providing emergency services and care and by providing follow up treatment to such emergency services and care.

149. From December 8, 2014 through March 7, 2015, HF Health Plans and/or HF Insurance authorized the provision of subsequent treatment following emergency services and care rendered by PMC to members enrolled in HF Health Plans' and/or HF Insurance's Commercial Plans, including, without limitation, HF Health Plans' Licensed HMO and POS Plans. HF Health Plans and HF Insurance knowingly and voluntarily accepted these benefits.

150. A reasonable person in HF Health Plans' and HF Insurance's place, receiving such a benefit, would normally expect to pay for the full reasonable value of such services.

151. PMC is entitled to receive the full reasonable value of such services rendered. It would be inequitable for HF Health Plans and HF Insurance to be permitted to pay less than the full reasonable value of such services rendered by PMC to members enrolled in HF Health Plans' and HF Insurance's Commercial Plans.

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152. As a result of HF Health Plans' and HF Insurance's conduct, PMC has been damaged.

WHEREFORE, Plaintiff, PMC, hereby requests that this Court enter judgment for damages in its favor and against Defendants, HF Health Plans and HF Insurance, award pre-judgment and post-judgment interest, and provide such other and further relief this Court deems necessary and appropriate.

COUNT V
VIOLATION OF THE FLORIDA ANTITRUST ACT
SECTION 542.23, FLORIDA STATUTES
Impermissible Merger in Restraint of Trade
(Against Health First, Inc., HF Physicians, and HF Medical Group)

153. PMC realleges and adopts the allegations contained in paragraphs 6-24, and 54-112 above as if fully set forth herein.

154. Antitrust law is designed, *inter alia*, to arrest in its incipiency the substantial lessening of competition from the acquisition by one corporation of a competing corporation.

155. HF Medical Group is in the process of acquiring SCCC to establish Health First's monopolistic control over medical oncology physician services and radiation oncology physician services in North Brevard County. Such monopolistic control will harm PMC.

156. Upon the acquisition described above, the prices for medical services in North Brevard County in the relevant service markets will likely increase, while incentives to improve the quality of medical services provided will have been removed. Therefore, the acquisition will also cause injury to both competition and consumers.

157. Furthermore, PMC will be additionally harmed by this acquisition as it will enhance Health First's control over physician referrals for medical and radiation oncology services in North Brevard County by reason of Health First's exclusionary practices of referral

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prohibitions. Health First will most likely steer patients that receive services at SCCC to Health First Hospitals, other Health First facilities, HF Doctors, and/or other physicians contracted with HF Health Plans and/or HF Insurance.

158. These exclusionary practices will even further substantially limit PMC's ability to effectively compete in the markets for medical oncology physician services and radiation oncology physician services in North Brevard County.

159. These injuries reflect the type of injuries that antitrust laws were designed to prevent and are directly derived from the anticompetitive and exclusionary behaviors of Health First described herein.

160. If an injunction prohibiting HF Medical Group's acquisition of SCCC is not entered or, alternatively, divestiture of SCCC from HF Medical Group is not ordered, PMC will suffer irreparable harm.

161. There are no pro-competitive justifications for the acquisition and exclusionary practices described herein that would be sufficient to overcome their anticompetitive effects.

WHEREFORE, Plaintiff, PMC, hereby respectfully requests that the Court:

i. Issue an injunction prohibiting the acquisition of SCCC by HF Medical Group or, alternatively, order the divestiture of SCCC from HF Medical Group;

ii. Adjudge and decree that Health First, Inc., HF Physicians, and/or HF Medical Group have engaged in an unlawful anticompetitive agreement(s) and actions in violation of § 542.18, Florida Statutes (2015);

iii. Award PMC their reasonable attorneys' fees and costs incurred in pursuing this action; and

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iv. Award such other and further relief the Court deems necessary and appropriate.

COUNT VI
VIOLATION OF THE FLORIDA ANTITRUST ACT
SECTION 542.19, FLORIDA STATUTES
Attempted Monopolization of the Medical Oncology Physician Services and Radiation Oncology Physician Services Market
(Against All Defendants)

162. PMC realleges and adopts the allegations contained in paragraphs 6-21, and 54-112 above as if fully set forth herein.

163. Health First is in the process of acquiring a dominant share of the medical oncology physician services and radiation oncology physician services markets in North Brevard County through HF Medical Group's acquisition of SCCC.

164. Additionally, as described *supra,* PMC participates in the medical oncology physician services and radiation oncology physician services markets in North Brevard County as a competitor as it offers these physician services.

165. Health First is enhancing and abusing its market power in the medical oncology physician services and radiation oncology physician services markets within North Brevard County through the anticompetitive conduct described herein including, but not limited to, HF Medical Group's acquisition of SCCC noted above and Health First's concurrent imposition of exclusive dealing arrangements, which together create a dangerously high probability of creating a monopoly in North Brevard County on the provision of those services.

166. Health First has acted with the specific intent of obtaining monopoly power for these healthcare markets within North Brevard County.

167. As a result, prices for medical oncology physician services and radiation oncology physician services offered within North Brevard County will most likely increase, options for

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patient choice will decrease, and both competition for medical oncology physician services and radiation oncology physician services offered in the North Brevard County community will be harmed.

168. PMC has been, and will be, harmed by the various anticompetitive and exclusionary practices described herein.

169. These injuries reflect the type of injuries that Florida's antitrust laws were designed to prevent and are directly derived from the anticompetitive and exclusionary behaviors of Health First described herein.

170. If an injunction prohibiting HF Medical Group's acquisition of SCCC is not entered or, alternatively, divestiture of SCCC from HF Medical Group is not ordered, PMC will suffer irreparable harm.

171. If an injunction prohibiting exclusive dealing arrangements between Health First and the medical and radiation oncologists that will be acquired by HF Medical Group in the imminent acquisition of SCCC is not entered, PMC will suffer irreparable harm.

172. There are no pro-competitive justifications for the anticompetitive conduct described herein that would be sufficient to overcome their anticompetitive effects.

WHEREFORE, Plaintiff, PMC, hereby respectfully requests that the Court:

i. Adjudge and decree that Health First, Inc., HF Physicians, and/or HF Medical Group have attempted to monopolize the markets for medical and radiation oncology physician services, including, without limitation, diagnosis of cancer, staging of cancer, and implementation of treatment for cancer.

ii. Issue an injunction prohibiting the acquisition of SCCC by HF Medical Group or, alternatively, order the divestiture of SCCC from HF Medical Group;

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iii. Invalidate any arrangements between any of the entities owned by Health First, Inc. and any medical or radiation oncologist in North Brevard County, to utilize Health First Hospitals or affiliated facilities exclusively or nearly exclusively or to refer exclusively or nearly exclusively to HF Doctors or other participating providers in HF Health Plans' or HF Insurance's networks, or otherwise exclude PMC from doing business with such medical or radiation oncologists;

iv. Adjudge and decree that Health First has engaged in an unlawful anticompetitive agreement(s) and actions in violation of § 542.18, Florida Statutes (2015);

v. Award PMC their reasonable attorneys' fees and costs incurred in pursuing this action; and

vi. Award such other and further relief the Court deems necessary and appropriate.

COUNT VII
VIOLATION OF THE FLORIDA ANTITRUST ACT
SECTION 542.18, FLORIDA STATUTES
Contract, Combination, or Conspiracy in Restraint of Trade
(Against All Defendants)

173. PMC realleges and adopts the allegations contained in paragraphs 6-21, and 54-112 above as if fully set forth herein.

174. Health First's various corporate entities have participated in a common scheme, combination or conspiracy with independent physicians in the Relevant Physician Specialties who are not Health First employees but are members of HF Health Plans' and/or HF Insurance's

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physician networks, designed to exclude competition in the Relevant Physician Specialty service markets in North Brevard County.

175. The common scheme involves multiple forms of exclusive dealing restrictions or group boycotts, described above. The exclusive dealing arrangements violate § 542.18, Florida Statutes (2015). The group boycotts/concerted refusals to deal are per se violations of the § 542.18, Florida Statutes (2015), as they involve a horizontal agreement amongst direct competitors.

176. Each of the Defendants actively participated in, and gained a competitive advantage from, their anticompetitive practices, including, without limitation: (a) Health First, Inc., through its officers and board of directors, designed and implemented the common scheme described herein; (b) HF Doctors assist Health First in augmenting its market power in the Relevant Physician Specialty services markets in North Brevard County by boycotting physicians who refuse to enter into exclusive dealing arrangements with Health First or who are not contracted with HF Health Plans and/or HF Insurance; and (c) HF Health Plans and/or HF Insurance assist Health First in augmenting its market power in the Relevant Physician Specialty services markets in North Brevard County by implementing exclusive dealing arrangements with their participating providers in the Relevant Physician Specialties and forcing such providers to boycott non-participating providers and facilities that are not owned by Health First.

177. PMC participates in the markets for the Relevant Physician Specialties services in North Brevard County as a competitor.

178. As a result of the common scheme, there are fewer alternatives for patients in the relevant markets and prices are likely to rise, thereby causing injury to competition, consumers, and PMC.

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179. PMC has been, and will continue to be, harmed by and suffer damages from the various anticompetitive and exclusionary practices described herein. For example, PMC is deprived of patient referrals, and the ability to make referrals, by the above exclusionary practices.

180. These injuries reflect the type of injuries that antitrust laws were designed to prevent and are directly derived from the anticompetitive and exclusionary behaviors of Health First described herein.

181. If an injunction prohibiting exclusive dealing arrangements between Health First and independent physicians in the Relevant Physician Specialties who are not Health First employees but are members of HF Health Plans' and/or HF Insurance's physician networks, PMC will suffer irreparable harm.

182. There are no pro-competitive justifications for the anticompetitive conduct described herein that would be sufficient to overcome their anticompetitive effects.

WHEREFORE, Plaintiff, PMC, hereby respectfully requests that the Court:

i. Invalidate any arrangements between any of the Heath First entities and any medical or radiation oncologist or any other physician in the Relevant Physician Specialties and/or medical group in the Relevant Physician Specialties in North Brevard County, to utilize Health First Hospitals or affiliated facilities exclusively or nearly exclusively or to refer exclusively or nearly exclusively to HF Doctors or other participating providers in HF Health Plans' or HF Insurance's networks, or otherwise exclude PMC from doing business with such physicians and/or medical groups;

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ii. Adjudge and decree that Health First has engaged in an unlawful anticompetitive agreement(s) and actions in violation of § 542.18, Florida Statutes (2015);

iii. Award PMC treble damages, as required by statute;

iv. Award PMC their reasonable attorneys' fees and costs incurred in pursuing this action; and

v. Award such other and further relief the Court deems necessary and appropriate.

COUNT VIII
TORTIOUS INTERFERENCE WITH A CONTRACT
(Against Health First, Inc., HF Physicians, and HF Medical Group)

183. PMC realleges and adopts the allegations contained in paragraphs 7-14, 17, 19-21, and 113-123 above as if fully set forth herein.

184. As previously referenced, the Florida legislature established PMC in an effort to address the public health and welfare needs of the North Brevard County community. As such, it functions as the hospital of last resort for many of North Brevard County's indigent and uninsured residents.

185. Additionally, in furtherance of fulfilling its obligation to the public, PMC invests in, and expends, considerable public resources in recruiting and retaining skilled PMC Physicians who provide various health services to the members of the community.

186. PMC has an existing contractual relationship with PMC Physicians under which PMC has legal rights.

187. Health First is aware of PMC's contractual relationships with PMC Physicians.

188. HF Medical Group's solicitation of PMC Physicians were performed with the intention and purpose of harming PMC's business interests in order to remove competition in the

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hospital services market and in the Relevant Physician Specialty services markets in North Brevard County to the detriment of consumers.

189. Health First, Inc. made disparaging and false statements to elected officials to spread misinformation in an effort to encourage the PMC Physicians that HF Medical Group solicited or intends to solicit to leave PMC and join HF Doctors and/or other physician groups with exclusive referral arrangements with HF Health Plans and HF Insurance.

190. HF Medical Group's solicitation of PMC Physicians is unjustified and in furtherance of improperly restraining competition in North Brevard County's healthcare markets.

191. HF Medical Group's solicitation of PMC Physicians is deceptive, malicious and destructive to PMC's mission of providing quality healthcare to the members of the North Brevard County community.

192. HF Medical Group's solicitation of PMC Physicians is not grounded in a legitimate economic basis.

193. PMC reasonably believes that HF Medical Group will continue to tortiously solicit PMC Physicians.

194. As a result of HF Medical Group's tortious solicitation of PMC Physicians, PMC has been irreparably harmed.

195. Compensatory damages will not sufficiently compensate PMC, and PMC does not have an adequate remedy at law.

196. PMC has a substantial likelihood of success on the merits of its case because HF Medical Group tortious solicitation of PMC Physicians is in furtherance of creating a prohibited anticompetitive healthcare market in North Brevard County.

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197. If an injunction is not entered, PMC and the community it serves will continue to suffer irreparable harm as an anticompetitive healthcare market has the effect of driving the cost of healthcare up, while simultaneously lowering the quality of such healthcare.

198. The threatened injury to PMC and the public outweighs the possible harm to Health First, Inc., HF Physicians, and/or HF Medical Group.

199. The granting of an injunction prohibiting HF Medical Group from soliciting PMC Physicians will not disserve the public interest.

200. The granting of an injunction prohibiting Health First, Inc. from making disparaging, false statements, and/or misrepresentations about PMC will not disserve the public interest.

WHEREFORE, Plaintiff, PMC respectfully requests that the Court:

i. Issue an injunction prohibiting Health First, Inc., HF Physicians, and/or HF Medical from interfering with PMC's contractual relationships;

ii. Issue an injunction prohibiting Health First, Inc. from making disparaging statements, false statements, and/or misrepresentations about PMC;

iii. Award PMC its costs of this action; and

iv. Award such other and further relief the Court deems necessary and appropriate.

COUNT IX
TORTIOUS INTERFERENCE WITH
AN ADVANTAGEOUS BUSINESS RELATIONSHIP
(Against Health First, Inc., HF Physicians, and HF Medical Group)

201. PMC realleges and adopts the allegations contained in paragraphs 7-14, 17, 19-21, and 113-123 above as if fully set forth herein.

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202. As previously referenced, the Florida legislature established PMC in an effort to address the public health and welfare needs of the North Brevard County community. As such, it functions as the hospital of last resort for many of North Brevard County's indigent and uninsured residents.

203. Additionally, in furtherance of fulfilling its obligation to the public, PMC invests in, and expends, considerable public resources in recruiting and retaining skilled PMC Physicians who provide various health services to the members of the community.

204. PMC has an existing advantageous business relationship with PMC Physicians under which PMC has legal rights.

205. Health First is aware of PMC's advantageous business relationships with PMC Physicians.

206. HF Medical Group's solicitation of PMC Physicians were preformed with the intention and purpose of harming PMC's business interests in order to remove competition in the hospital services market and in the Relevant Physician Specialty services markets in North Brevard County to the detriment of consumers.

207. Health First, Inc. made disparaging and false statements to elected officials to spread misinformation in an effort to encourage the PMC Physicians that HF Medical Group solicited or intends to solicit to leave PMC and join HF Doctors and/or other physician groups with exclusive referral arrangements with HF Health Plans and HF Insurance.

208. HF Medical Group's solicitation of PMC Physicians is unjustified and in furtherance of improperly restraining competition in North Brevard County's healthcare market to the detriment of consumers.

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209. HF Medical Group's solicitation of PMC Physicians is deceptive, malicious and destructive to PMC's mission of providing quality healthcare to the members of the community.

210. HF Medical Group's solicitation of PMC Physicians is not grounded in a legitimate economic basis.

211. PMC reasonably believes that HF Medical Group will continue to tortiously solicit PMC Physicians.

212. As a result of HF Medical Group's tortious solicitation of PMC Physicians, PMC has been irreparably harmed.

213. Compensatory damages will not sufficiently compensate PMC, and PMC does not have an adequate remedy at law.

214. PMC has a substantial likelihood of success on the merits of this case because HF Medical Group's tortious solicitation of PMC Physicians is in furtherance of creating a prohibited anticompetitive healthcare market in North Brevard County.

215. If an injunction is not entered, PMC and the community it serves will continue to suffer irreparable harm as an anticompetitive healthcare market has the effect of driving the cost of healthcare up, while simultaneously lowering the quality of such healthcare.

216. The threatened injury to PMC and the public outweighs the possible harm to Health First, Inc., HF Physicians, and HF Medical Group.

217. The granting of an injunction prohibiting HF Medical Group from soliciting PMC Physicians will not disserve the public interest.

218. The granting of an injunction prohibiting Health First, Inc. from making disparaging, false statements, and/or misrepresentations about PMC will not disserve the public interest.

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Filing 31396845 VS FL-GOV-22-0599-A-000538-XXX-XX

WHEREFORE, Plaintiff, PMC respectfully requests that the Court:

i. Issue an injunction prohibiting Health First, Inc., HF Physicians, and/or HF Medical Group from interfering with PMC's advantageous business relationships;

ii. Issue an injunction prohibiting Health First, Inc. from making disparaging statements, false statements, and/or misrepresentations about PMC;

iii. Award PMC its costs of this action; and

iv. Award such other and further relief the Court deems necessary and appropriate.

DEMAND FOR JURY TRIAL

Plaintiff hereby demands a trial by jury for all issues so triable.

Respectfully submitted,

ZUMPANO PATRICIOS & WINKER, P.A.
312 Minorca Avenue
Coral Gables, FL 33134
Tel: 305-444-5565
Fax: 305-444-8588

By: __/s/ Joseph I. Zumpano_____
Joseph I. Zumpano
Fla. Bar No. 0056091
Leon N. Patricios
Fla. Bar No. 0012777
Sarah Warden
Fla. Bar No. 0016029

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Exhibit A

(Exhibit A is attached to the service copy of the Complaint, but not to the Complaint filed with the Court due to confidential information contained therein).

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Exhibit B

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicare
7500 Security Boulevard, Mail Stop C1-13-07
Baltimore, Maryland 21244-1850

CENTER FOR MEDICARE

DATE: May 1, 2013

TO: Medicare Advantage Organizations
Medicare Advantage-Prescription Drug Organizations
Sections 1876 and 1833 Cost Contractors
PACE Organizations
Demonstrations
Prescription Drug Plan Sponsors
Employer/Union-Sponsored Group Health Plans
Medicare-Medicaid Plans

FROM: Cheri Rice
Director, Medicare Plan Payment Group

Danielle R. Moon, J.D., M.P.A.
Director, Medicare Drug & Health Plan Contract Administration Group

SUBJECT: Additional Information Regarding the Mandatory Payment Reductions in the Medicare Advantage, Part D, and Other Programs

On March 22, 2013, the Centers for Medicare & Medicaid Services (CMS) released a memorandum notifying Medicare Advantage Organizations (MAOs), Part D plans, and other programs (including Managed Care Organizations) that, beginning April 1, 2013, payments made to MAOs, Part D sponsors, and other programs will generally be reduced by two percent in accordance with the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA), as amended. This process of payment reduction is referred to as sequestration. This memorandum provides additional information about the application of sequestration to the Medicare Advantage (MA) program, Part D, and other specified program payments.

Calculation of Amount Being Sequestered

In its March 22, 2013 memorandum, CMS explained that the two percent sequestration reduction will be applied to MA, Part D, and other program payments associated with enrollment periods beginning on or after April 1, 2013. CMS has received a number of questions asking for more details about how the sequestration applies to the MA, Part D, and other program payments.

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Payments to all plans and plan types are subject to sequestration, including MAOs, Prescription Drug Plans, Sections 1876 and 1833 Cost Plans, Health Care Prepayment Plans, PACE plans, and demonstration plans of all types. The two percent reduction is applied to the Net Capitation Payment (NCP) made to plans. All non-exempt capitation payments are included in the NCP. For example, Part C Risk Adjusted payments (after MSP reduction) and MA rebates are included. For Part D, Direct Subsidy payments and Coverage Gap Discount payments are included. Part D payments for Low Income Subsidies and Reinsurance are exempt from sequestration and therefore not reduced.

Beginning April 1, 2013 (and for the duration of the sequestration period), prospective payments in the payment categories identified above are netted against adjustments to capitation payments for enrollment periods beginning or continuing in effect on or after April 1, 2013. The resulting NCP amount, whether positive or negative, is then multiplied by two percent to account for reductions that need to be made, and any reductions that were previously made for payments that are being adjusted (e.g., a retroactive disenrollment adjustment that is being processed for an enrollment payment that was previously reduced due to sequestration).

Only NCPs associated with enrollment periods beginning on or after April 1, 2013 are subject to sequestration. That means, for example, that the April 1, 2013 prospective payment made to a plan for members who were enrolled on April 1, 2013 is subject to the two percent reduction, but any payment adjustments to prospective payments made for those members for periods prior to April 1, 2013 are not subject to sequestration, even if those payment adjustments occur on or after April 1, 2013. Similarly, the 2012 final risk score reconciliation occurring later this year will not be affected by the sequester.

If there are any adjustments for periods that straddle April 1, 2013, the portion of the adjustment for the enrollment period starting on April 1, 2013 will be subject to sequestration. For example, if the State and County Code (SCC) for an enrollee changes for the May 1st payment and the SCC change is retroactive to January 2013, the portion of the adjustment relating to the January, February, and March payments will not be reduced due to the sequester, but the portion of the adjustment related to April payment will be reduced.

Cost Plans: The monthly payments made to Section 1876 and 1833 cost-based Managed Care Organizations (MCOs) are subject to sequestration in the same manner described above for MAOs. In addition, the reduction in payment will apply to the cost reports submitted by Sections 1876 and 1833 cost-based MCOs. The two percent reduction will be prorated based on the portion of the cost reporting period covered by the sequestration order, which became effective for Medicare programs on April 1, 2013. CMS will provide specific cost report preparation instructions at a later date.

Coverage Gap Discount Program (CGDP) Payments: Prospective CGDP payments from CMS to plans are subject to sequestration. Therefore, CMS will reduce the prospective CGDP payments by two percent. However, the actual discounts collected from the pharmaceutical manufacturers are not subject to sequestration. Because CMS is reducing payments associated with enrollment periods beginning April 1, 2013, any offsets that CMS makes for prospective CGDP payments made before April 1, 2013 are not subject to sequestration. CMS will make the

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appropriate adjustments to the offset amount to reflect the required reductions, as well as to the prospective CGDP payment, when conducting the CGDP reconciliation for this time period.

Part D Risk Corridor Reconciliation: In accordance with Section 256(d) of BBEDCA, CMS will not take into account any reductions in prospective payment amounts due to sequestration for purposes of computing the Part D risk corridor reconciliation under section 1860D–15(e) of the Social Security Act. In other words, the "Target Amount" will not include any sequester reductions in prospective payments. In addition, Section 256(d)(7) of the BBEDCA exempts payments made under section 1860D-15(e)(2)(B) of the Social Security Act from sequestration. Therefore, any payment resulting from the Part D Reconciliation (i.e., payments made as a result of risk sharing) would not be subject to sequestration.

Electronic Health Records (EHR) Incentive Program Payments: Under section 256(d) of BBEDCA, incentive payments made under the EHR Incentive Program are subject to sequestration. Following the approach of applying sequestration to payments associated with enrollment periods beginning April 1, 2013, CMS will reduce the incentive payments by two percent when the last day of the EHR reporting period is on or after April 1, 2013. Note that the two percent reduction will be applied to the total incentive amount for that reporting period regardless of whether some of the EHR use accounted for in that reporting period occurred prior to April 1, 2013. The MA EHR incentive payments that CMS will make in June 2013 are for the 2012 reporting period and therefore will not be reduced due to sequestration.

Reducing Payments to Contracted Providers

Section 1854(a)(6)(B)(iii) of the Social Security Act prohibits CMS from interfering in the payment arrangements between MAOs and contract providers. The statute specifies that CMS "may not require any MA organization to…require a particular price structure for payment under such a contract…" Thus, whether and how sequestration might affect an MAO's payments to its contracted providers are governed by the terms of the contract between the MAO and the provider. We note that MAOs must follow the prompt pay provisions established in their contracts with providers and to pay providers under the terms of those contracts (see 42 CFR sections 422.520(b)(1) and (2)). Similarly, the question of whether and how sequestration might affect a Part D plan sponsor's payment to its contracted providers is governed by the payment terms of the contract between the plan sponsor and its network pharmacy providers. We note that Part D plan sponsors must follow the prompt pay provisions established in their contracts with network pharmacy providers and to pay the providers under the terms of those contracts (see 42 CFR sections 423.520(b)(1) and (2)).

Beneficiary Liability Under Sequestration

Sequestration does not affect the basic and supplemental benefits offered by the MAO or Part D sponsor, nor does it change the plan's approved premium or cost sharing requirements for CY 2013. As a result, MAOs and Part D sponsors are not permitted to modify the currently-approved benefit or cost sharing structure in any way. This includes increases in premiums or cost sharing, or reductions in benefits in an attempt to offset the lower payments due to sequestration.

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Reducing Payments to Non-Contract Providers

Pursuant to the Medicare regulations at 42 CFR § 422.214, a non-contract provider must accept, as payment in full, the amount that it could collect if the beneficiary were enrolled in the Medicare Fee-for-Service program. On March 8, 2013, CMS sent a bulletin titled "Mandatory Payment Reductions in the Medicare Fee-for-Service (FFS) Program – Sequestration" via the Medicare Learning Network. That bulletin provided the following guidance regarding how the reduction applies to payments under the Medicare FFS program (i.e., Part A and Part B):

> In general, Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013, will incur a 2 percent reduction in Medicare payment. Claims for durable medical equipment (DME), prosthetics, orthotics, and supplies, including claims under the DME Competitive Bidding Program, will be reduced by 2 percent based upon whether the date-of-service or the start date for rental equipment or multi-day supplies is on or after April 1, 2013.
>
> The claims payment adjustment shall be applied to all claims after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.
>
> Though beneficiary payments for deductibles and coinsurance are not subject to the 2 percent payment reduction, Medicare's payment to beneficiaries for unassigned claims is subject to the 2 percent reduction.

For example, if a provider bills for a service with a Medicare approved amount of $100.00 and $50.00 is applied to the deductible, a balance of $50.00 remains. Medicare FFS normally would pay 80 percent of the approved amount after the deductible is met, which is $40.00 ($50.00 x 80 percent = $40.00). The patient is responsible for the remaining 20 percent coinsurance amount of $10.00 ($50.00 - $40.00 = $10.00). However, due to the sequestration reduction, 2 percent of the $40.00 calculated payment amount is not paid, resulting in a payment of $39.20 instead of $40.00 ($40.00 x 2 percent = $0.80).

MAOs may apply a similar process to determine the amount owed to a non-contract provider. The MAO should calculate the net payment owed to the non-contract provider by subtracting the member's out-of-network (OON) cost-sharing amount from the total Medicare approved amount under FFS for that particular service. The minimum payment amount due to the non-contract provider would be equal to the net payment amount reduced by 2 percent due to sequestration. As an example, if a non-contract provider bills an MAO for a service with a FFS approved amount of $100.00 and the member has a 20 percent OON cost-sharing obligation, the member would be responsible for paying the $20 coinsurance amount ($100 x 20 percent = $20) and the MAO would normally pay the non-contract provider $80 ($100 x80% = $80). However, due to the sequestration reduction, the $80.00 calculated payment amount would be reduced by 2 percent ($80.00 x 2 percent = $1.60), resulting in a payment of $78.40 instead of $80.00 ($80.00 - $1.60 = $78.40).

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We would note, however, that the requirement for a non-contract provider to accept FFS payment amounts as payment in full serves as a floor on MAOs' payments to these providers. As a result, it is at the MAOs' discretion as to whether to impose a reduction due to sequestration for these payments. Additionally, MAOs must continue to meet the prompt payment requirements for paying non-contract providers (see 42 CFR section 422.520(a)(3)).

If you have any questions about the guidance in the memorandum, please contact Jean Stiller at Jean.Stiller@cms.hhs.gov.

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Exhibit C

AMERICAN OVERSIGHT

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

APR 17 2014

Mr. Rick Pollack
Executive Vice President
American Hospital Association
Liberty Place, Suite 700
325 Seventh Street, NW
Washington, DC 20004

Dear Mr. Pollack:

Thank you for your letter regarding the effect of sequestration on providers that contract with Medicare Advantage Organizations (MAOs). In your letter, you expressed concern that some MAOs are applying a sequestration payment reduction in cases where the MAO's contract with a provider uses Medicare fee-for-service (FFS) rates as a reference point. You requested that the Centers for Medicare & Medicaid Services issue guidance to MAOs to clarify that sequestration affects the amount that Medicare would otherwise pay, but does not constitute a change to Medicare (FFS) provider rates.

As you are aware, on March 1, 2013, the President was required by law to issue a sequestration order directing a series of across-the-board reductions in federal spending. The sequestration order generally included a two percent reduction to payments under Medicare, including payments to FFS providers and payments to MAOs. For providers in FFS Medicare, we have made available, through our Medicare Administrative Contractors, a series of questions and answers related to sequestration. This document includes the following question and answer related to Medicare FFS payment rates and sequestration:

> **Question:** Does the two percent payment reduction under sequestration apply to the payment rates reflected in Medicare FFS fee schedules or does it only apply to the final payment amounts?
>
> **Answer:** Payment adjustments required under sequestration are applied to all claims after determining the Medicare payment, including application of the current fee schedule, coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments. All fee schedules, pricers, etc., are unchanged by sequestration. Only the final payment amount is reduced.

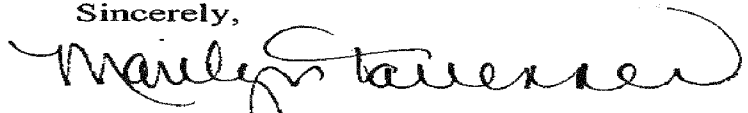
While we agree that the sequestration does not change the rates or fee schedules in the Medicare FFS program, we are prohibited from interfering in the payment arrangements between MAOs and contracted providers by section 1854(a)(6)(B)(iii) of the Social Security Act. Thus, whether and how reductions to plan payments due to sequestration might affect an MAO's payments to

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its contracted providers are governed by the terms of the contract between the MAO and the provider. As we noted in the May 1, 2013, guidance, MAOs and Part D plan sponsors must follow the prompt pay provisions established in their contracts with providers and pay providers under the terms of those contracts (*See* 42 C.F.R. sections 422.520(b)(1) and (2); *See also* 42 C.F.R. sections 423.520(b)(1) and (2)). We encourage any provider or hospital with additional questions about sequestration or provider payment provisions to contact the MAO or Part D sponsor with which it has contracted.

I hope this information is helpful. I look forward to continuing to work with you to ensure Medicare beneficiaries have access to high quality services in the Medicare FFS and Medicare Advantage programs. Please do not hesitate to contact me with any further thoughts or concerns. I will also provide this response to the Senior Vice President, Linda Fishman.

Sincerely,



Marilyn Tavenner

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VS
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Filing 31396845

Exhibit D

AMERICAN OVERSIGHT

Health First
Health Plans

6450 US Highway 1
Rockledge, Florida 32955
E-mail hfhpinfo@health-first.org
www.HealthFirstHealthPlans.org

March 26, 2013

NBMS
Attention: Felicia Rabsatt-Harris
7075 N. US Hwy 1 Suite 500
Port St. John, FL 0

Dear Felicia Rabsatt-Harris:

Our country is facing mandatory across-the-board reductions in Federal spending, also known as sequestration, as a requirement of the Budget Control Act of 2011. Unless Congress authorizes relief funding or eliminates the mandatory spending cuts by April 1, 2013, reimbursement for the Medicare Advantage programs will be affected.

How will the Centers for Medicare and Medicaid Services (CMS) make spending reductions?

CMS is implementing mandatory payment reductions in their payments to Medicare Advantage programs for payments made for claims with a date of service on or after April 1, 2013.

How is Health First Health Plans responding to the payment reduction?

Because Health First Health Plans will be receiving a two percent reduction across the board from CMS, we will be reducing our reimbursement to providers for the Medicare line of business by two percent as of the same date. The payment reduction will appear as a "prompt pay" discount on your remittance advice.

How will the payment reduction affect members of Health First Health Plans?

Because reductions will be applied after determining coinsurance, any applicable deductible and any Medicare Secondary Payment adjustments, the amounts that Health First Health Plans members pay will remain the same.

What happens if Congress authorizes relief funding before April 1?

We are hopeful that Congress will take action to eliminate the mandatory spending reductions. If this happens, Health First Health Plans will not reduce reimbursements.

Please contact me at (321) 434-5607 or Katie.Fleming@health-first.org with any questions you may have about Medicare's payment reductions and how this affects your claims.

Sincerely,

Katie Fleming

Katie Fleming
Director of Provider Relations
Health First Health Plans

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Filing 31396845 VS FL-GOV-20-0599-A-0001543-XXX-XX

Exhibit E

(Exhibit E is attached to the service copy of the Complaint, but not to the Complaint filed with the Court due to confidential information contained therein).

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Exhibit F

(Exhibit F is attached to the service copy of the Complaint, but not to the Complaint filed with the Court due to confidential information contained therein).

AMERICAN OVERSIGHT

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

GERMAINE BLAINE; CYNTHIA BRYANT; JUAN CASTRO; ASHISH DALAL; FIRAS MUWALLA; BRENDAN PRENDERGAST; and RICHARD SPRAWLS,

Plaintiffs,

v.

Case No. 6:18-cv-487-Orl-37DCI

NORTH BREVARD COUNTY HOSPITAL DISTRICT,

Defendant.

ORDER

Before the Court is Defendant North Brevard County Hospital District, d/b/a Parrish Medical Center's ("**PMC**") Motion for Summary Judgment. (Doc. 137 ("**Motion**").) Plaintiffs responded (Doc. 148), and PMC replied (Doc. 154). On review, the Motion is granted.

I. BACKGROUND[1]

This case is about a public hospital's decision to deny seven doctors reappointment of medical privileges and the process it used to get there. Plaintiffs are oncologists

[1] The facts recited here are not the actual facts of the case. *See Davis v. Williams*, 451 F.3d 759, 763 (11th Cir. 2006). Rather, they reflect Plaintiff's "best case"—that is, the Court must consider the facts in the light most favorable to Plaintiff. *See Robinson v. Arrugueta*, 415 F.3d 1252, 1257 (11th Cir. 2005); *see also Walker v. City of Riviera Beach*, 212 F. App'x 835, 837 (11th Cir. 2006).

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employed by Health First, a health system based in Brevard County, who practice in Brevard County at various facilities. (Doc. 81, ¶¶ 2, 7.) Each successfully applied for medical privileges at PMC and had been re-appointed every time their terms came up. (*Id.* ¶ 12.) So when it came time to renew in 2017, they followed the same process outlined in PMC's Medical Staff Bylaws ("**Bylaws**"): submitting applications for PMC's CEO George Miktarian to review. (*Id.*; Doc. 33-1, ¶ 9; Doc. 81-1, pp. 33–38 (Bylaws reappointment process).) Dr. Miktarian then transmitted Plaintiffs' applications to the Credentials and Medical Ethics Committee ("**CMEC**"), which sent the applications to PMC's Medical Executive Committee ("**MEC**"). (Doc. 81,¶¶ 21–22.) The MEC reviewed the applications and, on November 21, 2017, provided a favorable recommendation regarding Plaintiffs' reappointment to PMC's Board of Directors ("**Board**"). (*Id.* ¶ 23.) All seemed well; Plaintiffs believed their applications would be approved again. (Doc. 81, ¶ 12; *e.g.*, Doc. 143-4, p. 57:19–23; Doc. 143-7, pp. 82:5–83:3.)

Meanwhile PMC had been seeking renewal of accreditation of their cancer program from the Commission on Cancer ("**CoC**"). This process began in 2016 and involved providing data and working closely with CoC staff, who would do a site visit. (Doc. 143-11, pp. 16:1–15, 40:17–41:2, 51:21–54:12.) When the process started, Plaintiff Dr. Dalal was chair of PMC's Cancer Committee and the representative of Health First. (Doc. 143-4, pp. 40:6–17, 41:6–43:7, 64:20–22.) At the September meeting, PMC's accreditation initiative was discussed and the subject of data came up, specifically that PMC needed data from Health First physicians to complete the accreditation process. (*Id.* at 40:6–17, 41:6–43:7.) Dr. Dalal said he would work on it and at a later meeting reported back that

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Nancy Payne, Health First's System Director, was the person to talk to. (*Id.*; Doc. 145-1, pp. 33:24–43:8; Doc. 143-8, p. 14:10–12.) He said he would coordinate with her, and PMC separately reached out to her requesting data. (Doc. 143-4, pp. 40:6–17, 41:6–43:7; Doc. 145-1, pp. 33:24–43:8; Doc. 143-8, pp. 27:1–28:8, 30:12–13, 32:7–12; 34:13–15, 41:17–22, 40:23–41:8 (Payne received emails over two years regarding data and received instructions not to provide certain information to PMC).) PMC didn't get everything they were looking for and continued to reach out to Nancy Payne over the next year, as all data requests were funneled her way. (Doc. 143-8, pp. 41:17–22, 52:5–8, 55:18–56:25, 57:24–58:10, 61:1–63:10, 64:6–65:4, 67:8–25, 75:4–25.) Separately, PMC asked Dr. Bryant for some specific information regarding radiation and she complied. (Doc. 143-2, pp. 100:18–101:19; Doc. 145-4, pp. 33:17–34:18.) Nancy Payne, however, was unresponsive to numerous inquiries PMC made about the data. (Doc. 143-8, pp. 41:17–22, 52:5–8, 55:18–56:25, 57:24–58:10, 61:1–63:10, 64:6–65:4, 67:8–25.)

While this was going on, the composition of PMC's Cancer Committee changed. Dr. Dalal was replaced by Dr. Deligdish, an oncologist in charge of a different practice group, as head of the committee. (Doc. 143-4, pp. 90:13–92:6; Doc. 143-5, pp. 10:4–20, 105:18–24, 124:12–20.) PMC noticed a decline in the amount of patients Plaintiffs treated at PMC, and chalked it up to Plaintiffs' association with Health First, which had its own facilities. (Doc. 145-2, p. 35:7–24; Doc. 33-3, ¶¶ 8–12.) So sometime in September 2017, after learning that PMC's numerous requests for data from Health First were outstanding, Dr. Deligdish phoned several Plaintiffs on PMC's behalf to discuss their association with Health First and mentioned the data requests to some. (Doc. 145-1, pp.

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89:24–90:11; Doc. 143-5, pp. 105:4–106:19, 109:8–14.) He met with Dr. Dalal in person. (Doc. 143-5, pp. 105:4–106:19.) At that time, Plaintiff Dr. Muwalla was the medical director of Health First, and on hearing of this data issue, he went to Nancy Payne. (Doc. 143-7, pp. 42:7–9, 43:11–13.) According to Dr. Muwalla, she told him she'd get back to him and couldn't release the data PMC was requesting absent approval from her superiors. (*Id.* at 43:16–24.) Those in charge at Health First decided not to release the data. (*Id.* at 56:16–25.)

Matters came to a head when Plaintiffs sought reappointment. Their employer, Health First, had decided not to comply with PMC's requests for data for re-accreditation purposes. (Doc. 145-3, pp. 18:6–18, 20:24–25:22.) PMC informed the CoC surveyor during the on-site visit of the data issues with Health First, who empathized with PMC's situation and created workarounds for some of the data requests. (Doc. 143-11, pp. 51:21–54:12, 73:10–74:17, 81:19–83:6.) Yet at the time Plaintiffs sought reappointment, there were still outstanding data inquiries from Health First. (*Id.* at 73:10–74:17, 81:19–84:25.) So although the MEC recommended approving Plaintiffs' reappointment, when their applications went to the Board, Dr. Miktarian distributed a memo he had Marsha Richardson, PMC's Director of Oncology Services, prepare that detailed all the times PMC had requested data from Health First, naming Plaintiffs. (Doc. 145-2, pp. 12:1–24, 79:23–81:3; Doc. 145-4, pp. 24:20–25, 87:18–92:2.) He also circulated a draft letter prepared by PMC's legal counsel addressed to each Plaintiff. (Doc. 145-2, pp. 85:1–86:3.) At the meeting, the Board decided to send back Plaintiffs' reappointment applications to the MEC because of these data issues ("**December 4 Meeting**"). (*Id.* at 57:3–8; Doc. 33-2, pp.

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2–15.)

The next day, Dr. Miktarian sent each Plaintiff a letter notifying them their refusal to provide data constituted a breach of PMC's Bylaws and could be a reason to deny reappointment. (Doc. 33-2, pp. 16–29 ("**December 5 Letter**").) He gave them five days to turn over any outstanding data and noted that even if they attempted to cure now, their applications could still be denied. (*Id.*)

Plaintiffs went to Health First management with the letters, as they didn't own the data and couldn't individually provide it. (Doc. 143-1, pp. 45:4–49:23; Doc. 143-2, pp. 93:15–99:24; Doc. 143-3, pp. 33:19–22, 41:20–46:1; Doc. 143-3, pp. 44:13–50:8; Doc. 143-7, pp. 57:17–64:3; Doc. 143-9, pp. 20:3–22:18; Doc. 143-10, pp. 59:25–60:3, 78:14–81:18.) Health First decided it would handle the entire situation through its legal department, taking the position that it didn't need to hand over the data as PMC was wrongfully attempting to deny these reappointment applications since Plaintiffs had no clinical issues. (Doc. 33-3, pp. 30–33; Doc. 143-1, pp. 53:12–56:2, 63:18–75:14; Doc. 143-2, pp. 101:22–108:13; Doc. 143-3, pp. 55:2–64:24; Doc. 143-4, pp. 57:7–62:16; Doc. 143-7, pp. 57:17–64:3, 74:2–24; Doc. 143-9, pp. 20:3–22:18, 100:5–19; Doc. 143-10, pp. 82:3–83:22.) Letters were exchanged staking out the parties' respective positions. (Doc. 33-1, ¶¶ 26–31, 33, 35–39; Doc. 33-2, pp. 36–49, 51–62; Doc. 33-3, pp. 30–33, 35–41.)

The MEC met after the Board sent back Plaintiffs' applications to the MEC and discussed Plaintiffs' reappointment. (Doc. 33-2, pp. 31–34.) Plaintiff Dr. Sprawls appeared at the meeting to provide his side of the story: he objected to the revocation of his privileges, the Bylaws didn't permit denial of his reappointment for this data reason, the

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provision of data had no bearing on his clinical capabilities, the data requests hadn't been made to him, and he had no control over the data. (Doc. 143-10, pp. 97:4–101:11.) The MEC decided to support the Board if the applications were denied. (Doc. 33-2, p. 33.)

The Board met again and heard Plaintiffs hadn't complied with data requests as Health First was refusing to turn it over. (Doc. 145-1, pp. 67:6–68:6.) At the same time, PMC was working with CoC to get an extension on its time to comply with two outstanding data requests and learning what to do to finish the accreditation process despite this missing data. (Doc. 143-11, pp. 81:19–87:13.) The Board decided to deny Plaintiffs' reappointment applications at the **January 8 Meeting**, and Dr. Miktarian sent each Plaintiff a letter notifying them of the denial and the expiration of their privileges. (Doc. 33-2, pp. 64–77.) He offered them the opportunity to appear before the Board for an interview and appeal the decision as the Bylaws allow. (*Id.*)

Feeling steamrolled, Plaintiffs responded via letter prepared by Health First's counsel. (*Id.* at 79–99.) They initially accepted the interview offer but then didn't respond to Dr. Miktarian's request to provide dates and times, later deciding "to forego" the interview. (*Id.*; Doc. 33-3, pp. 2–28, 43–44, 46–47.) They also didn't send any patient information or attempt to provide coordination of care plans. (Doc. 143-1, pp. 73:20–74:6; Doc. 143-2, p. 122:20–15; Doc. 143-3, pp. 60:2–13, 62:6–15; Doc. 143-7, pp. 72:15–73:3; Doc. 143-9, p. 97:1–12; Doc. 143-10, p. 115:21–25.)

With privileges gone, Plaintiffs filed this lawsuit alleging two claims initially: PMC violated their procedural due process by denying them reappointment without a hearing, and PMC breached the Bylaws by denying the applications for not providing the data,

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which Plaintiffs dub a non-clinical business reason. (Doc. 1.) For the breach claim, they say Dr. Miktarian committed intentional fraud by telling the Board Plaintiffs failed to comply with numerous data requests made to them, repeating this in the December 5 Letter, and telling this to the MEC. (*Id.* ¶¶ 18, 24–25, 28–31, 61–62, 64–66.) With the Complaint, Plaintiffs moved for preliminary injunction. (Doc. 5.)

Following briefing and a hearing on the preliminary injunction (Docs. 32, 33, 35, 38, 39), the Court granted the motion in part on the procedural due process claim, ordering PMC to provide Plaintiffs a hearing in conformity with its Bylaws and reinstating Plaintiffs' privileges in the meantime. (Doc. 42 ("**First PI Order**").) PMC complied, holding a hearing on Plaintiffs' reappointment applications in conformity with the Bylaws before a neutral decisionmaker where Plaintiffs were represented by counsel and presented witness testimony and evidence ("**Ad Hoc Committee**"). (Doc. 81-1, pp. 92–96; Docs. 66-4, 66-5 (hearing transcript).) The focus was on the data: whether PMC requested data from Plaintiffs, whether Plaintiffs received data requests, how Plaintiffs responded, should their responses cost them reappointment, whether they provided the data, and whether denial of their reappointment applications was appropriate for not providing the data. (Doc. 81-1, p. 93.)

On consideration, the Ad Hoc Committee issued Findings and Recommendations. (Doc. 81-1, pp. 94–95.) First, the Ad Hoc Committee addressed "the central question—do the Medical Staff Bylaws require [Plaintiffs] to have supplied, or caused to be supplied, the requested data?" (*Id.* at 94.) It found:

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The Physicians are all board-certified oncologists serving on Parrish's Medical Staff.

Parrish has been accredited by the Commission on Cancer for at least 18 years.

The Commission publishes national standards for cancer care and issues accreditation to hospitals and other organizations meeting its standards.

Accreditation by the Commission and the collection of data for Commission accreditation are quality improvement programs that improve the quality of patient care at the hospital.

Until the Commission's most recent survey in 2016, Parrish has always received the Patient Data from the oncologists on its Medical Staff.

From early 2016 through late 2017, Parrish made repeated requests for Patient Data from Nancy Payne, Director, Health First Cancer Institute – the Physicians' employer. Dr. Dalal on several occasions identified Nancy Payne as the contact person for Patient Data requests.

Until 2016, Parrish had always received the requested data from the Physicians. Sometime before 2016, the Physicians became employees of Health First. Since 2016, the Physicians have worked exclusively for Health First.

Physicians do not dispute that Parrish addressed requests for data to the Physicians Employer (Health First), and Physicians were generally aware of these requests. Physicians' Proposed Findings at P 8. Dr. Dalal testified that the Physicians wanted Health First to respond to the Parrish letters requesting the data. *See, e.g.*, Hearing Transcript July 20th 2018 at p. 286, L 10-11.

There is no evidence to determine the reasons why Health First did not respond as Physicians asked.

It is also undisputed from the evidence presented that this data was not provided (with some limited exceptions, *supra* p.105). *See, e.g.*, Hearing Transcript July 19th, 2018 at p. 68, L 14-16; p. 107.

(*Id.* at 94–95.) So the Ad Hoc Committee answered the first question:

> [Plaintiffs] were aware of the unfulfilled requests for Patient Data and even if they did not have control of the data, they had a duty to supply it, or cause it to be supplied, as part of their obligations as staff members of [PMC].

(*Id.* at 96.)

Next, the Ad Hoc Committee asked, "Was denial of [Plaintiffs'] reappointment applications allowed under the Medical Staff Bylaws for the failure to provide the Patient

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Data request?":

> It is undisputed from the evidence presented that the data requested from the Physicians was for the purpose of Parrish maintaining its accreditation with the Commission on Cancer.
>
> The Committee finds that § 2.2 of the Medical Staff Bylaws, and not § 3.2-3, controls this issue. The Medical Staff is required, *inter alia*, to assist the Board "in identifying community health needs… and in implementing programs to meet those needs."
>
> The Committee finds that the Physicians' failure to provide the Patient Data hinders Parrish's cancer program and may cause the loss of its accreditation in the future. The Physicians' failure to provide the Patient Data hinders the delivery of quality patient care at Parrish.
>
> **The Committee answers the second question: We find that, under the Medical Staff Bylaws, clinical competency is not the sole basis for denying applications for reappointment. This Committee finds that: (i) Parrish made requests to the Physicians for the Patient Data; (ii) the Physicians failed to provide, or cause to be provided, the Patient Data; (3) the denial of the Physicians' reappointment to the medical staff is appropriate under the Medical Staff Bylaws based on their failure to provide, or cause to be provided, the Patient Data.**

(*Id.*) The Ad Hoc Committee concluded:

> **Conclusion**
>
> The Committee finds that the Medical Staff Bylaws are unambiguous and that the request for data was within the appropriate scope of Parrish's rights under the Medical Staff By-laws.
>
> The Physicians' did not provide, or cause to be provided, this data.
>
> This provision of such data was within the scope of their obligations under the Medical Staff By-laws.
>
> Accordingly, the Committee finds that the failure to provide the data was an appropriate basis for denying the applications for renewal of privileges.

(*Id.*) Plaintiffs submitted exceptions to the Ad Hoc Committee's recommendation, as to the overall conclusion and several other findings. (*Id.* at 98–101.) Following oral argument, Dr. Miktarian issued a ruling denying Plaintiffs' exceptions (*id.* at 103–107) and then issued his disposition with detailed findings of fact and his decision (*id.* at 109–121.) He concluded that denial of reappointment was appropriate. (*Id.* at 120–21.)

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Plaintiffs appealed Dr. Miktarian's disposition to the Board, which reviewed the record and discussed the issues at a meeting on October 1. (*Id.* at 123–25.) It unanimously voted to affirm Dr. Miktarian's disposition to deny Plaintiffs' applications for reappointment and "found no information that would contravene its January 8, 2018 decision regarding the physicians' reappointment applications." (*Id.* at 125.) With that, Plaintiffs no longer held privileges at PMC.

Plaintiffs did not appeal the Board's decision in state court as the Bylaws allowed. (Doc. 77-6, p. 6.) Instead, they sought leave to file an amended complaint in this case—to bolster their pending claims with facts from the latest proceedings and tack on a substantive due process claim. (Doc. 62.) After this, they moved for a second preliminary injunction to restore their privileges pending trial. (Doc. 67.) Plaintiffs were allowed to file an amended complaint (Docs. 80, 81), and the Court held a hearing on the second preliminary injunction motion. (Docs. 90, 91.) The second go around, the Court denied Plaintiffs' request for a preliminary injunction, finding: (1) Plaintiffs had now received a full panoply of procedural due process; and (2) Plaintiffs had not established a likelihood of success on the merits for their two other claims. (Doc. 94 ("**Second PI Order**").)

With the close of discovery, the parties moved for summary judgment. Plaintiffs seek partial summary judgment on three affirmative defenses (Doc. 136), and PMC seeks summary judgment on all of Plaintiffs' claims (Doc. 137). Briefing complete (Docs. 147, 148, 153, 154), the Court now takes up PMC's fully dispositive motion.[2]

[2] The Court need not resolve Plaintiffs' motion for partial summary judgment because, as explained below, Plaintiffs' claims do not survive summary judgment.

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II. LEGAL STANDARDS

Summary judgment is appropriate only if the movant shows that there is no genuine dispute as to any material fact and that [it] is entitled to judgment as a matter of law." Fed. R. Civ. P. 56(a); *Celotex Corp. v. Catrett*, 477 U.S. 317, 323 (1986). As to issues for which the movant would bear the burden of proof at trial, it must affirmatively show the absence of a genuine issue of material fact and support its motion with credible evidence demonstrating that no reasonable jury could find for the nonmoving party on all of the essential elements of its case. *Fitzpatrick v. City of Atlanta*, 2 F.3d 1112, 1115 (11th Cir. 1993) (citing *United States v. Four Parcels of Real Prop. in Green & Tuscaloosa Ctys*, 941 F.2d 1428, 1438 (11th Cir. 1991)).

As to issues for which the nonmovant would bear the burden of proof at trial, the movant has two options: (1) it may simply point out an absence of evidence to support the nonmoving party's case; or (2) it may provide "affirmative evidence demonstrating that the nonmoving party will be unable to prove its case at trial." *Four Parcels*, 941 F.2d at 1438 (citing *Celotex Corp.*, 477 U.S. at 325). "The burden then shifts to the nonmoving party, who must go beyond the pleadings and present affirmative evidence to show that a genuine issue of material fact exists." *Porter v. Ray*, 461 F.3d 1315, 1320 (11th Cir. 2006) (citing *Fitzpatrick*, 2 F.3d at 1115–17).

"A factual dispute is genuine 'if the evidence is such that a reasonable jury could return a verdict for the nonmoving party.'" *Four Parcels*, 941 F.2d at 1437 (quoting *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986)). A court must view the evidence and all reasonable inferences drawn from the evidence in the light most favorable to the

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nonmovant, *Battle v. Bd. of Regents*, 468 F.3d 755, 759 (11th Cir. 2006), such that "when conflict arises between the facts evidenced by the parties, [the] court credit[s] the nonmoving party's version," *Evans v. Stephens*, 407 F.3d 1272, 1278 (11th Cir. 2005). However, "[the] court need not permit a case to go to a jury . . . when the inferences that are drawn from the evidence, and upon which the nonmovant relies, are 'implausible.'" *Mize v. Jefferson City Bd. of Educ.*, 93 F.3d 739, 743 (11th Cir. 1996). "When opposing parties tell two different stories, one of which is blatantly contradicted by the record, so that no reasonable jury could believe it, a court should not adopt that version of the facts for purposes of ruling on a motion for summary judgment." *Scott v. Harris*, 550 U.S. 372, 380 (2007).

III. DISCUSSION

PMC seeks summary judgment on all claims: (1) violating their procedural due process; (2) breach of Bylaws; and (3) violating their substantive due process. (Doc. 137.) The Court addresses each in turn.

A. Procedural Due Process

First, PMC argues summary judgment is appropriate on Plaintiffs' procedural due process claims since Plaintiffs received all the process due through the Ad Hoc Committee hearing and Plaintiffs' appeal. (Doc. 137, pp. 18–20.) In response, recognizing the Court already found in the Second PI Order that Plaintiffs had now received all the process that was due, Plaintiffs say their procedural due process claims were complete when PMC terminated their privileges in January 2018 without a hearing. (Doc. 148, pp. 12–13.) PMC is right.

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"[A] procedural due process violation is not complete 'unless and until the State fails to provide due process.'" *McKinney v. Pate*, 20 F.3d 1550, 1557 (11th Cir. 1994) (quoting *Zinermon v. Burch*, 494 U.S. 113, 123 (1990)). "In other words, the state may cure a procedural deprivation by providing a later procedural remedy." *Id.* If the matter reaches federal court and "a procedural deficit appears, the matter should, at that point, be remanded to the institution for its compliance with [applicable procedural] standards." *Woodbury v. McKinnon*, 447 F.2d 839, 846 (5th Cir. 1971) (quoting *Ferguson v. Thomas*, 430 F.2d 852, 858 (5th Cir. 1970)).[3] And when the procedures that follow comply with the requirements for procedural due process, "that ordinarily ends the matter." *Id.* (quoting *Ferguson*, 430 F.2d at 858).

Here, the Court finds that the requirements for procedural due process "were met before final disposition of the case." *Id.* As the Court stated in the Second PI Order, Plaintiffs' initial procedural due process claims were promising because their reappointment applications had been denied without a pre-deprivation hearing before a neutral decisionmaker. (Doc. 94, p. 7.) So the Court ordered and PMC provided such process, "in the form of a Bylaws-compliant hearing before a neutral decisionmaker where Plaintiffs were represented by counsel and could present evidence." (*Id.* (citing Doc. 42, pp. 11–16).) "No change in outcome was guaranteed." (*Id.*) And through that hearing, followed by Plaintiffs exhausting the appeal process, Plaintiffs received "the full

[3] The decisions of the former Fifth Circuit rendered before October 1, 1981 are binding on this circuit. *Bonner v. City of Prichard*, 661 F.2d 1206, 1207 (11th Cir. 1981) (en banc).

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panoply of due process protections." (*Id.* at 8 (quoting *Shahawy v. Harrison*, 875 F.2d 1529, 1533 (11th Cir. 1989)).) With all this, Plaintiffs can no longer maintain the position that PMC violated their procedural due process rights. PMC's Motion is granted as to these claims.

B. Breach of Bylaws

Next, PMC seeks summary judgment on Plaintiffs' breach of the Bylaws claims, arguing chiefly that PMC is entitled to statutory immunity under Fla. Stat. § 395.0191(7) because Plaintiffs haven't proved up that PMC acted with intentional fraud. (Doc. 137, pp. 21–24.) In response, Plaintiffs circle back to the argument that their reappointment applications can't be denied under the Bylaws for this data issue, which they argue is unrelated to patient care. (Doc. 148, pp. 13–17.) Plaintiffs then say § 395.0191(7) immunity doesn't apply here because PMC was acting in furtherance of business interests; and even if it does, whether Dr. Miktarian committed intentional fraud is a jury issue. (*Id.* at 17–20.) PMC's immunity argument carries the day.

Fla. Stat. § 395.0191(7) provides:

> There shall be no monetary liability on the part of, and no cause of action for injunctive relief or damages shall arise against, any licensed facility, its governing board or governing board members, medical staff, or disciplinary board or against its agents, investigators, witnesses, or employees, or against any other person, for any action arising out of or related to carrying out the provisions of this section, absent intentional fraud.

This "immunizes [any] hospital against any action for monetary or injunctive relief if it arises out of, or is related to, the appointment or reappointment process absent intentional fraud." *Lawnwood Med. Ctr., Inc. v. Desai*, 54 So. 3d 1027, 1031 (Fla. 4th DCA

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2011).[4] "To demonstrate intentional fraud, a plaintiff must show that the defendant made a misrepresentation about a material fact, and that the defendant knew the statement to be false." *Uche v. St. Lukes-St. Vincent Healthcare, Inc.*, No. 3:12-cv-865-J-32JBT, 2015 WL 476178, at *12 (M.D. Fla. Feb. 5, 2015) (first citing *Pierson v. Orlando Reg'l Healthcare Sys., Inc.*, No. 6:08-cv-466-Orl-28GJK, 2010 WL 1408391, at *8 (M.D. Fla. Apr. 6, 2010), *aff'd*, 451 F. App'x 862 (11th Cir. 2012); then citing *Myers v. Myers*, 625 So. 2d 1214, 1215 (Fla. 5th DCA 1995)).

Here, Plaintiffs latch intentional fraud onto Dr. Miktarian's conduct at the December 4 and January 8 Meetings, specifically when Dr. Miktarian informed the Board that Plaintiffs hadn't complied with numerous data requests and that this non-compliance jeopardized PMC's accreditation renewal.[5] (Doc. 148, pp. 4–8, 19.) Yet the evidence, viewed in Plaintiffs' best light, neither supports Plaintiffs' assignment of intentional fraud nor presents a genuine dispute of material fact.

First, Plaintiffs say Dr. Miktarian's statements to the Board that PMC had

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[4] As an initial matter, the Court finds PMC may invoke § 395.0191(7) immunity over its denial of Plaintiffs' reappointment applications because, as stated in the Second PI Order, "the Bylaws allow issues outside the realm of clinical competence to be considered when evaluating a staff member's reappointment application," such as demonstrated professional ability and clinical judgment, professional ethics, discharge of staff obligations, and compliance with the Bylaws. (Doc. 94, pp. 5–6.) This echoes criteria § 395.0191(4) lists for determining a staff member's eligibility for privileges. Since Plaintiffs' claim is borne out of PMC's evaluation of their reappointment applications, § 395.0191(7) applies.

[5] In the Amended Complaint, Plaintiffs alleged Dr. Miktarian committed intentional fraud before the MEC also (Doc. 81, ¶¶ 28–31), but neither bring this up nor point to evidence in their Response to support this allegation (*See* Doc. 147, p. 19). Either way, the Court finds the record doesn't support this allegation.

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requested data from them is false and constitutes intentional fraud. (*Id.* at ¶ 2, p. 19.) Yet all Plaintiffs admitted in their depositions that they had been informed and/or asked about Health First providing PMC data for accreditation purposes before the December Board meeting. (Doc. 143-1, pp. 45:18–25, 54:6–56:2 (Dr. Blaine provided data when asked, knew Health First was asked many times for data); Doc. 143-2, pp. 94:16–95:25 (Dr. Bryant had been asked for data and complied with request); Doc. 143-3, pp. 34:8–11, 35:4–39:1, 40:3–15 (Dr. Castro was contacted by Dr. Deligdish for the data, Dr. Castro then talked to Nancy Payne); Doc. 143-4, pp. 26:14–25, 32:23–33:17, 35:4–37:11, 50:22–53:11 (Dr. Dalal knew about data being requested as part of reaccreditation, had conversations with Nancy Payne about providing the data); Doc. 143-7, pp. 28:17–29:3, 31:18–32:1, 40:1–42:6, 42:7–9, 43:11–24, 44:6–25, 46:6–25, 47:8–57:12 (Dr. Muwalla spoke to Dr. Deligdish and was told about PMC requesting data for COC accreditation, Dr. Muwalla then spoke to Nancy Payne and sent an email to Plaintiffs to not share the data, he got an email in November from Marsha Richardson at PMC contacting Nancy, Health First decided to involve legal); Doc. 143-9, pp. 57:10–58:13 (Dr. Prendergast had known about data from speaking with Dr. Deligdish and Dr. Dalal, he responded to Dr. Deligdish by identifying Nancy Payne); Doc. 143-10, p. 69:7–25 (Dr. Sprawls knew about PMC's data requests to Health First).) So Plaintiffs' own testimony refutes their contention that Dr. Miktarian "spoke falsely and with malice . . . when he advised PMC's Board that multiple requests for reaccreditation data were made to Physicians." (Doc. 148, p. 19.) As such, their assignment of intentional fraud on these grounds is baseless.

Next, Plaintiffs point to Dr. Miktarian's statements that PMC's accreditation was

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in jeopardy as evidence of intentional fraud because the CoC had been working with PMC to resolve its deficiencies. (*Id.* at 7–8, 19.) This assertion is unsupported by the record, which actually reveals that PMC fought tooth and nail to gain re-accreditation and succeeded despite this missing data. PMC worked with the CoC's surveyor to brainstorm and create workarounds to get at this missing data from another angle, via records it could obtain. (Doc. 143-11, pp. 40:17–41:2, 51:21–54:12, 73:10–74:17, 77:1–79:14, 81:19–84:25 (deposition of Vicki Chiapetta describing PMC's re-accreditation process).) And although PMC was able to resolve some deficiencies before the Board ultimately voted to deny Plaintiffs' reappointment applications, there were still two outstanding deficiencies PMC didn't resolve until two months later—one of which specifically required information on Health First policies and procedures. (*Id.* at 86:8–87:13, 94:1–99:24.) At the end of the day though, none of this changes the fact that PMC needed that data and not being able to get it jeopardized PMC's re-accreditation. (*Id.* at 134:2–135:5, 137:22–138:3, 144:23–156:25; Doc. 145-1, pp. 63:4–65:20.) Plaintiffs' evidence shows PMC didn't take no for an answer and still endeavored to obtain re-accreditation. But PMC's success doesn't mean the refusal to provide data didn't undermine and obstruct this process. Thus, Dr. Miktarian's statements to the Board linking the missing data to PMC's re-accreditation does not demonstrate intentional fraud.

With that, Plaintiffs have failed to provide evidence of intentional fraud in connection with the denial of their reappointment applications to supplant PMC's statutory immunity under Fla. Sta. § 395.0191(7). Accordingly, PMC is entitled to statutory immunity for Plaintiffs' breach of the Bylaws claims. The Motion is granted on

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these grounds.

C. Substantive Due Process

Last are Plaintiffs' substantive due process claims that "condition[ing] renewal of privileges on furnishing reaccreditation data requested by PMC" was unreasonable and arbitrary because supplying the data was not within Plaintiffs' control and unrelated to Plaintiffs' individual abilities and the provision of quality patient care. (Doc. 148, p. 20.) But when it comes to a substantive due process claim, as the Court explained previously, the Court cannot "substitute [its] judgment for that of the hospital's governing board or . . . reweigh the evidence regarding the renewal or termination of medical staff privileges." (Doc. 94, p. 6 (quoting *Shahawy*, 875 F.2d at 1533).) Rather:

> [T]he court is charged with the narrow responsibility of assuring that the qualifications imposed by the Board are reasonably related to the operation of the hospital and fairly administered. In short, so long as staff selections are administered with fairness, geared by a rationale compatible with hospital responsibility, and unencumbered with irrelevant considerations, a court should not interfere.

(Id. at 6–7 (quoting *Shahawy*, 875 F.2d at 1533).)

Like before, PMC's decision to deny Plaintiffs' reappointment applications because they failed to turn over, or cause to be turned over, the data requested for accreditation purposes clears this bar. (*See id.*); *see also Woodbury*, 447 F.2d at 845–846. Unlike the case Plaintiffs cite, *Foster v. Mobile County Hospital Board*, where the doctors' staff privileges were conditioned on their membership in an unrelated medical society and ability to curry favor with staff members, PMC denied Plaintiffs' reappointment applications after providing Plaintiffs the opportunity to rectify the situation. *See* 398 F.2d

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227, 229–30 (5th Cir. 1968); (Doc. 148, p. 20; Doc. 33-2, pp. 16–29 (December 5 Letter).) No Plaintiff did. Instead, they took the issue up the chain of command at Health First, who staunchly refused to turn over the data and decided to treat this as a "legal issue." (Doc. 143-1, pp. 69:10–20; 70:16–72:18; Doc. 143-2, pp. 106:17–108:13; Doc. 143-4, pp. 59:11–60:24; Doc. 143-4, pp. 49:8–50:3, 57:24–58:5; Doc. 143-7, pp. 62:5–63:15; Doc. 143-8, p. 84:16–20; Doc. 143-9, p. 22:2–18.) Things escalated, and it became pellucid that the data wouldn't be turned over. (Doc. 33-2, pp. 30–99; Doc. 33-3, pp. 1–41.) So PMC denied Plaintiffs' reappointment, finding the repeated failure to provide data abrogated the Bylaws. (Doc. 33-2, pp. 64–77.)

While not a named party in this proceeding, at bottom, this dispute revolves around the thinly veiled effort of Health First to flex its muscle in the long running, heavily litigated, "scorched earth" turf war for Brevard County's healthcare business. The plaintiff physicians here, all imminently qualified in the field of oncology, have been employed as foot soldiers in the intractable hostilities. Whether Health First has any concern for the reputation of their employee physicians, or the unfettered delivery of health care services to Brevard County citizens, or simply regards this as unfortunate but necessary collateral damage is unclear. No sacrifice is too great when it's not yours.

Applying the Court's "narrow" scope of review to this decision, PMC's grounds for denial were "reasonably related the operation of the hospital," "fairly administered," "geared by a rationale compatible with hospital responsibility," and relevant to their pending applications. *See Shahawy*, 875 F.2d at 1533. In short, PMC's decision complies with substantive due process, and the Court cannot disturb PMC's judgment. *See id.*

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Therefore, PMC's Motion is granted for these claims.

IV. CONCLUSION

Accordingly, it is **ORDERED AND ADJUDGED** as follows:

1. Defendant North Brevard County Hospital District d/b/a Parrish Medical Center's Dispositive Motion for Summary Judgment and Incorporated Memorandum of Law (Doc. 137) is **GRANTED**.

2. The Clerk is **DIRECTED** to enter judgment in favor of Defendant North Brevard County Hospital District and against Plaintiffs Germaine Blaine, Cynthia Bryant, Juan Castro, Ashish Dalal, Firas Muwalla, Brendan Prendergast, and Richard Sprawls on all counts of the Amended Complaint (Doc. 81).

3. All other pending motions are **DENIED AS MOOT**.

4. The Clerk is **DIRECTED** to terminate any deadlines and close the file.

DONE AND ORDERED in Chambers in Orlando, Florida, on August 22, 2019.

ROY B. DALTON JR.
United States District Judge

Copies to:
Counsel of Record

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Security settings or invalid file format do not permit using HF Finacials.pdf (291911 Bytes).

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Health First Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3300 Fiske Blvd

City or town, state or province, country, and ZIP or foreign postal code
Rockledge, FL 329554305

D Employer identification number
59-3336894

E Telephone number
(321) 434-5150

G Gross receipts $ 339,780,785

F Name and address of principal officer
Steven P Johnson
3300 Fiske Blvd
Rockledge, FL 329554305

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ https //hf org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Our team improving the wellness and health of you and your family through excellent and compassionate health care

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	10,932
	6 Total number of volunteers (estimate if necessary)	**6**	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	35,750

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	144,410	228,625
	9 Program service revenue (Part VIII, line 2g)	212,525,967	216,118,424
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,728,229	19,941,255
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,379	374,952
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	232,555,985	236,663,256
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,741	108,914
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	110,127,887	114,879,762
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	109,899,388	106,919,372
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	220,056,016	221,908,048
	19 Revenue less expenses Subtract line 18 from line 12	12,499,969	14,755,208

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	950,183,619	1,010,974,076
	21 Total liabilities (Part X, line 26)	360,845,821	322,604,218
	22 Net assets or fund balances Subtract line 21 from line 20	589,337,798	688,369,858

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

******
Signature of officer — Date: 2019-08-14

Joseph G Felkner EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rebekuh Eley	Rebekuh Eley			P01247672

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 1 S Wacker Drive Ste 800
Chicago, IL 60606 — Phone no (312) 634-3400

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May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

Our team improving the wellness and health of you and your family through excellent and compassionate health care

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 187,917,478 including grants of $ 108,914) (Revenue $ 216,118,424)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 187,917,478

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	688		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10,932		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Arthur Craig Springer II 3300 Fiske Blvd Rockledge, FL 32955 (321) 434-5584

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Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	13,352,091	0	388,958

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 279

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo Inc and Affiliates PO Box 360170 Pittsburgh, PA 152516170	Operational Services	12,555,636
G4S Secure Solutions Inc PO Box 277469 Atlanta, GA 303847469	Security & Carrier Service	5,671,117
Sodexo CTM LLC PO BOX 415000 NASHVILLE, TN 372415000	Operational Services	5,058,447
Oneblood Inc 8669 COMMODITY CIRCLE ORLANDO, FL 32819	Medical Services	4,006,813
CBRE GWS LLC 2100 ROSS AVE STE 1500 DALLAS, TX 75201	Property Management Services	3,617,050

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 128

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d	228,625			
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	228,625			
Program Service Revenue		Business Code			
	2a Support Services	561000	211,495,497	211,495,497	
	b Related Company Rent	532000	4,475,717	4,475,717	
	c				
	d				
	e				
	f All other program service revenue		147,210	147,210	
	g Total. Add lines 2a–2f . . . . ▶	216,118,424			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	18,456,159			18,456,159
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	482,263			
	b Less rental expenses	107,311			
	c Rental income or (loss)	374,952			
	d Net rental income or (loss) . . . . . ▶	374,952			374,952
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	104,495,314			
	b Less cost or other basis and sales expenses	103,010,218			
	c Gain or (loss)	1,485,096			
	d Net gain or (loss) . . . . . ▶	1,485,096			1,485,096
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See Instructions . . . . . ▶	236,663,256	216,118,424	0	20,316,207

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	108,914	108,914		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,446,813		9,446,813	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	74,615,942	66,960,346	7,655,596	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,503,223	1,348,992	154,231	
9 Other employee benefits	23,603,595	21,181,866	2,421,729	
10 Payroll taxes	5,710,189	5,124,324	585,865	
11 Fees for services (non-employees)				
a Management				
b Legal	1,718,016		1,718,016	
c Accounting	670,498		670,498	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	691,807		691,807	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,794,905	19,558,748	2,236,157	
12 Advertising and promotion	2,575,146	2,310,936	264,210	
13 Office expenses	6,748,598	6,056,192	692,406	
14 Information technology	28,499,306	25,575,277	2,924,029	
15 Royalties				
16 Occupancy	3,726,057	3,343,764	382,293	
17 Travel	256,168	229,885	26,283	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	114,621	102,861	11,760	
20 Interest	4,850,984	4,353,273	497,711	
21 Payments to affiliates	1,989,188	1,785,097	204,091	
22 Depreciation, depletion, and amortization	20,181,872	18,111,212	2,070,660	
23 Insurance	5,481,199	4,918,828	562,371	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Maintenance & Repair	5,151,919	4,623,332	528,587	
b Licenses & Taxes	76,717	76,717		
c				
d				
e All other expenses	2,392,371	2,146,914	245,457	
25 **Total functional expenses.** Add lines 1 through 24e	221,908,048	187,917,478	33,990,570	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		522,454,195	2	568,986,305
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		18,145,997	5	19,591,983
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	157
	9	Prepaid expenses and deferred charges		10,633,275	9	10,604,591
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 381,193,901			
	b	Less accumulated depreciation	10b 244,300,579	127,249,114	10c	136,893,322
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		229,214,035	13	221,591,924
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		42,487,003	15	53,305,794
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		950,183,619	16	1,010,974,076
Liabilities	17	Accounts payable and accrued expenses		47,031,120	17	51,231,900
	18	Grants payable			18	
	19	Deferred revenue			19	3,050
	20	Tax-exempt bond liabilities		45,150,465	20	45,396,719
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		63,163,297	23	59,586,231
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		205,500,939	25	166,386,318
	26	**Total liabilities.** Add lines 17 through 25		360,845,821	26	322,604,218
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		589,337,798	27	688,369,858
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		589,337,798	33	688,369,858
	34	Total liabilities and net assets/fund balances		950,183,619	34	1,010,974,076

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Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	236,663,256
2	Total expenses (must equal Part IX, column (A), line 25)	2	221,908,048
3	Revenue less expenses Subtract line 2 from line 1	3	14,755,208
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	589,337,798
5	Net unrealized gains (losses) on investments	5	30,962,101
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	53,314,751
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	688,369,858

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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Additional Data

Software ID:
Software Version:
EIN: 59-3336894
Name: Health First Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

The primary exempt purpose of Health First, Inc is to support Cape Canaveral Hospital, Inc (CCH), Hospice of Health First, Inc (HHF), Holmes Regional Medical Center, Inc (HRMC), Palm Bay Hospital (PBH), and Viera Hospital (VH) Health First, Inc provides strategic planning, management and administrative support services to CCH, HHF, HRMC and VH More specifically, Health First assists its affiliated organizations with 1 Coordination of patient care services across all its hospital provider locations to reduce duplication of resources and increase the cost-efficiency of patient care offered at any Health First entity,2 Provision of enhanced clinical, marketing, planning, financial and organizational services and expertise, and,3 Service area community health planning to ensure that collectively all Health First entities provide the healthcare services required to meet the needs of residents who live in Central and South Brevard County One example of enhanced clinical care is a service known as Vitalwatch, which is central Florida's only "EICU" - Electronic Intensive Care Unit Combining telemedicine, software, and 24/7 electronic monitoring technology, this service provides inpatients cared for in all critical care beds at CCH, PBH and HRMC an extra layer of expertise and oversight Critical care physicians and nurses at a centralized location monitor real-time vital signs, laboratory results, and complete electronic medical records of patients in all Intensive Care Units (ICU) at no extra cost to the patients If necessary, the Vitalwatch staff can also direct a patient's care on the spot via live audio and video connections to the patient's room All information is transmitted over private data lines to ensure privacy and security Beyond the walls of its hospitals, Health First, Inc supports the Brevard Health Alliance The Brevard Health Alliance is the only federally qualified healthcare clinic in Brevard County, with an annual donation of $1 97 million in cash and over $280,000 in in-kind diagnostic services This funding allows area residents without health insurance to establish a medical home for preventive and emergency healthcare services Health First, Inc also partners with other community organizations in programs providing health services and preventative care to patients that have limited access to preventive or primary healthcare services Another form of community support is the clinical training and education that Health First offers to physicians, nursing students, technicians and other health professionals Additional activities provided to Viera Hospital, Cape Canaveral Hospital, Hospice of Health First, Palm Bay Hospital and Holmes Regional Medical Center by Health First, Inc include adopting overall budgets and strategic plans, controlling the incurrence of debt, directing capital acquisition strategies, directing managed care purchasing arrangements and directing or approving mergers and acquisitions of additional affiliations within the group For a copy of our Health First, Inc community benefit report see https //www hf org/about_us/gives_back/community_report cfm

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Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pamela A Gatto Chair	1 00 3 00	X		X				29,453	0	0
Kevin B Steele Vice Chair	1 00 4 00	X		X				0	0	0
John F Breitfeller Treasurer	1 00 3 00	X		X				5,590	0	0
William C Potter Esq Secretary	1 00 3 00	X		X				0	0	0
Steven P Johnson President/CEO HFI	3 00 37 00	X		X				1,627,655	0	21,279
Alan Prestwood Trustee	1 00 3 00	X						0	0	0
Dale A Dettmer Esq Trustee	1 00 4 00	X						11,105	0	0
Dana S Kilborne Trustee (Beg 10/2017)	1 00 3 00	X						0	0	0
Taylor K Smith Trustee (Beg 10/2017)	1 00 3 00	X						0	0	0
Frances U Pickett Trustee	1 00 3 00	X						8,540	0	0

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Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James C Shaw Trustee	1 00 3 00	X						2,878	0	0
Joseph Gurri MD Trustee	1 00 3 00	X						5,127	0	0
Martin W Isenman MD Trustee	1 00 3 00	X						4,714	0	0
Patricia Driscoll Trustee	1 00 3 00	X						0	0	0
Robert K Henry Trustee	1 00 3 00	X						8,202	0	0
Cathy Eddy Trustee	1 00 3 00	X						1,260	0	0
Joseph G Felkner Exec VP/CFO HFI/Asst Treasurer	3 00 37 00			X				806,718	0	22,399
James S Mitchell III Executive VP/ COO HFI	3 00 37 00				X			956,194	0	22,399
Drew A Rector Exec VP Chief Strat Growth	3 00 37 00				X			1,199,030	0	25,904
Nicholas W Romanello Esq SVP / Corp Counsel	3 00 37 00				X			534,504	0	20,631

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AMERICAN OVERSIGHT

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey C Stalnaker MD Sr VP HF Chief Physician Exec	3 00 37 00				X			682,682	0	22,399
Aaron S Robinson CEO Comm Hospitals	18 00 27 00				X			791,361	0	28,503
Paula B Just Chief HR Officer	3 00 37 00				X			587,073	0	25,817
Constance J Bradley Sr VP CNO	40 00 0 00				X			592,518	0	19,375
Edie M Cleary Sr VP CQO	40 00 0 00				X			337,800	0	16,820
D Scott Gettings Physician Advisor	40 00 0 00				X			445,272	0	14,462
Travis L Douglass President/HF Medical Group	40 00 0 00					X		681,342	0	21,231
Lee Scheinbart VP Med Affairs Comm Hosp	40 00 0 00					X		523,851	0	25,431
Brett A Esrock CEO HRMC	21 00 20 00					X		526,247	0	14,273
Alexander Popowycz Sr VP CIO	40 00 0 00					X		634,092	0	24,492

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AMERICAN OVERSIGHT

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William J Calhoun President Hospital Operations	40 00 0 00					X		628,270	0	23,409
James Dwight Former Trustee (End 9/2017)	0 00 0 00						X	85,913	0	0
Catherine A Ford Former Trustee (End 9/2017)	0 00 0 00						X	170,211	0	0
Richard McNeight Former Secretary	0 00 0 00						X	958,591	0	24,527
David E Mathias Esq Former Assistant Secretary	0 00 0 00						X	505,898	0	15,607

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Health First Inc

Employer identification number
59-3336894

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☑ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 4

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 4					178,595,948	0

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Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2016 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☑ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a	Yes	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b	Yes	

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 6	Health First is organized as a holding company over its not-for-profit subsidiaries and He alth First Holding Corp , its for-profit holding company As the parent holding company, H ealth First provides management and related services at arms-length cost to for-profit sub sidiary organizations

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990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section D, Line 3	Health First, as the parent of the exempt healthcare system, is the sole corporate member and elects the Boards of Directors of the subsidiary organizations, ensuring significant voice and overlap in the decisions carried out by Health First and its supported organizations

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990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section E, Line 3a	Health First, as the sole corporate member of the supported organizations, maintains the l egal right to select directors of its not-for-profit subsidiaries

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990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section E, Line 3b	Health First, as the sole corporate member of the supported organizations maintains the legal rights to approve, among other things, incurrence of debt, approval of leases, disposals and acquisitions of real estate value at more than $10 million, adoption of annual operating forecast and capital expenditure budgets/forecast and material deviations from the budgets/forecast, managed care agreements, changes to articles of incorporation and by-laws, and changes to significant policies and procedures

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Additional Data

Software ID:
Software Version:
EIN: 59-3336894
Name: Health First Inc

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Holmes Regional Medical Center Inc	590624371	3	Yes		127,209,232	0
(A) Cape Canaveral Hospital Inc	592477479	3	Yes		29,766,564	0
(B) Hospice of Health First Inc	591911574	10	Yes		1,890,411	0
(C) Viera Hospital Inc	264019868	3	Yes		19,729,741	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Health First Inc

Employer identification number
59-3336894

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,308,492		26,308,492
b Buildings		91,500,105	32,936,660	58,563,445
c Leasehold improvements		3,509,034	1,353,488	2,155,546
d Equipment		253,443,606	210,010,431	43,433,175
e Other		6,432,664		6,432,664
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				136,893,322

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Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Healthcare Related Joint Ventures	9,852,247	C
(2) Investment in Affiliates	211,739,677	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	221,591,924	

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Other Receivables	10,631,204
(2) Deposits	1,162,151
(3) Assets Limited As To Use	36,804,022
(4) Due From Affiliates	4,708,417
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	53,305,794

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Demand Notes Pay to Affiliates	135,596,116
Other Liabilities	10,950,015
Malpractice Liability	19,840,187
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	166,386,318

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2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

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Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

FL-GOV-20-0899-A-001600

AMERICAN OVERSIGHT

Additional Data

Software ID:
Software Version:
EIN: 59-3336894
Name: Health First Inc

Supplemental Information

Return Reference	Explanation
Part X, Line 2	FASB ASC 740 Footnote Health First, Inc generally is exempt from Federal and State income taxes under Section 501(a), as an organization described in Section 501(c)(3), of the Int ernal Revenue Code and Section 220 13 of the Florida Statutes, respectively ASC Topic 740 , Income Taxes, prescribes the accounting for uncertainty in income tax positions recogniz ed in financial statements ASC Topic 740 provides guidance for recognition threshold and measurement attributes for the Financial Statement recognition and measurement of a tax po sition taken or expected to be taken in a tax return

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Health First Inc

Employer identification number
59-3336894

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and The Caribbean	1	0	Investment		2,677,056
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	0			2,677,056
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	1	0			2,677,056

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶ _____

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Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

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Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

FL-GOV-20-0899-A-001606

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Health First Inc

Employer identification number
59-3336894

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) University of Central Florida Foundation Inc 12424 Research Parkway Ste 250 Orlando, FL 328263208	59-6211832	501(c)(3)	108,814				Nursing

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2	The Health First, Inc board monitors usage by each entity to assure funds raised are used appropriately

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Health First Inc

Employer identification number
59-3336894

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Schedule J	Compensation is paid by Health First, Inc and reimbursed by subsidiary tax-exempt entities
Schedule J, Part I, Line 4a	Severance Payments William J Calhoun - $212,157 D Scott Gettings - $374,692

FL-GOV-20-0899-A-001611

Additional Data

Software ID:
Software Version:
EIN: 59-3336894
Name: Health First Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Steven P Johnson President/CEO HFI	(I)	1,607,410	0	20,245	7,200	14,079	1,648,934	0
	(II)	0	0	0	0	0	0	0
1Joseph G Felkner Exec VP/CFO HFI/Asst Treasurer	(I)	793,330	0	13,388	7,200	15,199	829,117	0
	(II)	0	0	0	0	0	0	0
2James S Mitchell III Executive VP/ COO HFI	(I)	937,380	0	18,814	7,200	15,199	978,593	0
	(II)	0	0	0	0	0	0	0
3Drew A Rector Exec VP Chief Strat Growth	(I)	959,581	0	239,449	7,200	18,704	1,224,934	0
	(II)	0	0	0	0	0	0	0
4Nicholas W Romanello Esq SVP / Corp Counsel	(I)	447,583	0	86,921	3,343	17,288	555,135	0
	(II)	0	0	0	0	0	0	0
5Jeffrey C Stalnaker MD Sr VP HF Chief Physician Exec	(I)	661,664	0	21,018	7,200	15,199	705,081	0
	(II)	0	0	0	0	0	0	0
6Aaron S Robinson CEO Comm Hospitals	(I)	619,338	0	172,023	4,755	23,748	819,864	0
	(II)	0	0	0	0	0	0	0
7Paula B Just Chief HR Officer	(I)	485,951	0	101,122	7,113	18,704	612,890	0
	(II)	0	0	0	0	0	0	0
8Constance J Bradley Sr VP CNO	(I)	504,963	0	87,555	7,200	12,175	611,893	0
	(II)	0	0	0	0	0	0	0
9Edie M Cleary Sr VP CQO	(I)	331,550	0	6,250	0	16,820	354,620	0
	(II)	0	0	0	0	0	0	0
10D Scott Gettings Physician Advisor	(I)	43,769	0	401,503	962	13,500	459,734	0
	(II)	0	0	0	0	0	0	0
11Travis L Douglass President/HF Medical Group	(I)	591,182	0	90,160	7,200	14,031	702,573	0
	(II)	0	0	0	0	0	0	0
12Lee Scheinbart VP Med Affairs Comm Hosp	(I)	517,113	0	6,738	6,755	18,676	549,282	0
	(II)	0	0	0	0	0	0	0
13Brett A Esrock CEO HRMC	(I)	518,350	0	7,897	3,482	10,791	540,520	0
	(II)	0	0	0	0	0	0	0
14Alexander Popowycz Sr VP CIO	(I)	544,891	0	89,201	7,200	17,292	658,584	0
	(II)	0	0	0	0	0	0	0
15William J Calhoun President Hospital Operations	(I)	367,914	0	260,356	7,200	16,209	651,679	0
	(II)	0	0	0	0	0	0	0
16James Dwight Former Trustee (End 9/2017)	(I)	0	0	85,913	0	0	85,913	0
	(II)	0	0	0	0	0	0	0
17Catherine A Ford Former Trustee (End 9/2017)	(I)	0	0	170,211	0	0	170,211	0
	(II)	0	0	0	0	0	0	0
18Richard McNeight Former Secretary	(I)	712,810	0	245,781	7,200	17,327	983,118	0
	(II)	0	0	0	0	0	0	0
19David E Mathias Esq Former Assistant Secretary	(I)	283,697	0	222,201	6,590	9,017	521,505	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Health First Inc

Employer identification number
59-3336894

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Brevard County Health Facilities Authority	59-2444629		05-09-2012	20,555,000	See Part VI		X		X		X
B	Brevard County Health Facilities Authority	59-2444629		05-30-2012	65,041,667	See Part VI		X		X		X
C	Brevard County Health Facilities Authority	59-2444629	10741LCQ7	02-05-2013	74,287,417	See Part VI		X		X		X
D	Brevard County Health Facilities Authority	59-2444629	10741LDL7	12-17-2014	278,143,907	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				255,385,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	20,555,000	65,041,667	73,159,250	278,143,907
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	152,517	78,016	1,128,181	2,129,622
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	20,402,483	64,963,650	72,031,069	20,629,284
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X	X	

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Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								0 280 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								0 280 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X			X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X	X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	BB&T		COMPASS BANK					
c	Term of hedge	900 0000000000 %		1600 0000000000 %					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				

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Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name Brevard County Health Facilities Authority Date the Rebate Computation was Performed 02/05/2018 Issuer Name Brevard County Health Facilities Authority Date the Rebate Computation was Performed 12/31/2018

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AMERICAN OVERSIGHT

Return Reference	Explanation
Part I - Description of Bond Issue Purpose	May 2012 Bond Use of the proceeds solely to refund the Series 2001 maturing April 1, 2013, 2014 and 2021 May 2012 Bond 1 Finance or refinance the cost of acquisition, construction and equipping of certain capital improvements to the health facilities of the Obligated Group 2 Pay certain costs with respect to the issuance of the bond 3 Refund the original bond issue dated 06/04/2009 February 2013 Bond 1 Use of the proceeds solely to refund the Series 2010 and remaining principal balance of the Series 2001 and pay certain costs with respect to the issuance of the Series 2013A Bonds 2 Arbitrage rebate calculation computed February 5, 2018 December 2014 Bond 1 Use of the proceeds soley to refinance the Series 2009 and partial refunding of the Series 2005 and pay certain costs with respect to the issuance of the Series 2014 Bonds Part V There is no written corporate policy relating to a corrective plan, however, to ensure that violations of federal tax requirements are truly identified as part of monthly and quarterly work-flow, compliance with applicable regs for tax-exempt bonds are reviewed Also there is an additional oversight through bond counsel and debt advisors If any instance of non-compliance were identified, an attempt to correct through the Voluntary Closing Agreement Program, if self remediation is not available under applicable regulations

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Health First Inc

Employer identification number
59-3336894

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Joseph G Felkner	EVP/CFO	Fund purchase of cash value life insurance policies		X	2,940,053	3,251,803		No	Yes		Yes	
(2) Steven P Johnson	President/CEO HF	Fund purchase of cash value life insurance policies		X	9,111,939	9,972,370		No	Yes		Yes	
(3) James S Mitchell III	Exec VP COO HF Inc	Fund purchase of cash value life insurance policies		X	4,360,057	4,772,682		No	Yes		Yes	
(4) Jeffrey C Stalnaker	VP Med Affairs Comm Hospitals	Fund purchase of cash value life insurance policies		X	1,698,862	1,595,128		No	Yes		Yes	
Total					▶ $	19,591,983						

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Gatto Tire Auto Service	Board Trustee	131,946	Automobile Maintenance		No

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Part II	The organization acts as the payroll and benefit agent for its supported organizations to provide supplemental retirement benefits through an alternative funding arrangement the IRS calls "collateral assignment split dollar" (CASD) Although the IRS requires reporting in the loan section of Schedule L, CASD is not an actual loan No funds are transferred to the executive Rather, the "loan" treatment applies because after the executive has received retirement benefits, the organization recovers all of its outlays plus interest The recovery right is a key advantage of CASD for the organization Rather than paying retirement benefits to the executive that would never be recovered, under CASD the organization recovers not only its outlays, but also consideration for the time value of money This allows the organization to perpetuate its community mission
Part II, Loans To and From Interested Persons	(a) Name of Person Joseph G Felkner(b) Relationship with Organization EVP/CFO(c) Purpose of Loan Fund purchase of cash value life insurance policies(a) Name of Person Steven P Johnson(b) Relationship with Organization President/CEO HF(c) Purpose of Loan Fund purchase of cash value life insurance policies(a) Name of Person James S Mitchell III(b) Relationship with Organization Exec VP COO HF Inc(c) Purpose of Loan Fund purchase of cash value life insurance policies(a) Name of Person Jeffrey C Stalnaker(b) Relationship with Organization Sr VP HF Chief Physician Exec(c) Purpose of Loan Fund purchase of cash value life insurance policies
Part IV, Business Transactions Involving Interested Persons	(a) Name of Person Gatto Tire & Auto Service(b) Relationship Between Interested Person and Organization Board Trustee(c) Amount of Transaction $ 131,946 (d) Description of Transaction Automobile MaintenancePart IV, Relationship between interested person and the organization Pamela A Gatto, Board Trustee, is an owner of Gatto's Tire & Auto Service

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Health First Inc

Employer identification number
59-3336894

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	After review and approval by the System Corporate Controller of Health First, Inc and Chi ef Financial Officer, the Form 990 draft is sent to each member of the Board of Trustees e lectronically for their review and approval prior to filing

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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	A copy of the conflict of interest policy is provided to all associates, including managem ent, upon new hire orientation and thereafter as part of the annual elearning required for all associates All individuals must review and electronically attest that they have agre ed to the terms noted in the policy on an annual basis In addition, senior leadership and BOD members on an annual basis are required to complete a conflict of interest questionna ire prepared and monitored by the Chief Compliance Officer The questionnaire requires an attestation stating that the individual is free of conflicts should they not report anythi ng of concern These forms are tracked and kept on file Should a conflict arise, the Chie f Compliance Officer investigates the issue and determines a course of action to ensure en forcement of the policy

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AMERICAN OVERSIGHT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The salaries of our CEO and other Health First executives are reviewed and recommended annually to the Board of Trustees and approved in executive session by the full Board of Health First Health First contracts annually with a highly respected national consulting firm to provide these recommendations to ensure that our executives are compensated fairly and competitively when compared with similar roles in other healthcare organizations nationally The Compensation Committee is independent for Internal Revenue Code Section 4958 for the individuals whose salary is reviewed Minutes are kept for all Board of Directors and Compensation Committee meetings The process is documented contemporaneously in the Board and Committee meetings

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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Quarterly and Annually Consolidated Financials and Consolidated Statistical information is filed electronically on www dacbond com and is available to the public In addition, any requests made to the Chief Financial Officer for the above referenced items are provided u pon request in a timely manner A copy of the governing documents and conflicts of interes t policies are available upon request to the compliance officer Documents are available f or the same period of disclosure as provided in section 6104(d)

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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer of net assets from related tax-exempt 53,208,751 Increase/Decrease in Other Receivables 106,000

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AMERICAN OVERSIGHT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part XII, Line 2c, Audited Financial Statements	The audit committee of Health First reviews and approves the annual audit and compliance a udit plans then makes its report to the Health First board of directors The audit committ ee is responsible for the selection of the independent auditors There was no change from prior year

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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a, Bonds issued after December 31, 2002	The filing organization is part of an obligated group that had more than $100,000 in bonds issued after December 31, 2002 that were outstanding on the last day of its tax year The filing organization's share of these obligations is reported on Part X, Line 20 of Health First, Inc The parent of the obligated group is filing Schedule K on behalf of itself an d all members of the obligated group

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Health First Inc

Employer identification number
59-3336894

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) Doctor's Surgical Partnership Ltd 3300 Fiske Blvd Rockledge, FL 32955 59-3490279	Healthcare	FL	Health First Inc	Related	148,942	2,879,977		No			No	99 000 %
(2) Doctors GI Partnership Ltd 3300 Fiske Blvd Rockledge, FL 32955 59-3758988	Healthcare	FL	N/A	Related				No			No	
(3) Health First Quickcare LLC 6450 US Highway 1 Rockledge, FL 32955 90-0520186	Healthcare	FL	N/A	Related				No			No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
See Additional Data Table									

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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AMERICAN OVERSIGHT

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Form 990, Schedule R, Part V, Disclosures	All transactions reported in this section are based upon corporate books and records which are kept according to Generally Accepted Accounting Principles

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Schedule R (Form 990) 2017

AMERICAN OVERSIGHT

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Additional Data

Software ID:
Software Version:
EIN: 59-3336894
Name: Health First Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3300 Fiske Blvd Rockledge, FL 32955 59-0624371	Hospital	FL	501(c)(3)	Line 3	Health First Inc	Yes	
3300 Fiske Blvd Rockledge, FL 32955 59-1911574	Healthcare	FL	501(c)(3)	Line 10	Health First Inc	Yes	
3300 Fiske Blvd Rockledge, FL 32955 59-3528774	Fundraising	FL	501(c)(3)	Line 7	Health First Inc	Yes	
3300 Fiske Blvd Rockledge, FL 32955 59-2477479	Hospital	FL	501(c)(3)	Line 3	Health First Inc	Yes	
3300 Fiske Blvd Rockledge, FL 32955 26-4019868	Hospital	FL	501(c)(3)	Line 3	Health First Inc	Yes	
3300 Fiske Blvd Rockledge, FL 32955 47-2736029	Healthcare	FL	501(c)(4)		Health First Inc	Yes	
3300 Fiske Blvd Rockledge, FL 32955 82-1851221	Healthcare	FL	501(c)(4)		Health First Inc	Yes	
3300 Fiske Blvd Rockledge, FL 32955 82-1866443	Healthcare	FL	501(c)(4)		Health First Inc	Yes	

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Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Cape Health Properties Inc 3300 Fiske Blvd Rockledge, FL 32955 59-3086711	Real Estate	FL	N/A	C				Yes	
Health First Medical Management Inc 3300 Fiske Blvd Rockledge, FL 32955 59-3348252	Health Care	FL	N/A	C				Yes	
Health First Physicians Inc 3300 Fiske Blvd Rockledge, FL 32955 59-3346397	Health Care	FL	N/A	C				Yes	
Holmes Regional Enterprises Inc 3300 Fiske Blvd Rockledge, FL 32955 59-2109953	Real Estate	FL	N/A	C				Yes	
Health First Insurance Inc 3300 Fiske Blvd Rockledge, FL 32955 45-3131932	Health Care	FL	N/A	C				Yes	
Health First Holding Corp 3300 Fiske Blvd Rockledge, FL 32955 59-3509709	Holding Corp	FL	Health First Inc	C	2,895,287	30,683,913	100 000 %	Yes	
Health First Physician Specialties 3300 Fiske Blvd Rockledge, FL 32955 26-3094596	Health Care	FL	N/A	C				Yes	
Health First Administrative Plans Inc 3300 Fiske Blvd Rockledge, FL 32955 47-2881690	Health Care	FL	N/A	C				Yes	
Health First Commercial Plans Inc 3300 Fiske Blvd Rockledge, FL 32955 47-2894653	Health Care	FL	N/A	C				Yes	
Physicians GI Partnership Inc 3300 Fiske Blvd Rockledge, FL 32955 59-3756961	Health Care	FL	N/A	C				Yes	
Physicians' Surgical Partnership Inc 3300 Fiske Blvd Rockledge, FL 32955 59-3539589	Health Care	FL	Health First Inc	C	1,687	49,104	100 000 %	Yes	

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Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Cape Canaveral Hospital Inc	A	317,809	See Part VII
Cape Canaveral Hospital Inc	C	6,734,271	See Part VII
Cape Canaveral Hospital Inc	L	28,939,665	See Part VII
Cape Canaveral Hospital Inc	Q	85,835,349	See Part VII
Cape Health Properties Inc	K	9,982	See Part VII
Cape Health Properties Inc	L	32,813	See Part VII
Cape Health Properties Inc	Q	57,828	See Part VII
Doctor's Surgical Partnership Ltd	Q	7,667,116	See Part VII
Doctors GI Partnership Ltd	Q	1,668,129	See Part VII
Health First Administrative Plans Inc	A	235,303	See Part VII
Health First Administrative Plans Inc	K	66,415	See Part VII
Health First Administrative Plans Inc	L	11,506,790	See Part VII
Health First Administrative Plans Inc	Q	94,743,200	See Part VII
Health First Commercial Plans Inc	Q	2,968,151	See Part VII
Health First Foundation Inc	B	1,830,948	See Part VII
Health First Foundation Inc	C	228,625	See Part VII
Health First Foundation Inc	L	188,205	See Part VII
Health First Foundation Inc	Q	1,312,042	See Part VII
Health First Health Plans Inc	Q	1,301,349	See Part VII
Health First Holding Corp	A	171,606	See Part VII
Health First Insurance Inc	Q	1,444,358	See Part VII
Health First Medical Management Inc	L	25,571,767	See Part VII
Health First Medical Management Inc	Q	5,702,012	See Part VII
Health First Physicians Inc	A	257,249	See Part VII
Health First Physicians Inc	K	54,110	See Part VII

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Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Health First Physicians Inc	L	2,937,888	See Part VII
Health First Physicians Inc	Q	295,567,494	See Part VII
Holmes Regional Enterprises Inc	A	199,784	See Part VII
Holmes Regional Enterprises Inc	L	362,118	See Part VII
Holmes Regional Enterprises Inc	Q	3,189,820	See Part VII
Holmes Regional Medical Center Inc	A	2,762,302	See Part VII
Holmes Regional Medical Center Inc	C	33,957,091	See Part VII
Holmes Regional Medical Center Inc	K	21,208	See Part VII
Holmes Regional Medical Center Inc	L	121,063,532	See Part VII
Holmes Regional Medical Center Inc	Q	491,503,857	See Part VII
Hospice Of Health First Inc	A	107,337	See Part VII
Hospice Of Health First Inc	C	1,657,729	See Part VII
Hospice Of Health First Inc	L	1,802,712	See Part VII
Hospice Of Health First Inc	Q	10,514,111	See Part VII
Viera Hospital Inc	A	441,519	See Part VII
Viera Hospital Inc	C	12,754,283	see Part VII
Viera Hospital Inc	L	19,108,714	See Part VII
Viera Hospital Inc	Q	62,430,795	See Part VII
Health First Holding Corp	Q	328,587	See Part VII

FL-GOV-20-0899-A-001635

From: McBride, Bill
To: McBride, Bill
Subject: House Passed Families First Coronavirus Response Act
Date: Saturday, March 14, 2020 9:24:21 AM
Attachments: image002.png
Families First Summary FINAL.pdf

Good morning Governors,
I want to keep you and your staff updated on actions taken at the Federal level regarding COVID-19. Early this morning, the U.S. House of Representatives passed the Families First Coronavirus Response Act (H.R. 6201) by a 363-40 vote. This package provides free coronavirus testing, secures paid emergency leave, enhances Unemployment Insurance, strengthens food security initiatives, and increases federal Medicaid funding to states. The bill now awaits Senate action, which is expected the week of March 16.
Please find a summary of the bill attached. If you have questions or need additional information let me know and I will put you in touch with NGA's Government Relations team.
Best,
Bill

Bill McBride | Executive Director

National Governors Association
444 North Capitol Street NW
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HHS Funding & Health-Care Provisions
Nutrition: The measure would appropriate $250 million for Health and Human Services Department programs that aid elderly Americans, divided as follows

- $160 million for home-delivered nutrition services.
- $80 million for congregate nutrition services that provide food in group settings, such as adult day care centers and meal sites.
- $10 million for nutrition services for American Indians.

It also would provide $64 million to the Indian Health Service for items and services related to Covid-19.
Medicaid Funding: States would be eligible for a 6.2 percentage point increase in their federal medical assistance percentages (FMAP). They would have to provide coverage of coronavirus testing without cost sharing and meet other criteria, such as not imposing more stringent eligibility standards or additional premiums.
States could cover tests for uninsured people through their Medicaid programs and receive a 100% FMAP to cover the cost.
Medicaid funding for U.S. territories would be increased.
Test Coverage: Insurers would be required to cover coronavirus tests and related services, such as provider visits for testing, without cost-sharing or prior authorization requirements. The cost-sharing prohibition would also apply to Medicaid, Medicare, TRICARE, veterans' health programs, the Indian Health Service, and coverage provided to federal civilian employees.
The bill would appropriate $1 billion to allow the National Disaster Medical System to reimburse provider costs associated with testing uninsured individuals.
Major insurance companies — including BlueCross BlueShield Association companies, Humana Inc., and UnitedHealth Group Inc. — have committed to waiving coronavirus test co-pays, according to Vice President Mike Pence.
Medicare currently covers testing without any patient cost-sharing. The Centers for Medicare and Medicaid Services wrote in March 12 guidance that states can modify their Medicaid plans to eliminate cost-sharing for certain services, such as Covid-19 tests, as long as their policy applies regardless of the diagnosis. The emergency declaration will also give states more flexibility in their programs.
The administration is also examining ways to provide free tests to the uninsured, CDC Director Robert Redfield said March 12.
Mask Liability: The measure would make personal respiratory protective devices a covered countermeasure under the Public Readiness and Emergency Preparedness Act (Public Law 109-148). The law allows HHS to provide liability protections for certain emergency response products.
Nutrition Assistance
The measure would provide

- $500 million in emergency funding for the WIC program.
- $400 million for the Commodity Assistance Program for the emergency food assistance program (TEFAP), $100 million of which could be used for costs related to the distribution of goods.
- $100 million for grants to the Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance provided in response to the virus.

SNAP Benefits for Kids: If a school is closed for at least five consecutive days because of a coronavirus-related public health emergency, states could adjust their Supplemental Nutrition Assistance Programs (SNAP) to provide additional aid to households with children eligible for free or reduced price school meals.
Additional benefits would have to be equal to the value of the meals for each eligible child in a household. Benefits could be distributed through an electronic benefits transfer card system. The Agriculture Department could purchase food commodities to ensure it can distribute them in areas where a public health emergency has been declared. "Such amounts as are necessary" would be appropriated for the meal provisions.
SNAPWork Requirements: The measure would waive federal work requirements for SNAP eligibility. The waiver would begin the first full month after the bill is enacted and terminate at the end of the first full month after a federal coronavirus-related emergency declaration is lifted. State-imposed work requirements wouldn't be changed, but a person's participation in SNAP during the emergency couldn't be counted for determining compliance with work requirements.
Other SNAP Benefits: States that make their own emergency or disaster declarations related to Covid-19 could request emergency allotments of food aid to support increased participation in SNAP and address temporary food needs. The provision wouldn't change the maximum monthly allotment for any household size. States would have to provide data sufficient to demonstrate the need for additional aid.
Meal Program Waivers: The package would allow USDA to waive statutory requirements for several food programs to ensure that meals can be provided during the emergency and to implement safety measures related to preventing the spread of Covid-19. It would allow nationwide waivers of eligible National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, and Summer Food Service Program requirements.
The department could waive nutritional content requirements and rules to provide meals through the Child and Adult Care Food Program in group settings.
Waivers related to Covid-19 that increase the cost to the federal government for school meals would be allowed.
USDA has granted waivers to 17 states as of March 12 to allow school systems to continue serving meals during prolonged coronavirus-related closures. Several other states also have waiver requests pending.
WIC Waivers: The measure would allow states to request waivers for the requirement that WIC recipients certify their eligibility in person and for deferring biometric and bloodwork requirements. USDA could also modify or waive WIC administrative requirements that a state can't meet due to the Covid-19 outbreak.
Coronavirus Emergency Leave
The agreement would create an emergency paid leave program to directly respond to the coronavirus. Private sector employers with fewer than 500 workers and government entities would have to provide as many as 12 weeks of job-protected leave under the Family and Medical Leave Act (FMLA) for employees who have to

- Comply with a requirement or recommendation to quarantine because of exposure to or symptoms of coronavirus.
- Provide care to a family member who's complying with such a requirement or recommendation.
- Provide care for child younger than 18 whose school or day care has closed because of coronavirus.

The first 14 days of leave could be unpaid, though a worker could choose to use accrued vacation days, personal leave, or other available paid leave for unpaid time off. Following the 14-day period, workers would receive a benefit from their employers that will be at least two-thirds of their normal pay rate.
The measure also would modify the FMLA to allow individuals to use unpaid leave if they are diagnosed with the virus, caring for a family member, or caring for a child whose school or day care has closed because of a public health emergency through Dec. 31, 2020.
The Labor Department would be authorized to issue regulations to

- Exclude certain health-care providers and emergency responders from paid leave benefits.
- Exempt small businesses with fewer than 50 employees from the paid leave requirements.

Workers under a multiemployer collective bargaining agreement and whose employers pay into a pension plan would have access to paid leave.
Emergency Sick Leave
Private sector employers with fewer than 500 workers and government entities would have to provide employees with paid sick time off to

- Self-quarantine.
- Obtain a medical diagnosis or care for coronavirus.
- Provide care for a family member who has been diagnosed or is in quarantine or for a child whose school or day care has closed due to coronavirus.

Full-time employees would receive 80 hours of sick leave under the new emergency leave program and part-time workers would be granted time off that's equivalent to their scheduled or normal work hours in a two-week period. Paid sick time could be carried over from year to year.
Workers would have to be paid at least their normal wage or the federal, state, or local minimum wage, whichever is greater. They would be paid, however, at two-thirds of their regular earning for providing caregiving to a family member.
Employers with similar existing paid leave policies would be required to provide workers with the emergency paid sick time. An employer couldn't require a worker to use any other available paid leave before using the sick time.
Employers would be prohibited from

- Requiring a worker to find a replacement to cover their hours during time off.
- Discharging or discriminating against workers for requesting paid sick leave or filing a complaint against the employer.

An employer could be subject to civil penalties for a violation of paid sick leave requirements.
Workers under a multiemployer collective bargaining agreement and whose employers pay into a pension plan would have access to paid emergency leave.
Employer Tax Credits
The measure would provide payroll tax credits to employers to cover wages paid to employees while they are taking time off under the bill's sick leave and family leave programs.
The payroll tax, which funds Social Security, is a 6.2% levy on wages imposed on both employers and employees. Employees' share wouldn't be affected by the bill.
The sick leave credit for each employee would be for wages of as much as $511 per day while the employee is receiving paid sick leave to care for themselves, or $200 if the sick leave is to care for a family member or child if their school is closed. The limit would be the excess of 10 days over the aggregate number of days taken into account for all preceding calendar quarters.
The family leave credit for each employee would be for wages of as much as $200 per day while the employee is receiving paid leave, or an aggregate of $10,000.
The credit would be refundable if it exceeded the amount the employer owed in payroll tax.
Employers couldn't receive the credit if they're also receiving a credit for paid family and medical leave established by the 2017 tax overhaul (Public Law 115-97). They would have to include the credit in their gross income.
State and local governments couldn't receive the credit.
The credit would be in effect for wages through the end of 2020.
The Treasury Department would have to issue regulations or guidance to ensure employers don't manipulate the credit, to minimize compliance and record-keeping burdens, to waive penalties for underpayments in anticipation of the credit, and to establish a process to recapture credits when there's an adjustment.
The measure would authorize the transfer of amounts equal to the credit, as well as lost revenue from wages that are exempt from payroll tax, to the Social Security and disability insurance trust funds from the general fund.
Self-Employed Tax Credit
The measure would provide a similar refundable credit against self-employment tax. It would cover 100% of self-employed individuals' sick-leave equivalent or 67% if they were taking care of a sick family member or child if their school was closed.

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Their sick-leave equivalent amount would be the lesser of their average daily self-employment income, or $511 per day if caring for themselves or $200 if caring for a family member. It would be available for 10 days over the number of days taken into account in preceding years.
Self-employed individuals could receive a family leave credit for as many as 50 days for the lesser of $200 or their average daily self-employment income.
Self-employed individuals would have to submit documentation, as required by the Treasury Department.
The measure would establish alternate requirements for self-employed individuals who also receive sick-leave pay from an employer. It would also establish rules for the credit to be provided in U.S. territories.
Unemployment Insurance
Emergency Transfers: The measure would provide as much as $1 billion for emergency transfers to states in fiscal 2020 to process and pay unemployment benefits.
Each state would receive a proportional amount based on the share of federal unemployment taxes paid by its employers.
States would receive half of their allocation within 60 days of the bill s enactment if they certify that they meet certain requirements, such as ensuring that workers can apply for benefits online or by phone.
States would receive the remaining funds if their unemployment claims increased by at least 10% over the same quarter in the previous year. They would have to waive certain eligibility rules for claimants and charges for employers affected by Covid-19.
States could modify certain unemployment policies, including rules related to job searches and initial payment waiting periods, on an emergency temporary basis to address the effects of Covid-19.
The Labor Department announced guidance March 12 to clarify that states can make other changes to their unemployment policies to cover affected workers. For instance, current law allows states to pay benefits when workers are quarantined, or when they leave their jobs due to a risk of exposure or to care for a family member, the department said.
Extended Benefits: Eligible laid-off workers can receive regular unemployment benefits for as long as 26 weeks in most states.
After exhausting those benefits, individuals in states with rising unemployment can qualify for an additional 13 weeks of benefits — or 20 weeks in some states — through the Extended Benefits (EB) program.
The bill would waive a state matching requirement and provide full federal funding for the EB program for the rest of 2020. To qualify, states would need to experience a 10% spike in unemployment claims over the past year and qualify for a full emergency funding transfer under the measure.
Interest-Free Loans: The bill would waive interest payments that states owe for the rest of 2020 on federal advances to their unemployment accounts.
Other Agencies
The measure also would provide

- $82 million to the Defense Department for Covid-19-related items and services through the Defense Health Program.
- $60 million for the Veterans Affairs Department.
- $15 million to the Internal Revenue Service to carry out the bill s provisions.

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H.R. 6201, FAMILIES FIRST CORONAVIRUS RESPONSE ACT

Title-By-Title Summary

The legislation guarantees free coronavirus testing, establishes paid leave, enhances Unemployment Insurance, expands food security initiatives, and increases federal Medicaid funding.

DIVISION A – Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

Prepared by the Democratic staff of the House Committee on Appropriations and the House Committee on Education and Labor

Title I – Agriculture, Rural Development, Food and Drug Administration, and Related Agencies

Food and Nutrition Service – Includes funding to ensure the domestic nutrition assistance programs have adequate resources to help those impacted by the COVID-19 public health emergency. Funding is provided for:

- **The Special Supplemental Nutrition Program for Women Infants and Children (WIC)** – $500 million to provide access to nutritious foods to low-income pregnant women or mothers with young children who lose their jobs or are laid off due to the COVID-19 emergency.

- **The Emergency Food Assistance Program (TEFAP)** – $400 million to assist local food banks to meet increased demand for low-income Americans during the emergency. Of the total, $300 million is for the purchase of nutritious foods and $100 million is to support the storage and distribution of the foods.

In addition –

- The legislation includes a general provision that allows the Department of Agriculture to approve state plans to provide emergency Electronic Benefit Transfer (EBT) food assistance to households with children who would otherwise receive free or reduced-price meals if not for their schools being closed due to the COVID-19 emergency. In order to be eligible, the child's school must be closed for no less than 5 consecutive days.

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- Nutrition Assistance for U.S. Territories – $100 million for USDA to provide nutrition assistance grants to Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands in response to the COVID-19 public health emergency.

Title II – Defense

Coverage of Testing for COVID-19 through the Department of Defense – Includes $82 million for the Department of Defense to cover the costs of COVID-19 diagnostic testing for beneficiaries receiving care through the Defense Health Program.

Title III – Financial Services and General Government

Implementation of Tax Credits – Includes $15 million for the Internal Revenue Service to implement tax credits for paid sick and paid family and medical leave.

Title IV – Interior, Environment, and Related Agencies

Coverage of Testing for COVID-19 through the Indian Health Service – Includes $64 million for the Indian Health Service to cover the costs of COVID-19 diagnostic testing for Indians receiving care through the Indian Health Service or through an Urban Indian Health Organization.

Title V – Labor, Health and Human Services, Education, and Related Agencies

Senior Nutrition Program – Includes $250 million for the Senior Nutrition program in the Administration for Community Living (ACL) to provide approximately 25 million additional home-delivered and pre-packaged meals to low-income seniors who depend on the Senior Nutrition programs in their communities.

This funding will provide meals to low-income seniors:

- who are home-bound;
- who have disabilities;
- who have multiple chronic illnesses;
- as well as caregivers for seniors who are home-bound.

ACL's Senior Nutrition grants are provided to States, territories, and eligible tribal organizations and serve more than 2.4 million individuals annually.

Nearly two-thirds of recipients of home-delivered meals report these meals as more than half of their food intake for the day.

Reimbursement for Diagnostic Testing and Services for COVID-19 in Uninsured Individuals – Includes $1 billion for the National Disaster Medical System to reimburse the costs of COVID-19 diagnostic testing and services provided to individuals without health insurance.

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Title VI – Military Construction, Veterans Affairs, and Related Agencies

Coverage of Testing for COVID-19 through the Veterans Health Administration – Includes $60 million for the Department of Veterans Affairs to cover the costs of COVID-19 diagnostic testing for veterans receiving care through Medical Services or through Medical Community Care.

Title VII – General Provisions

Technical budgetary provisions.

In addition –

- Ensures State Emergency Operations Centers receive regular and real-time reporting on aggregate testing and case data from health departments and share that data with the Centers for Disease Control and Prevention.

DIVISION B – Nutrition Waivers

Prepared by the Democratic staff of the House Committee on Agriculture and the House Committee on Education and Labor

Title I – Maintaining Essential Access to Lunch for Students Act

Section 2101. Short Title. The short title for the bill is the Maintaining Essential Access to Lunch for Students Act or the MEALS Act.

Section 2102. Waiver Exception for School Closures Due to COVID-19. Provides the Secretary of Agriculture the authority to issue waivers for state plans that increase costs to the federal government.

Title II – COVID-19 Child Nutrition Response Act

Section 2201. Short Title. The short title for the bill is the COVID-19 Child Nutrition Response Act.

Section 2202. National School Lunch Program Requirement Waivers Addressing COVID-19. Allows all child and adult care centers to operate as non-congregate (i.e. allows them to take food to go). Allows the Secretary of Agriculture to waive meal pattern requirements in child nutrition programs if there is a disruption to the food supply as a result of the COVID-19 emergency. Provides the Secretary of Agriculture the authority to issue nationwide school meal waivers during the COVID-19 emergency, which will eliminate paperwork for states and help more schools quickly adopt and utilize flexibilities.

Section 2203. Physical Presence Waiver Under WIC During Certain Public Health Emergencies. Provides the Secretary of Agriculture with the authority to grant waivers to allow

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participants to be certified for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) without being physically present at the WIC clinic.

Sec. 2204. Administrative Requirements Waiver Under WIC. This section provides the Secretary of Agriculture with the authority to waive administrative requirements that are barriers to serving WIC participants during the coronavirus outbreak.

Title III – SNAP COVID-19 Response Waivers

Section 2301. SNAP Flexibility for Low-Income Jobless Workers. Suspends the work and work training requirements for SNAP during this crisis.

Section 2302. Additional SNAP Flexibilities in a Public Health Emergency. Allows states to request special waivers from the Secretary to provide temporary, emergency CR-SNAP benefits to existing SNAP households up to the maximum monthly allotment, as well as give the Secretary broad discretion to provide much more flexibility for States in managing SNAP caseloads. Additionally, this language requires the Secretary to make State requests for waivers and the USDA response, as well as any USDA guidance on State flexibilities, publicly available online.

DIVISION C – Emergency Family and Medical Leave Expansion Act

Prepared by the Democratic staff of the House Committee on Education and Labor

Section 3101. Short Title. The short title for the bill is the Emergency Family and Medical Leave Expansion Act.

Section 3102. Amendments to the Family and Medical Leave Act of 1993. This section provides employees of employers with fewer than 500 employees and government employers, who have been on the job for at least 30 days, with the right take up to 12 weeks of job-protected leave under the Family and Medical Leave Act to be used for any of the following reasons:

- To adhere to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus;
- To care for an at-risk family member who is adhering to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus; and
- To care for a child of an employee if the child's school or place of care has been closed, or the child-care provider is unavailable, due to a coronavirus.

After the two weeks of paid leave, employees will receive a benefit from their employers that will be no less than two-thirds of the employee's usual pay.

Section 3103. Employment Under Multi-Employer Bargaining Agreements. The bill ensures employees who work under a multiemployer collective agreement and whose employers pay into a multiemployer plan are provided with leave.

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Section 3104. Effective Date. This Act takes effect not later than 15 days after the date of bill's enactment.

DIVISION D – Emergency Unemployment Insurance Stabilization and Access Act of 2020

Prepared by the Democratic staff of the House Committee on Ways and Means

Section 4101. Short Title. The short title for the division is the Emergency Unemployment Insurance Stabilization and Access Act of 2020.

Section 4102. Emergency Transfers for Unemployment Compensation Administration. This section provides $1 billion in 2020 for emergency grants to states for activities related to processing and paying unemployment insurance (UI) benefits, under certain conditions.

$500 million would be used to provide immediate additional funding to all states for staffing, technology, systems, and other administrative costs, so long as they met basic requirements about ensuring access to earned benefits for eligible workers. Those requirements are:

- Require employers to provide notification of potential UI eligibility to laid-off workers
- Ensure that workers have at least two ways (for example, online and phone) to apply for benefits
- Notify applicants when an application is received and being processed and if the application cannot be processed, provide information to the applicant about how to ensure successful processing.

States would be required to report on the share of eligible individuals who received UI benefits and the state's efforts to ensure access within one year of receiving the funding. The funding would be distributed in the same proportions as regular UI administrative funding provided through annual appropriations.

$500 million would be reserved for emergency grants to states which experienced at least a 10 percent increase in unemployment. Those states would be eligible to receive an additional grant, in the same amount as the initial grant, to assist with costs related to the unemployment spike, and would also be required to take steps to temporarily ease eligibility requirements that are limiting access to UI during the COVID-19 outbreak, like work search requirements, required waiting periods, and requirements to increase employer UI taxes if they have high layoff rates. Depending on the state, those actions might require changes in state law, or might just require changes in state policy. This section also provides temporary federal flexibility regarding those UI restrictions which are also in federal law.

Section 4103. Temporary Assistance for States with Advances. This section provides states with access to interest-free loans to help pay regular UI benefits through December 31, 2020, if needed.

Section 4104. Technical Assistance and Guidance for Short-Time Compensation Programs. This section requires the Secretary of Labor to provide technical assistance to states that want to set up work-sharing programs, in which employers reduce hours instead of laying employees off, and then employees receive partial unemployment benefits to offset the wage loss.

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Section 4105. Full Federal Funding of Extended Unemployment Compensation for a Limited Period. For states that experience an increase of 10 percent or more in their unemployment rate (over the previous year) and comply with all the beneficiary access provisions in section 102, this section provides 100 percent federal funding for Extended Benefits, which normally require 50 percent of funding to come from states. Extended Benefits (EB) are triggered when unemployment is high in a state and provide up to an additional 26 weeks after regular UI benefits (usually 26 weeks) are exhausted. This section also suspends the financial penalty within EB for states that waive the usual one-week waiting period for benefits.

DIVISION E – Emergency Paid Sick Leave Act

Prepared by the Democratic staff of the House Committee on Education and Labor

Section 5101. Short Title. The Emergency Paid Sick Leave Act.

Section 5102. The Emergency Paid Sick Leave Act. This section requires employers with fewer than 500 employees and government employers to provide employees two weeks of paid sick leave, paid at the employee's regular rate, to quarantine or seek a diagnosis or preventive care for coronavirus; or paid at two-thirds the employee's regular rate to care for a family member for such purposes or to care for a child whose school has closed, or child care provider is unavailable, due to the coronavirus.

- Full-time employees are entitled to 2 weeks (80 hours) and part-time employees are entitled to the typical number of hours that they work in a typical two-week period.
- The bill ensures employees who work under a multiemployer collective agreement and whose employers pay into a multiemployer plan are provided with leave.

The Act, and the requirements under the Act, expire on December 31, 2020.

DIVISION F – Health Provisions

Prepared by the Democratic staff of the Committees on Energy and Commerce, Ways and Means, and Education and Labor

Section 6001. Coverage of Testing for COVID-19. This section requires private health plans to provide coverage for COVID-19 diagnostic testing, including the cost of a provider, urgent care center and emergency room visits in order to receive testing. Coverage must be provided at no cost to the consumer.

Section 6002. Waiving Cost Sharing Under the Medicare Program for Certain Visits Relating To Testing For COVID-19. This section requires Medicare Part B to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered. Medicare Part B currently covers the COVID-19 diagnostic test with no beneficiary cost-sharing.

Section 6003. Waiving Cost Sharing Under the Medicare Advantage Program for Certain Visits Relating to Testing for COVID-19. This section requires Medicare Advantage to provide

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FL-GOV-20-0899-A-001643

coverage for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing. Coverage must be provided at no cost to the beneficiary.

Section 6004. Coverage at No Cost Sharing of COVID-19 Testing Under Medicaid and CHIP. This section requires Medicaid to provide coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. Coverage must be provided at no cost to the beneficiary. It would also provide states with the option to extend Medicaid eligibility to uninsured populations for the purposes of COVID-19 diagnostic testing. State expenditures for medical and administrative costs would be matched by the federal government at 100 percent.

Section 6005. Treatment of Personal Respiratory Protective Devices as Covered Countermeasures. This section requires certain personal respiratory protective devices to be treated as covered countermeasures under the PREP Act Declaration for the purposes of emergency use during the COVID-19 outbreak and ending October 1, 2024.

Section 6006. Application with Respect to TRICARE, Coverage for Veterans, and Coverage for Federal Civilians. This section ensures that individuals enrolled in TRICARE, covered veterans, and federal workers have coverage for COVID-19 diagnostic testing without cost-sharing.

Section 6007. Coverage of Testing for COVID-19 At No Cost Sharing for Indians Receiving Contract Health Services. This section ensures that American Indians and Alaskan Natives do not experience cost sharing for COVID-19 testing, including those referred for care away from an Indian Health Service or tribal health care facility.

Section 6008. Emergency FMAP Increase. This section provides a temporary increase to states' federal medical assistance percentage for the duration of the public health emergency for COVID-19. It requires states to maintain eligibility standards that are no less restrictive than the date of enactment.

Section 6009. Increase in Medicaid Allotments for Territories. This section provides an increase to the territories' Medicaid allotments for 2020 and 2021. It will ensure that territories that receive an FMAP increase under the previous section will have the necessary additional federal funds for their Medicaid programs.

Section 6010. Clarification Relating to Secretarial Authority Regarding Medicare Telehealth Services Furnished During COVID-19 Emergency Period. This section makes a technical change to the Medicare telehealth provision of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) to ensure that new Medicare beneficiaries are able to access telehealth services under the emergency authority granted to the Secretary.

DIVISION G – Tax Credits For Paid Sick And Paid Family And Medical Leave

Prepared by the Democratic staff of the House Committee on Ways and Means

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Section 7001. Payroll Credit for Required Paid Sick Leave. This section provides a refundable tax credit equal to 100 percent of qualified paid sick leave wages paid by an employer for each calendar quarter.

The tax credit is allowed against the tax imposed by section 3111(a) (the employer portion of Social Security taxes). Qualified sick leave wages are wages required to be paid by the Emergency Paid Sick Leave Act.

The section makes a distinction between qualified sick leave wages paid with respect to employees who must self-isolate, obtain a diagnosis, or comply with a self-isolation recommendation with respect to coronavirus. For amounts paid to those employees, the amount of qualified sick leave wages taken into account for each employee is capped at $511 per day. For amounts paid to employees caring for a family member or for a child whose school or place of care has been closed, the amount of qualified sick leave wages taken into account for each employee is capped at $200 per day. The aggregate number of days taken into account per employee may not exceed the excess of 10 over the aggregate number of days taken into account for all preceding calendar quarters.

If the credit exceeds the employer's total liability under section 3111(a) for all employees for any calendar quarter, the excess credit is refundable to the employer. Employers may elect to not have the credit apply. To prevent a double benefit, no deduction is allowed for the amount of the credit. In addition, no credit is allowed with respect to wages for which a credit is allowed under section 45S.

The Secretary of the Treasury is given broad authority to issue regulations and guidance necessary to carry out the purposes of the section, including regulations and guidance related to avoidance, penalty waivers with respect to deposit amounts, compliance and record-keeping relief, and benefit recapture. The Social Security OASDI trust funds are held harmless by transferring funds from the General Fund. The section applies only to wages paid with respect to the period beginning on a date selected by the Secretary of the Treasury (or the Secretary's delegate) which is during the 15-day period beginning on the date of the enactment of this Act, and ending on December 31, 2020.

Section 7002. Credit for Sick Leave for Certain Self-Employed Individuals. This section provides a refundable tax credit equal to 100 percent of a qualified sick leave equivalent amount for eligible self-employed individuals who must self-isolate, obtain a diagnosis, or comply with a self-isolation recommendation with respect to coronavirus. For eligible self-employed individuals caring for a family member or for a child whose school or place of care has been closed due to coronavirus, the section provides a refundable tax credit equal to 67 percent of a qualified sick leave equivalent amount.

The credit is allowed against income taxes and is refundable. Eligible self-employed individuals are individuals who would be entitled to receive paid leave pursuant to the Emergency Paid Sick Leave Act if the individual was an employee of an employer (other than himself or herself). For eligible self-employed individuals who must self-isolate, obtain a diagnosis, or comply with a

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self-isolation recommendation, the qualified sick leave equivalent amount is capped at the lesser of $511 per day or the average daily self-employment income for the taxable year per day. For eligible self-employed individuals caring for a family member or for a child whose school or place of care has been closed due to coronavirus, the qualified sick leave equivalent amount is capped at the lesser of $200 per day or the average daily self-employment income for the taxable year per day.

In calculating the qualified sick leave equivalent amount, an eligible self-employed individual may only take into account those days that the individual is unable to work for reasons that would entitle the individual to receive paid leave pursuant to the Emergency Paid Sick Leave Act.

A self-employed individual must maintain documentation prescribed by the Secretary of the Treasury to establish his or her eligibility for the credit. To prevent a double benefit, the qualified sick leave equivalent amount is proportionately reduced for any days that the individual also receives qualified sick leave wages from an employer. The section contains rules to ensure that self-employed individuals in U.S. territories may claim the credit.

The Secretary of the Treasury is given broad authority to issue regulations and guidance necessary to carry out the purposes of the section, including regulations and guidance related to avoidance and compliance and record-keeping relief. The section applies only to days occurring during the period beginning on a date selected by the Secretary of the Treasury which is during the 15-day period beginning on the date of the enactment of this Act, and ending on December 31, 2020.

Section 7003. Payroll Credit for Required Paid Family Leave. This section provides a refundable tax credit equal to 100 percent of qualified family leave wages paid by an employer for each calendar quarter.

The tax credit is allowed against the tax imposed by section 3111(a) (the employer portion of Social Security taxes). Qualified family leave wages are wages required to be paid by the Emergency Family and Medical Leave Expansion Act.

The amount of qualified family leave wages taken into account for each employee is capped at $200 per day and $10,000 for all calendar quarters. If the credit exceeds the employer's total liability under section 3111(a) for all employees for any calendar quarter, the excess credit is refundable to the employer.

Employers may elect to not have the credit apply. To prevent a double benefit, no deduction is allowed for the amount of the credit. In addition, no credit is allowed with respect to wages for which a credit is allowed under section 45S.

The Secretary of the Treasury is given broad authority to issue regulations and guidance necessary to carry out the purposes of the section, including regulations and guidance related to avoidance, compliance and record-keeping relief, and benefit recapture. The Social Security OASDI trust funds are held harmless by transferring funds from the General Fund. The section

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applies only to wages paid with respect to the period beginning on a date selected by the Secretary of the Treasury which is during the 15-day period beginning on the date of the enactment of this Act, and ending on December 31, 2020.

Section 7004. Credit for Family Leave for Certain Self-Employed Individuals. This section provides a refundable tax credit equal to 100 percent of a qualified family leave equivalent amount for eligible self-employed individuals.

The credit is allowed against income taxes and is refundable. Eligible self-employed individuals are individuals who would be entitled to receive paid leave pursuant to the Emergency Family and Medical Leave Expansion Act if the individual was an employee of an employer (other than himself or herself). The qualified family leave equivalent amount is capped at the lesser $200 per day or or the average daily self-employment income for the taxable year per day. In calculating the qualified family leave equivalent amount, an eligible self-employed individual may only take into account those days that the individual is unable to work for reasons that would entitle the individual to receive paid leave pursuant to the Emergency Family and Medical Leave Expansion Act.

A self-employed individual must maintain documentation prescribed by the Secretary of the Treasury to establish his or her eligibility for the credit. To prevent a double benefit, the qualified sick leave equivalent amount is proportionately reduced for any days that the individual also receives qualified sick leave wages from an employer. The section contains rules to ensure that self-employed individuals in U.S. territories may claim the credit.

The Secretary of the Treasury is given broad authority to issue regulations and guidance necessary to carry out the purposes of the section, including regulations and guidance related to avoidance and compliance and record-keeping relief. The section applies only to days occurring during the period beginning on a date selected by the Secretary of the Treasury which is during the 15-day period beginning on the date of the enactment of this Act, and ending on December 31, 2020.

Section 7005. Special Rule Related to Tax on Employers. This section ensures that any wages required to be paid by reason of the Emergency Paid Sick Leave Act and the Emergency Family and Medical Leave Expansion Act will not be considered wages for purposes of section 3111(a). The Social Security OASDI trust funds are held harmless by transferring funds from the General Fund.

DIVISION H – Budgetary Effects

Technical budgetary provisions.

AMERICAN OVERSIGHT

From:	Chip Rogers CEO
Subject:	How Hotels are Protecting Guests & Employees in Your Communities from COVID-19
Date:	Wednesday, March 11, 2020 11:41:03 AM
Attachments:	How Hotels are Protecting Guests & Employees in Your Communities from COVID-19.pdf Hotel Industry Coronavirus Readiness Plan.pdf Travel Industry Statement on Coronavirus.pdf

March 11, 2020

Dear Governor,

On behalf of the American Hotel & Lodging Association and the more 8.3 million associates supporting the hotel industry, thank you for your leadership in addressing the impacts of the coronavirus COVID-19.

While there are currently no restrictions to travel within the United States, our industry is taking very seriously the concerns of America's traveling public. That's why I'm sharing our Coronavirus Readiness Toolkit, which includes guidance to hoteliers on coordinating with state and local health officials, ensuring flexible sick leave policies and stressing workplace hygiene and prevention cleaning measures.

We are also hosting a series of webinars to ensure hoteliers have the latest guidance to protect the health of the traveling public and hotel employees.

The hotel industry has protocols in place to deal with everything from the common cold to the flu. And hotels are thoroughly cleaned every day. We have long been prepared to deal with public health challenges like Norovirus, H1N1, and now COVID-19. Thankfully, this preparedness aligns with the latest guidance from the Centers for Disease Control and Prevention.

Currently, our members are working with industry experts to increase the frequency of cleaning and supplying additional sanitizer stations with a minimum alcohol content of 60-90 percent.

As we all work to manage this situation, there is currently a low number of cases of COVID-19 in the United States. We remain vigilant about the cases being reported, yet we urge everyone to understand that travel is still safe. Travel and tourism are also critical to our national economy and virtually every local economy. During this time, please know that we are a partner to you in helping to address public concerns and encouraging safe travel for the benefit of communities across the country.

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America's hotel industry remains open and ready to serve our guests and to continue to provide livelihoods for the residents of your communities.

Sincerely,

Chip Rogers
President & CEO
American Hotel & Lodging Association

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AHLA
AMERICAN HOTEL & LODGING ASSOCIATION

March 11, 2020

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America's hotel industry remains open and ready to serve our guests and to continue to provide livelihoods for the residents of your communities.

Sincerely,

Chip Rogers
President & CEO
American Hotel & Lodging Association

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AHLA
AMERICAN HOTEL & LODGING ASSOCIATION

GUIDANCE FOR EMPLOYERS TO PLAN & RESPOND TO CORONAVIRUS (COVID-19)

The following guidance may help prevent workplace exposures to acute respiratory illnesses, including the Coronavirus, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of the Coronavirus from the Centers for Disease Control and Prevention (CDC). This guidance is based on what is currently known about the Coronavirus Disease 2019 (COVID-19).

All employers should be ready to implement strategies to protect their workforce from the Coronavirus while ensuring continuity of operations. As with all illnesses, sick employees should stay home and away from the workplace, use cough and sneeze etiquette, frequently clean hands with soap and water, and routinely clean commonly touched surfaces.

What steps can be taken in advance of employees getting sick?

Explore flex working options

- Determine policies and practices, such as telecommuting and flexible work hours.
- Supervisors should educate employees that if they become sick they should telework instead of coming into the workplace until symptoms are completely resolved.

Develop an employee communications plan

- Establish a process to communicate the latest Coronavirus information to employees and business partners (ex. CDC Coronavirus Workplace Tips For Employees).
- Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.

Decide how to handle an increase in absenteeism

Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school.

Coordinate with state and local health officials

- Coordination with state and local health officials is strongly encouraged for all businesses to ensure timely and accurate information to guide appropriate responses in each location where their operations reside.
- Outbreak intensity may differ according to geographic location. Local health officials will be issuing guidance specific to their communities.
- Employers should take the time to research plans in place in each community where they have a business by contacting their local public health department.

Make a business continuity plan

Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, consider digital meetings, or temporarily suspend some of your operations if needed).

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FL-GOV-20-0899-A-001651

GUIDANCE FOR EMPLOYERS TO PLAN & RESPOND TO CORONAVIRUS (COVID-19)

Symptoms
Symptoms include mild to severe respiratory illness with fever, cough, and difficulty breathing. and may appear in as few as two days or as long as 14 days after exposure.

Transmission
People can catch COVID-19 from others who have the virus or by touching these objects or surfaces, then touching their eyes, nose, or mouth.It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Preventative Measures
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick and stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

Teleconference in lieu of meeting in person if available.

- Educate your employees about COVID-19, its symptoms, and the potential health concerns associated with any travel at this time.
- Follow updates from the CDC and the World Health Organization (WHO) regarding additional precautions.

What should employers do if employees become sick?

- **Ensure flexible sick leave policies:** Consistent with public health guidance, permit employees to stay home to care for a sick family member, and that employees are aware of these policies. Actively encourage sick employees to notify their supervisor and stay home.
- **Local decision making:** Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions based on the conditions in each locality.
- **Employee travel:** Ensure employees who become sick while traveling or on temporary assignment understand to notify their supervisor and call a healthcare provider for advice if needed.
- **Separate sick employees:** CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and sent home immediately.
- **Social distancing:** Plan to minimize exposure between healthy employees and also between those employees and the public, if public health officials call for social distancing.
- **Workplace hygiene:** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Provide disposable wipes so that commonly used surfaces can be wiped down by employees before each use.

Are there additional measures in affect in response to the Coronavirus?

- **CDC's Traveler's Health Notices:** Check the latest guidance and recommendations for each country to which you plan to travel.
- **Outside the United States:** Sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas. Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
- **Health confidentiality:** If an employee is confirmed to have the Coronavirus infection, employers should inform fellow employees of their possible exposure to the Coronavirus in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed Coronavirus should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

For more information about the Coronavirus, please visit AHLA.com/covid19 and the CDC website at cdc.gov

AMERICAN OVERSIGHT
FL-GOV-20-0899-A-001652
March 5, 2020

Travel Leaders Echo Experts: Make Fact-Based Decisions About Traveling

U.S. Officials: "It Is Safe for Healthy Americans to Travel"

WASHINGTON (March 10, 2020)—A coalition of 150 travel-related organizations issued the following statement on the latest developments around coronavirus (signatories below):
"For the travel and hospitality industry, the safety of the traveling public, our guests and our employees is of the utmost importance. We are in daily contact with public health authorities and are acting on the most up-to-date information on the evolving coronavirus situation.

"Health and government officials have continually assured the public that healthy Americans can 'confidently travel in this country.' While it's critically important to remain vigilant and take useful precautions in times like these, it's equally important to make calm, rational, and fact-based decisions.

"Though the headlines may be worrisome, experts continue to say the overall coronavirus risk in the U.S. remains low. At-risk groups are older individuals and those with underlying health conditions, who should take extra precautions.

"The latest expert guidance indicates that for the overwhelming majority, it's OK to live, work, play and travel in the U.S. By seeking and heeding the latest expert guidance—which includes vigorous use of good health practices, similar to the preventive steps recommended for the seasonal flu—America's communities will stay strong and continue to thrive. The decision to cancel travel and events has a trickle-down effect that threatens to harm the U.S. economy, from locally owned hotels, restaurants, travel advisors and tour operators to the service and frontline employees who make up the backbone of the travel industry and the American economy.

"We are mindful of a guiding principle that long predates this current public health situation: without the safety and security of travelers, there can be no travel. The travel industry will maintain lines of contact with the Centers for Disease Control and Prevention, the U.S. Departments of Homeland Security and Health and Human Services and will remain vigilant for any changes. Collectively, we are taking enhanced steps to ensure both the safety of travelers, guests and our own employees."

Signatories:

Asian American Hotel Owners Association (AAHOA)
ADARA
Airlines For America
Airports Council International - North America (ACI-NA)
American Association of Airport Executives
American Bus Association
American Car Rental Association
American Gaming Association
American Hotel & Lodging Association
American Resort Development Association
American Society of Association Executives
American Society of Travel Advisors

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Anaheim/Orange County Lodging Association
Arizona Lodging & Tourism Association
Arizona Office of Tourism
Arkansas Hospitality Association
Arlington Convention & Visitors Bureau
Arrivalist
Associated Luxury Hotels International Association Forum
Bloomington MN Convention & Visitors Bureau
Branson Chamber & Convention & Visitors Bureau
California Association of Boutique & Breakfast Inns
California Attractions and Parks Association
California Hotel & Lodging Association
Cincinnati Hotel Association
CityPASS
Colorado Hotel & Lodging Association
Colorado Tourism Office
ConferenceDirect
Connecticut Lodging Association
Cruise Lines International Association
CRVA/Visit Charlotte
Destination DC
Destination Niagara USA
Destinations International
Detroit Metro Convention & Visitors Bureau
Detroit Restaurant & Lodging Association
Discover Puerto Rico
Entrada
Events Industry Council
Experience Grand Rapids
Experience Kissimmee
Experience Scottsdale
Explore Charleston
Explore Fairbanks
Financial & Insurance Conference Professionals
Florida Restaurant & Lodging Association
Georgia Hotel & Lodging Association
Greater Boston Convention & Visitors Bureau
Greater Orlando Aviation Authority
Greater Palm Springs Convention & Visitors Bureau
HelmsBriscoe
Hospitality Maine
Hospitality Minnesota
Hospitality Santa Barbara
Hostelling International USA
Hotel Association of Los Angeles
Hotel Association of New York City
Hotel Association of Washington DC
International Association of Amusement Parks and Attractions (IAAPA)
International Association of Conference Centres (IACC)
International Association of Exhibitions and Events (IAEE)
Illinois Hotel & Lodging Association
Indiana Restaurant & Lodging Association
International Franchise Association
International Inbound Travel Association
Las Vegas Convention and Visitors Authority
Leisure Pass Group
Long Beach Hospitality Alliance
Longwoods International
Los Angeles Tourism and Convention Board
Louisiana Hotel & Lodging Association
Maritz Global Events
Maryland Hotel Lodging Association
Meeting Professionals International
Michigan Restaurant & Lodging Association
Miles Partnership
Montana Lodging & Hospitality Association
Myrtle Beach Area Chamber and Convention & Visitors Bureau
Nashville Convention & Visitors Corp
National Air Carrier Association
National Restaurant Association
National Tour Association
Nevada Hotel & Lodging Association
New Jersey Hotel & Lodging Association
New Orleans & Company
New York State Hospitality & Tourism Association

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North Carolina Restaurant and Lodging Association
Northstar Travel Group
NYC & Company
Ohio Hotel & Lodging Association
OHLA - Greater Akron Lodging Council
OHLA - Greater Cincinnati Lodging Council
OHLA - Greater Cleveland Lodging Council
OHLA - Greater Columbus Lodging Council
OHLA - Northwest Ohio Lodging Council
OHLA - Greater Dayton Lodging Council
Oregon Restaurant & Lodging Association
Pennsylvania Restaurant & Lodging Association
Philadelphia Convention & Visitors Bureau
PRA
Reno Tahoe
Resonance Consultancy
San Diego County Lodging Association
San Diego Tourism Authority
San Francisco Hotel Council
San Francisco Travel
Simpleview
Society of Government Meeting Professionals
Society of Independent Show Organizers (SISO)
South Carolina Dept. of Parks, Recreation and Tourism
South Carolina Restaurant & Lodging Association
South Dakota Department of Tourism
Southeast Tourism Society
St. Louis Area Hotel Association
Student & Youth Travel Association
Tampa International Airport
Tennessee Hospitality & Tourism Association
The Broadway League
The Greater Miami Convention & Visitors Bureau
The Shubert Organization
The Travel Technology Association
Travel Nevada
Travel Oregon
Travel Portland
Travel South USA
U.S. Chamber of Commerce
U.S. Travel Association
United States Tour Operators Association
Utah Office of Tourism
Virginia Restaurant, Lodging, and Travel Association
Visit Buffalo Niagara
VISIT DENVER
Visit Fort Worth
Visit Franklin
Visit Lake Charles
Visit Napa Valley
Visit North Carolina
Visit Philadelphia
Visit Seattle
Visit Tampa Bay
Visit Wichita
VisitDallas
West Virginia Hospitality and Travel Association
Wisconsin Hotel & Lodging Association
Wyoming Lodging & Restaurant Association

AMERICAN OVERSIGHT

From: Satter, Jonathan
To: Satter, Jonathan
Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP
Date: Thursday, March 12, 2020 8:51:13 PM
Attachments: image001.png
image002.png
image003.png
image004.png

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to

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work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida



How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

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From: Swint, Zachariah D. EOP/WHO
To: Swint, Zachariah D. EOP/WHO
Cc: Hoelscher, Douglas L. EOP/WHO; Pottebaum, Nic D. EOP/WHO
Subject: INVITATION: Briefing Call on COVID-19 TODAY (March 12) at 2:00 p.m. ET
Date: Thursday, March 12, 2020 11:26:41 AM
Attachments: image001.png



State and Local Leaders,

On **Thursday, March 12, at 2:00 p.m. Eastern Time**, please join Senior Administration Officials for a briefing call on COVID-19 (coronavirus) regarding President Trump issuing a proclamation under section 212(f) of the Immigration and Nationality Act (INA) to restrict travel to the United States from foreign nationals who have recently been in certain European countries. Additional details can be found below. We will also provide an update on implementing mitigation strategies for communities with local COVID-transmission (A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission).

Briefing Call Registration on 212(f) & Community Mitigation Strategies

- **Date: Today,** Thursday, March 11
- **Time:** 2:00 PM ET (please note time zone)
- **Call-In Registration**: **CLICK HERE**
- **Note:** You must RSVP to join the call. Upon successful registration, you will receive dial-in details to the email address you use to register. Note that multiple people cannot dial-in using the same registration information.

Below, please find additional information. The White House Office of Intergovernmental Affairs (WH IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance.

Sincerely,
Zach

The White House Office of Intergovernmental Affairs

Zach Swint
Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

President Donald J. Trump Has Taken Unprecedented Steps to Respond to The Coronavirus and Protect the Health and Safety Of Americans
"Together we are putting into policy a plan to prevent, detect, treat and create a vaccine

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against coronavirus to save lives in America and the world. America will get it done!" – President Donald J. Trump

President Donald J. Trump signed a Presidential Proclamation, which suspends the entry of most foreign nationals who have been in certain European countries at any point during the 14 days prior to their scheduled arrival to the United States. These countries, known as the Schengen Area, include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland. This does not apply to legal permanent residents, (generally) immediate family members of U.S. citizens, and other individuals who are identified in the proclamation.

Statement from DHS Acting Secretary Chad F. Wolf: "Protecting the American people from threats to their safety is the most important job of the President of the United States. The actions President Trump is taking to deny entry to foreign nationals who have been in affected areas will keep Americans safe and save American lives. I applaud the president for making this tough but necessary decision. While these new travel restrictions will be disruptive to some travelers, this decisive action is needed to protect the American public from further exposure to the potentially deadly coronavirus. In January and February, the Administration issued similar travel restrictions on individuals who had been in China and Iran. That action proved to be effective in slowing the spread of the virus to the U.S., while public health officials prepared. In the next 48 hours, in the interest of public health, I intend to issue a supplemental Notice of Arrivals Restriction requiring U.S. passengers that have been in the Schengen Area to travel through select airports where the U.S. Government has implemented enhanced screening procedures."

RESTRICTING TRAVEL FROM IMPACTED AREAS: President Donald J. Trump is taking further action to curb the spread of the coronavirus to the United States from other countries.

- President Trump is issuing a proclamation under section 212(f) of the Immigration and Nationality Act (INA) to restrict travel to the United States from foreign nationals who have recently been in certain European countries.
  - Section 212(f) of the INA only applies to the movement of human beings, not goods or cargo.
- The restriction applies to foreign nationals who have been in the Schengen Area, 26 countries in Europe with open borders agreements, in the last 14 days.
- Those who are exempt from these restrictions, such as American citizens, will be directed to a limited number of airports where screening can take place.
- There is extensive travel back and forth between Europe that heightens the risk here in the United States.

LOOKING OUT FOR AMERICAN BUSINESSES AND WORKERS: President Donald J. Trump is committed to protecting American businesses and workers from the impacts of coronavirus.

- The President is announcing an economic assistance package to help support businesses and workers who have been harmed by this outbreak.
- President Trump has instructed the Small Business Administration (SBA) to exercise available authority to provide loans to businesses affected by the coronavirus.
  - These loans will help overcome disruptions caused by the coronavirus.
  - The President is calling on Congress to increase funding for this program by an additional $50 billion.
- The President will be instructing the Department of the Treasury to defer tax payments

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for certain individuals and businesses negatively impacted by the coronavirus.
    - This action will provide more than $200 billion of additional liquidity to the economy.
- President Trump is calling on Congress to immediately pass payroll tax relief.
- The President announced that he will soon be taking emergency action to provide financial relief for workers who are ill, quarantined, or caring for others due to the coronavirus.
    - The President also called on Congress to take action to extend this relief for workers.

LEADING AN AGGRESSIVE, WHOLE-OF-GOVERNMENT APPROACH: President Trump has taken unprecedented steps to protect the health of Americans in response to the coronavirus.

- The President is leveraging all of our resources to respond to the coronavirus, bringing together government and private industry in a collaborative response.
- The Trump Administration declared a public health emergency in January to bolster response efforts.
- President Trump took early action to help curb the spread of the virus from other countries to the United States, providing important time for response and preparations.
    - In January, President Trump acted quickly to restrict travel from foreign nationals traveling from China.
    - In February, the President restricted travel for individuals recently traveling from Iran.
    - The Administration put into place mandatory screening for all travelers coming into the country from Italy and South Korea.
    - Travel advisories for severely impacted areas like Italy and South Korea have been raised to their highest level.
- Today, the President directed his Administration to make general-use face masks available to our healthcare workers.
    - The Administration's actions will help make millions of general-use respirators available to keep healthcare workers safe and mitigate transmission of the virus.
- President Trump signed into law more than $8 billion to fund response efforts.
- The Administration has taken bold steps to incentivize the development of therapeutics and vaccines to treat and prevent the spread of the coronavirus.
- Working across the public and private sectors, the Trump Administration continues to drastically expand testing capacity.
    - More than 1 million tests have been distributed nationwide, with another 4 million tests being shipped out by the end of the week.
    - Testing is now available in every State lab in the country and commercial labs are now deploying tests, which will help generate a dramatic increase in availability.
- The Trump Administration has released guidance on how to keep businesses, schools, community gathering places, and families safe.
    - From the start, President Trump has made keeping the public informed a top priority.
- The Administration has announced that health plans with health savings accounts will be able to cover coronavirus testing and treatment without co-payments.

ICYMI | Vice President Pence Discusses the Coronavirus Response on the Morning Shows

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Earlier this morning, Vice President Pence joined Good Morning America, The Today Show, Fox & Friends, New Day, and CBS This Morning to discuss the steps that this administration is taking to combat the coronavirus.

ON ABC's GOOD MORNING AMERICA



WATCH HERE.

From very early on, President Trump took decisive action to put the health of the American people first.

> "We all have known from the beginning that the coronavirus would continue to spread across this country, and it's one of the reasons why, from very early on, President Trump took decisive action to put the health of the American people first, not only declaring a public health emergency in January, but in that same month he suspended all travel from China -- an unprecedented move -- and quarantined Americans that were returning from the region. Since that time, George, we've -- we've issued travel advisories for areas of South Korea, Italy; screened all persons coming on direct flights. But, frankly, as we watched the epicenter of the coronavirus shift from China and South Korea to Europe, the President thought it was proper for us to impose a 30-day suspension on all travel from continental Europe."

The President, again, made another unprecedented decision in suspending all travel from Europe, because we want to stop the flow of people bringing the coronavirus here.

> "The reality is that, really, just two weeks ago, in Italy, there were less than 500 cases and now there's 12,000 cases in Italy, George. We have tens of thousands of people that travel to the United States from Europe every day. Seventy percent of new cases in the world were in Europe. And when we looked yesterday at the -- what was then the 35 states where we had cases, about 30 of them could be traced to contacts with Europe. And so the President, again, made another unprecedented decision in suspending all travel from Europe, because we essentially want -- we essentially want to stop the flow of people bringing the coronavirus here, but then continuing to surge resources, particularly into California, Washington State, New York, and other communities where we've seen community spread. It's a combination of efforts that's being driven by the top health experts in the world on

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our task force. But the President -- the President showed again yesterday a willingness to take decisive action on multiple levels to protect the American people."

We want to send a very clear message to Americans that if for any reason you believe you've been exposed to the coronavirus, you should not be worried about the cost of testing or treatment.

"We're making steady progress. We're going to continue to make a very clear message to Americans that if for any reason you believe you've been exposed to the coronavirus or you have symptoms, we don't want people to be worried about the cost of testing, to be worried about the cost of treatment… As the President made clear last night, we're working with Congress and exploring actions the President can take to make sure that hourly wage earners know that you can stay home without risking losing a paycheck or losing your job if you feel if you feel that you've been exposed to the coronavirus."

ON NBC's TODAY SHOW



WATCH HERE.

From early on in this effort, we have addressed the testing issue. We made changes through the FDA that allowed for state labs and hospitals to engage in testing.

"From early on in this effort we've been addressing the testing issue. We made changes through the FDA that allowed for state labs and university hospitals and hospitals to engage in testing. And I'm pleased to report every state lab in America can do testing now. Many university laboratories are doing it. Washington State – the University of Washington is doing extraordinary work. but we are literally working hour by hour to expand the testing and we think the key Savannah is going to be what we call commercial laboratories like LabCorp and Quest who are already spinning up production at the president's direction last week on tests that can be available on a broad basis in the days ahead for the American people. we're making real progress but rest assured we're going to continue to drive forward."

The American people should know that President Trump has no higher priority than the health, safety and well-being of the American people.

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"The American people should know that President Trump has no higher priority than the health and safety and wellbeing of the people in this country. You can go to coronavirus.gov right now to find out what every American can do to keep yourself, your family, your workplace and your school safe. But you can rest assured we're going to focus on communities where we've had community spread, and the President's action yesterday suspending travel from Europe is one more example of how he's putting the health of America first."

ON FOX NEWS' FOX & FRIENDS



WATCH HERE AND HERE.

The President has called this a whole-of-government approach, but he has also called this is a whole-of-America approach.

"The President, you know, he said this was a whole-of-government approach but he also said this is a whole-of-America approach. So he's brought in business leaders from nursing homes; yesterday, banking; hospitals, and the rest. But one of the things we did that's most important on testing was the President brought in the leaders of the top commercial laboratories in the country who, as we speak, have already approved a test that is being spun up. It's being sent out to market. Quest, LabCorp, the largest commercial laboratories in the country, are working very closely with our administration. We're clearing the red tape out of the way. That's going to be the way that, in the days ahead, we're going to -- we're going to have broad-based testing available all across the country."

We are working together to contain the spread of the coronavirus. And we will get through this.

"Our goal, as the coronavirus spreads in this country -- and the vast majority who would contract it will have flu-like symptoms and recover. Our goal nonetheless is to hold down that overall number as much as possible. And we will do that with the continuing cooperation of American families, schools, businesses, and states. And that's the vision President Trump has. All of us working together will get through this."

We are focusing on supporting efforts at the state and local level in Washington State, and in California. CDC issued strong guidelines for those

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communities about public activities, large gatherings and at schools. We will continue simply to follow the data on this.

> "Make no mistake about it: We are also focusing on supporting efforts at the state and local level in California, in Washington State, and in California. CDC issued very strong guidelines for those communities about public activities, large gatherings, schools. And we'll continue simply to follow the data on this and make strong recommendations where we have what's known as "community spread. But for every American, right now, as the President said last night, it's a good time to use common sense. Wash your hands often. Clean, you know, often-used surfaces. All that information is available at Coronavirus.gov. So we're going to try and mitigate the spread in this country but also prevent, through the President's decisive action last night, people from bringing the coronavirus into the United States any further from Europe."

We are encouraging best practices for every American. We are focusing on communities where we have community spread.

> "I want to say to your viewers, just as the President said last night, the risk to the average American of contracting the coronavirus remains low, but we do know that seniors with serious underlying chronic health conditions are particularly vulnerable to very serious outcomes. And so we're encouraging best practices for every American. We're focusing on communities where we have community spread."

Those with a family member who is a senior citizen should support them in engaging in good hygiene and good health practices.

> "For any American that's watching today that has a family member or a loved one who's a senior citizen with a serious underlying health condition, this is a very good time to help and to support them to be able to avoid public places, and everyone around them to engage in good hygiene and good practices to protect those that are most vulnerable."

ON CNN's NEW DAY



WATCH HERE AND HERE.

We have been meeting with industry leaders in one relevant industry after

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another to ensure that the full resources of America are being brought to bear.

> "We're not doing a travel ban as our strategy. The suspending all travel for 30 days from Europe is a part of the strategy. The other part is an aggressive mitigation strategy. I spoke to the governors of New York, Washington State, and California tomorrow -- or yesterday. CDC issued strong guidance to those areas where we have community spread. We've flowed resources. We've flowed support to those areas. And so it's a combination of strategies that the President has employed here. As he says, it's "all hands on deck," "a whole-of-government approach," but it's also a whole-of-America approach. We've literally been meeting with industry leaders in one relevant industry after another to ensure that the full resources of America are being brought to bear."

Any American who is concerned about being exposed to the coronavirus, should call their doctor and get tested.

> "Anyone who's looking on today who might be concerned that they were exposed to coronavirus or have symptoms should call their doctor. Their doctor, with any question, can call their state laboratory and be able to find out how they can have a test processed."

We are making steady progress. We don't want anybody to avoid having a test because they are concerned financially.

> "But make no mistake about it: We're making steady progress. We've made changes at the FDA in January, at the President's direction. And the American people can be confident we're going to continue to roll out the test. And maybe most significant on that score is that the President brought health insurance companies in last week and they all agreed to waive the co-pays on testing. We expanded testing to Medicare and Medicaid patients. And we also expanded coverage for treatment, and health insurance companies expanded coverage for treatment. We don't want anybody to avoid having a test because they're concerned financially."

The risk to the average American remains low.

> "I want people to know that the risk to contracting the coronavirus, according to all of our experts, for the average American remains low. Most people that contract it, will have flu-like symptoms and recover."

ON CBS This Morning

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WATCH HERE.

We are going to continue to put in every effort in place to protect the health and safety of the American people.

> "The President took the unprecedented step of suspending all travel from China which was the originating country of this virus. We also established travel advisories, and we've been screening passengers on all direct flights from South Korea and Italy. But with the epicenter of this epidemic now moving from China and South Korea to Europe, yesterday the President again took the unprecedented step of suspending all travel from Europe for the next 30 days, and that in combination with our strong mitigation efforts in communities that are experiencing what our experts call community spread, areas of California, Washington State, and New York, we're going to continue to put every effort at home and with regard to these travel restrictions in place to protect the health and safety of the American people."

In the days ahead, we are going to continue to see the availability of tests at your local doctor and your local pharmacy expand.

> "Testing is happening in every state lab in the country. Many university hospitals have taken the FDA test, like the University of Washington, is doing a great job expanding testing capabilities. But the biggest piece on the testing is that our commercial labs that the President brought in last week, companies like Quest and LabCorp, have already had approved a new test that they several days ago had begun to take to market which they can do in a vast and expansive way across the country. And literally in the days ahead, we're going to continue to see the availability of tests at your local doctor, ultimately at your local pharmacy, continue to expand."

When President Trump learned that 70% of the new cases this week, around the world, were in Europe, he took decisive action to protect the American people.

> "Make no mistake about it: All the new cases in the world, this week, 70% of the new cases were in Europe. And the increase has been dramatic. When the President imposed the travel advisory and we began screening all flights, all passengers coming into the United States from Italy two weeks ago, there were roughly 500 coronavirus cases. Now there's 12,000, about 1,000 in Germany, about 1,000 in France. That's the reason why the President essentially said full stop, we're going to

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suspend all travel, and that American citizens coming home and legal residents will be funneled through 13 different airports. They'll get an initial health screening coming in. But we're going to ask everyone returning to our country to self-quarantine for 14 days."

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From: Pottebaum, Nic D. EOP/WHO
To: Pottebaum, Nic D. EOP/WHO
Cc: Hoelscher, Douglas L. EOP/WHO; Swint, Zachariah D. EOP/WHO
Subject: INVITE: State & Local Briefing Call on COVID-19 (Wednesday, March 18, 1:00 PM ET)
Date: Tuesday, March 17, 2020 9:28:35 AM
Attachments: image001.png

THE WHITE HOUSE

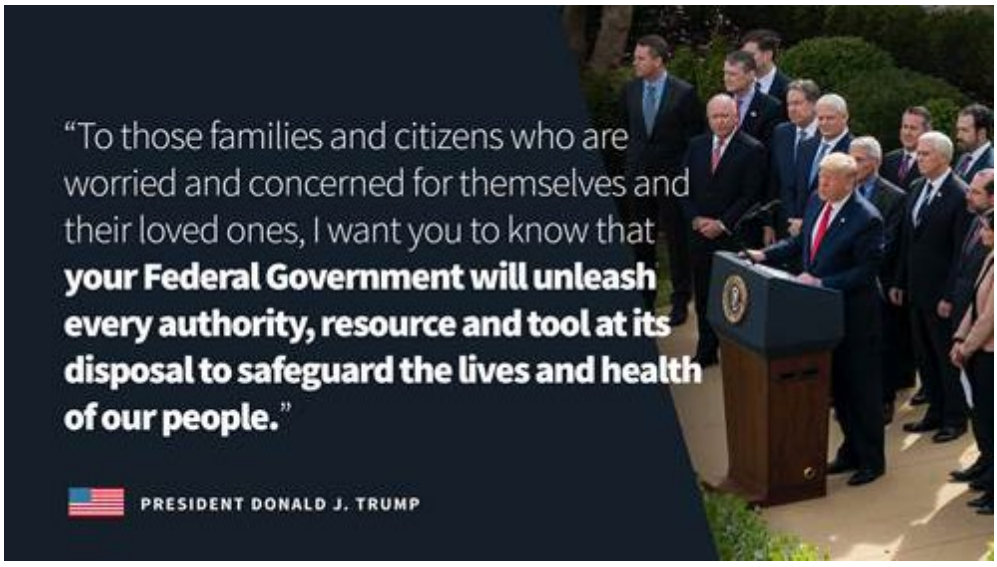
State and Local Elected Officials –

On **Wednesday, March 18, at 1:00 PM ET**, please join Senior Administration Officials for a briefing call on COVID-19 (coronavirus). Registration instructions are below. Please note that this call is intended for state and local elected officials. We encourage you to share this invitation with your county and/or municipal colleagues as well as public health officials.

Important Note: Call-in lines are limited. Please register only if you are able to join the call. State and local leaders (especially staff) working in the same office are encouraged to register once as a group and use one call-in line to maximize the number of people who can join.

Recent Actions

- FDA - Coronavirus (COVID-19) Update: FDA Provides More Regulatory Relief During Outbreak, Continues to Help Expedite Availability of Diagnostics (Click Here)
- CMS Approves First State Request for 1135 Medicaid Waiver in Florida (Click Here)



Briefing Call Registration
Date: Wednesday, March 18
Time: 1:00 PM ET (please note time zone)

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Call-In Registration: **CLICK HERE**
Note: You must RSVP to join the call. Upon successful registration, you will receive dial-in details to the email address you use to register. Note that multiple people cannot dial-in using the same registration information.

Below, please find additional information that we continue to update. It includes an overview of the recent Presidential Emergency Declaration, information on the Small Business Administration's disaster assistance program, etc. The White House Office of Intergovernmental Affairs (WH IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance. As a reminder, WH IGA is the primary liaison between the White House and the country's State and local elected officials and Tribal Governments.

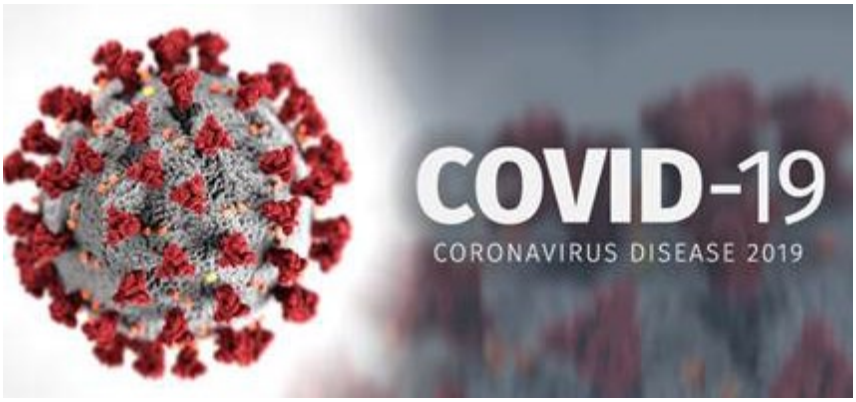
Sincerely,

Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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COVID-19: Background & Additional Information



Background

Under the leadership of President Trump and Vice President Pence, the full weight of the U.S. Government is working to protect the health and safety of the American people. Since the beginning of the outbreak, President Trump has taken unprecedented steps – including prudent travel restrictions and an early containment strategy – to protect the health of Americans in response to the coronavirus. In January, the President formed a Coronavirus Task Force, led by Vice President Mike Pence and comprised of subject-matter experts, to organize a whole-of-government response (**President Donald J. Trump Has Taken Unprecedented Steps to Respond To the Coronavirus and Protect the Health and Safety of Americans**). The Coronavirus Task Force and broader Administration have and will continue to work with State-Local-Tribal officials and private sector and non-profit partners in preparing for and responding to the Coronavirus. ***It is important to note that at this time, the risk to the average American remains low. All***

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agencies are working aggressively to monitor this continuously evolving situation and to keep our partners and the public informed.

Up-To-Date Information

- The most up-to-date information and guidance can be found via the Centers for Disease Control and Prevention Coronavirus Disease 2019 website (**here**)
- HHS/CDC Community Framework for Mitigation (**here**)
- Guidance for families, businesses, schools and others (**here**).
- The Coronavirus Task Force holds frequent national briefings which can be viewed live (**here**)
- You are also encouraged to follow HHS, CDC, and other agency social media channels for up-to-date information.

What You Need To Know

- What You Should Know - How COVID-19 Spreads, Symptoms, etc. (**here**)
- Situation Summary (**here**)
- Travel Information (**here**)
- Preventing COVID-10 Spread in Communities (**here**)
- Higher Risk & Special Populations (**here**)
- Healthcare Professionals (**here**)
- Resources for Healthcare Facilities (**here**)
- Resources for Health Departments (**here**)
- Laboratories (**here**)
- Communication Resources (**here**)

Recent Announcements

President Donald J. Trump Announces New Guidelines to Address COVID-19 – The President's Guidelines for America: 15 Days to Slow the Spread
Monday, March 16, President Donald J. Trump announced new guidelines to address COVID-19, stop the spread, and protect health. *The President's Coronavirus Guidelines for America: 15 Days to Slow the Spread* can be found **here**.

President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19
The federal government continues to take aggressive and proactive steps to address the COVID-19 threat as the health and safety of the American people remain a top priority (**President Donald J. Trump Has Mobilized the Full Resources of the Federal Government to Respond to the Coronavirus**). On Friday, March 13, President Trump **declared** a nationwide emergency pursuant to Sec. 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act") (***Letter from President Donald J. Trump on Emergency Determination Under the Stafford Act***). This increases federal support to the Department of Health and Human Services (HHS) in its role as the lead federal agency for the ongoing COVID-19 pandemic response. As a result of the President's decisive, unprecedented action, FEMA is directed to assist state, local, tribal, territorial governments and other eligible entities with the health and safety actions they take on behalf of the American public. FEMA actions will be in support of HHS and in coordination with state, tribal and territorial governments. Eligible emergency protective measures taken at the direction or guidance of public health

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officials in response to this emergency, and not supported by the authorities of another federal agency, will be reimbursed strictly under the FEMA Public Assistance program. FEMA assistance will be provided at a 75 percent Federal cost share. Reimbursable activities typically include emergency protective measures such as the activation of State Emergency Operations Centers, National Guard costs, law enforcement and other measures necessary to protect public health and safety. To note, the declaration does not make direct financial assistance available to individuals.**. *Municipalities and counties are encouraged to work directly with their local emergency management offices and through the State Emergency Management Agency for all requests for assistance.*** You can read more about the disaster recovery process here.

Presidential Proclamation To Protect the Homeland from Travel-Related Coronavirus Spread

On Thursday, March 12, President Donald J. Trump signed a **Presidential Proclamation**, which suspends the entry of most foreign nationals who have been in certain European countries at any point during the 14 days prior to their scheduled arrival to the United States. These countries, known as the Schengen Area, include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland. *This does not apply to legal permanent residents, (generally) immediate family members of U.S. citizens, and other individuals who are identified in the proclamation.*

HUD Releases Quick Guide to CDBG Eligible Activities to Support Infectious Disease Response

CDBG grantees should coordinate with local health authorities before undertaking any activity to support state or local pandemic response. Grantees may use Community Development Block Grant (CDBG) funds for a range of eligible activities that prevent and respond to the spread of infectious diseases such as the coronavirus disease 2019 (COVID-19). The guide can be found **here**.

SBA To Provide Disaster Loans for Small Businesses Impacted by Coronavirus (COVID-19)

On Thursday, March 12, SBA Administrator Jovita Carranza issued the following statement: "The President took bold, decisive action to make our 30 million small businesses more resilient to Coronavirus-related economic disruptions. Small businesses are vital economic engines in every community and state, and they have helped make our economy the strongest in the world. Our Agency will work directly with state Governors to provide targeted, low-interest disaster recovery loans to small businesses that have been severely impacted by the situation. Additionally, the SBA continues to assist small businesses with counseling and navigating their own preparedness plans through our network of 68 District Offices and numerous Resource Partners located around the country. The SBA will continue to provide every small business with the most effective and customer-focused response possible during these times of uncertainty." SBA's Economic Injury Disaster Loans offer up to $2 million in assistance for a small business. These loans can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing. More information can be found **here**.

CDC to Award Over $560 Million to State & Local Jurisdictions in Support of COVID-19 Response

The Department of Health and Human Services (HHS) is announcing another upcoming action by the Centers for Disease Control and Prevention (CDC) to provide resources to state and local jurisdictions in support of our nation's response to the coronavirus disease

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2019 (COVID-19). The $8.3 billion dollar Supplemental passed by Congress included **statutory language** which prescribed the exact formula for disbursing the money: states will receive 90% of their **2019 CDC PHEP grants**. This marks the first tranche of funding to states from the $8.3 billion supplemental. Your state health officers are receiving a letter today from CDC outlining what is needed to receive the funding, essentially they need to submit a spend plan and they will receive guidance on what that spend plan should contain. More **here**.

CDC Releases Mitigation Framework for States, Localities, and Communities
Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts. Framework includes: (i) Local Factors to Consider for Determining Mitigation Strategies, (ii) Community mitigation strategies by setting and by level of community transmission or impact of COVID-19, and (iii) Potential mitigation strategies for public health functions. More **here**.

White House Coronavirus Task Force Announces Community Mitigation Strategies for Seattle-King, Pierce, and Snohomish C, WA Santa Clara, CA and New Rochelle, NY
The White House Coronavirus Task Force has recommended community mitigation strategies for Seattle, Washington and Santa Clara County, California due to widespread transmission of coronavirus disease 2019 (COVID-19). These mitigation activities are designed to address the effects of COVID-19 on areas that are experiencing community spread. You can find the guidance for Seattle, Washington and Santa Clara, California **here**. The Task Force also announced community mitigation strategies for New Rochelle, New York, which can be viewed **here**.

Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance
As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here and all CMS guidance related to COVID-19 can be found **here**.

Agency Resources and Contact Information

Below, please find agency-by-agency information, guidance, and contact information.

Resources *– Below, please find agency-by-agency resources and guidance.*

- U.S. Department of Health and Human Services (**here**)
- Centers for Medicare and Medicaid (**here**)
- U.S. Food & Drug Administration (**here**)
- U.S. Department of Education (**here**)
- U.S. Department of Agriculture (**here**)
- U.S. Small Business Administration (**here**)
- U.S. Department of Labor (**here**)
- U.S. Department of Homeland Security (**here**)
- U.S. Department of State (**here**)
- U.S. Department of Veterans Affairs (**here**)

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- U.S. Environmental Protection Agency (**here**)
- U.S. Department of the Interior (**here**)
- Office of the Director of National Intelligence (**here**)
- U.S. Election Assistance Commission (**here**)

Contact Information *– Below, please find contact information for our Intergovernmental Affairs colleagues across the federal family. As State and local elected officials, they are your primary points of contact.*

- U.S. Department of Health & Human Services: Darcie Johnston (Phone – 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security: Cherie Short (Phone – 202-893-2941 / Email – cherie.short@hq.dhs.gov)
- U.S. Department of State: Bill Killion (Phone – 202-647-7595 / Email – killionw@state.gov)
- U.S. Department of Transportation: Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)
- U.S. Department of Education: Susan Falconer (Phone – 202-320-6837 / Email – susan.falconer@ed.gov)
- U.S. Department of Veterans Affairs: Thayer Verschoor (Phone – 202-461-7385 / Email – Thayer.verschoor@va.gov)
- U.S. Environmental Protection Agency: Britt Carter (Phone – 202-440-0728 / Email – carter.brittanys@epa.gov)
- U.S. Small Business Administration: Ryan Lambert (Phone – 202-615-6570 / Email – ryan.lambert@sba.gov)
- U.S. Department of Agriculture: Lillie Brady (Phone – 202-845-3872 / Email - lillie.brady@usda.gov)

Federal Agency Action Overview

U.S. Department of Health & Human Services (HHS)

- The Department of Health and Human Services is committed to providing as much information as possible to prepare communities for response to COVID-19. The Department, through the Centers for Disease Control and Prevention, the Food and Drug Administration, and other agencies, continuously provide guidance to healthcare providers, laboratories, communities, and state and local officials for dealing with suspected or confirmed cases of COVID-19. The most up-to-date information can be found at **www.coronavirus.gov**.
- Wednesday, March 12, CDC **announced** the imminent release of almost $600 million to support state and local authorities respond to the COVID-19 outbreak. Full funding amounts are **here**.
- CDC released their "**Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission**." This is a guide for communities describing possible coronavirus transmission. Community mitigation strategies are often the most available interventions to help slow the transmission of COVID-19 in communities.
- The CDC has been actively working to address the need for testing across the country. You can find more information about testing **here**. We encourage review of the **Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019**, as well as the recently updated the **FAQ website**

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for laboratories to determine best practices for testing.

- The U.S. Public Health Service Commissioned Corps has deployed hundreds of officers to help with this response. As America's Health Responders, the Commissioned Corps is currently very involved in assisting the CDC with airport screenings, deploying staff to support hospitals, among other important missions. Find out more about Commissioned Corps activities **here**.
- Part of preparedness includes a robust blood supply. The current situation around COVID-19 heightens the need for a ready blood supply, please encourage your health community members to keep their appointments to donate blood.
- CDC released updated **guidance** on infection prevention and control recommendations for healthcare workers. Healthcare workers are fighting this outbreak on the front lines, and this guidance is intended to provide assistance to healthcare settings that are handling suspected or confirmed cases of COVID-19. This guidance is applicable to all U.S. healthcare settings.
- The President's emergency declaration gives HHS important powers to enhance state and local communities' ability to respond to the outbreak, including flexibility around Medicare and Medicaid rules.
    - *Flexibility and Relief for State Medicaid Agencies*: The national emergency declaration also enables CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under section 1135 waivers. States and territories are now encouraged to assess their needs and request these available flexibilities, which are outlined in the Medicaid and CHIP Disaster Response Toolkit. Examples of flexibilities available to states under section 1135 waivers include the ability to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, allow providers to provide care in alternative settings, waive prior authorization requirements, and temporarily suspend certain pre-admission and annual screenings for nursing home residents. For more information and to access the toolkit, visit **here**.
    - *Waivers and Flexibilities for Hospitals and other Healthcare Facilities*: CMS will temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements. CMS will also issue several blanket waivers, listed on the website below, and the CMS Regional Offices will review other provider-specific requests. These waivers provide continued access to care for beneficiaries. For more information on the waivers CMS has granted, visit **here**.
    - *Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance*: As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found **here** (3/9). The Press Release can be found **here** and all CMS guidance related to COVID-19 can be found **here**.

U.S. Small Business Administration (SBA)

- The Small Business Administration will work directly with state Governors to provide targeted, low-interest loans to small businesses and non-profits that have been severely impacted by the Coronavirus (COVID-19). The SBA's Economic Injury Disaster Loan program provides small businesses with working capital loans of up to $2 million that can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing.
- The Coronavirus Preparedness and Response Supplemental expanded the disaster

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definition for the Small Business Administration's Economic Injury Disaster Loans (EIDL) to include COVID-19. Economic Injury Disaster Loans are SBA loans that are available to eligible Small Businesses, Small agricultural cooperatives, and most non-profits that have experienced substantial economic injury as a result of a disaster.
    - EIDLs are available in areas that are declared a disaster area by the SBA.
    - There has to be an SBA Disaster Declaration in an area for EIDL loans to be made available, which originates from a request made by the Governor.
    - To assist in the efforts, the SBA engages with States' Emergency Response Teams to help them comply with the requirements before a request is made.
- EIDL Loan Details
    - Entities that can apply for EIDL loans are eligible Small Businesses, Small agricultural cooperatives, and most private nonprofit organizations.
    - EIDL Loans are up to $2million and have terms as long as 30 years.
- State and local officials who have been contacted by Small Businesses that may have been affected should share that information with their Governor or the State's Emergency Response Officials. More information on SBA's disaster loans, including eligibility and how to apply for loans, can be found here: **www.SBA.gov/disaster**

U.S. Department of Education (DoED)

- The Department of Education has established a dedicated Coronavirus **webpage**, which includes resources for institutions of higher education and for K-12.
    - The website includes **guidance** for students at institutions of higher education, and covers Coronavirus-related scenarios that could impact students who are enrolled in study abroad programs, students who meet full-time requirements but fall below 12 credit hours, students who are quarantined and miss class, campuses that have temporarily stopped offering ground-based classes to prevent the spread of Coronavirus, and foreign schools that serve Americans who receive Federal financial aid. Also see a **letter from the Office for Civil Rights** that addresses potential discrimination associated with coronavirus.
- The Department is working on additional information for families and communities including:
    - Information regarding certain flexibilities under the Every Student Succeeds Act, or "ESSA;"
    - Information regarding services to children with disabilities;
    - A fact sheet from our Office for Civil Rights on the risk of Coronavirus in schools while protecting the civil rights of students; and
    - Information on the Family Education Records Privacy Act, or "FERPA," as it pertains to K-12 and higher education students.
- The Department will continue to update its website, ed.gov/coronavirus. Please direct education related questions to **COVID-19@ed.gov**.

U.S. Department of Transportation (DOT)

- The U.S. Department of Transportation, in its important supporting role, has and will continue to coordinate with transportation stakeholders, foreign counterparts and other federal agencies to manage the risk in the United States.
- The U.S. government's travel restrictions and advisories have been a remarkably effective 'first layer' of containment. These travel requirements delayed the arrival of the virus to the United States, giving the nation precious time to prepare further

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measures, and plan for mitigation. This achievement took the cooperation of nearly 200 commercial airlines, a like number of overseas airports, and the Civil Aviation Authority of China.

- DOT continues to ensure: an active air bridge remains in place for the safe return of Americans from affected areas; airlines are funneling passenger flights to one of the eleven designated U.S. airports equipped to health-screen Americans returning from affected areas; continued air and sea cargo traffic between the US and China; health protocols are established to protect the crews of aircraft continuing to fly between the US and foreign locations; and, dissemination of health messages about the virus, for airlines to use to inform their passengers.
- External Stakeholder outreach is being actively conducted throughout the modes of transportation in DOT. DOT has already hosted calls with stakeholders for the Federal Aviation Administration, Federal Transit Authority, Federal Motor Carrier Safety Administration, and others. Additional calls are scheduled for outreach to additional stakeholders in all surface transportation, maritime, and labor.
- On March 13, USDOT issued a national emergency declaration to provide hours-of-service regulatory relief to commercial vehicle drivers transporting emergency relief to the nationwide COVID-19 outbreak. The declaration does not cover routine commercial deliveries, or transportation of mixed loads of essential supplies and/or persons and goods or persons not related to emergency needs. Effective immediately, the declaration will remain in effect for the duration of the emergency or until 11:59 P.M. (ET), April 11, 2020, whichever occurs sooner. Learn more **here**.

U.S. Department of Labor (DOL)

- The Occupational Safety and Health Administration (OSHA) developed COVID-19 **planning guidance** for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE). The guidance is intended for planning purposes – employers and workers should use the planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement.
- The U.S. Office of Personnel Management (OPM), an independent agency that serves as the chief human resources agency and personnel policy manager for the Federal Government, issued **guidance** for Federal Agencies regarding COVID-19 and human resources policies.
- DOL announced new guidance outlining flexibilities that States have in administering their unemployment (UI) programs to assist Americans affected by the COVID-19 outbreak. Under the guidance, federal law permits significant flexibility for states to amend their laws to provide UI benefits in multiple scenarios related to COVID-19. Learn more **here**.
- On March 14, DOL issued new temporary enforcement **guidance** for respirator fit-testing in healthcare during the COVID-19 outbreak. The temporary guidance is aimed at ensuring healthcare workers have full access to needed N95 respiratory protection. OSHA recommends that employers supply healthcare personnel who provide direct care to patients with known or suspected coronavirus with other respirators that provide equal or higher protection, such as N99 or N100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges, or powered air purifying respirators. Learn more **here**.

U.S. Department of Housing & Urban Development (HUD)

- The health and well-being of our country's most vulnerable citizens is Secretary Ben Carson's highest priority. At the direction of Secretary Carson senior HUD, officials have developed an Infectious Disease Toolkit for Continuum of Care homeless

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shelters (CoC). This includes specific documents addressing preparedness in shelters and encampment settings. More **here**.

- HUD has sent communication to CoC and Housing Opportunities for Persons With AIDS (HOPWA) grantees, highlighting the importance of infectious disease preparedness and linking to CDC and Healthcare for the Homeless resources: **Infectious Disease Preparedness Among Homeless Assistance Providers**.
- HUD released a quick guide to CDBG eligible activities to support infectious disease response. Grantees should coordinate with local health authorities before undertaking any activity to support State or local pandemic response. The guide can be found **here**.
- HUD is coordinating with the CDC, Healthcare for the Homeless, United States Interagency Council on Homelessness (USICH) on messaging and cross-promoting resource materials. This will continue on an ongoing basis. Also, the Department is reaching out to Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA) for future coordination.
- HUD has plenty of resources for your communities including:
    - Communities can use their unspent Emergency Solutions Grants and Continuum of Care Program funds to help address needs related to coronavirus. Additionally, a portion of CDBG funds are also available for public services, including health care.
    - Technical Assistance is available for ESG and CoC Program recipients if requested. Additionally, communities that want to amend their CDBG plans, can reach out to their CPD representative if they need assistance.

U.S. Department of Agriculture (USDA)

- USDA Secretary Sonny Perdue **announced proactive flexibilities** to allow meal service during school closures to minimize potential exposure to the coronavirus. During an unexpected school closure, schools can leverage their participation in one of USDA's summer meal programs to provide meals at no cost to students. Under normal circumstances, those meals must be served in a group setting. However, in a public health emergency, the law allows USDA the authority to waive the group setting meal requirement, which is vital during a social distancing situation.
- USDA intends to use all available program flexibilities and contingencies to serve program participants across our 15 nutrition programs. USDA has already begun to issue waivers to ease program operations and protect the health of participants. USDA is receiving requests for waivers on an ongoing basis. As of today, USDA has been asked to waive congregate feeding requirements in Washington, California, Maryland, Alaska, Utah, Pennsylvania, Wyoming, Maine, Kansas, New Jersey, New York, South Carolina, South Dakota, and Virginia and USDA has granted those requests.
- For more information about the coronavirus response across USDA, please visit: **www.usda.gov/coronavirus**.

U.S. Department of Homeland Security (DHS)

- While the overall risk to the American public remains low, actions by DHS and the administration are decreasing the strain on public health officials by screening incoming travelers, expediting the processing of U.S. citizens returning from China, and ensuring resources are focused on the health and safety of the American people. It is important to recognize, that while there is a significant focus on containing and

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mitigating the spread of COVID-19, all departments and agencies of DHS are continuing to perform their regular duties with no impact on their mission.

- DHS is working to recognize, detect, and assist individuals attempting to enter the U.S. through our, airports, land ports, or waterways who may be carrying the virus: Cruise Lines International Association, CDC, USCG, and CBP. DHS is working with the Department of State, HHS, and the senior public health leadership with the Government of Mexico to prepare for any COVID-19 cases identified along the South West Border. This effort includes coordination with state, and local Public Health Officials to develop reporting and response courses of action.
- FEMA has rostered 56 four-person Incident Management Assistance Teams.
- The Countering Weapons of Mass Destruction Office, which contains the National Biosurveillance Integration Center and the Chief Medical Officer, has maintained close coordination with our Components and U.S. Government partners regarding the status of the outbreak and associated U.S. Government response actions.

Local Preparedness Tips

- Response is locally executed, state managed, and federally supported.
- Ensuring clear, open lines of communication with the public and making information and guidance readily available.
- Proactively sharing and disseminating *verified and accurate* guidance and information such as HHS/CDC **guidance for families, businesses, and schools**.
- Reviewing Federal guidance such as the HHS/CDC **Community Mitigation Framework**.
- Coordinating with State and local health authorities.
- Reviewing local preparedness plans and strategies.

Recent Task Force Actions

Below, please find pertinent updates on pertinent Administrations actions.

- Task Force Briefings (briefings are held on a frequent basis and can be viewed live **here**)
  - March 10: **Video**
  - March 9: **Video**
  - March 6: **Video**
  - March 4: **Video**
  - March 2: **Video**
  - February 29: **Video**
- Remarks by President Trump and Vice President Pence at a Coronavirus Briefing with Health Insurers (March 10) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (March 9) (**readout**)
- Remarks by Vice President Pence in a Coronavirus Briefing with Cruise Line Executives and Port Directors (March 7) (**transcript**)
- Remarks by President Trump After Tour of the Centers for Disease Control and Prevention (March 5) (**transcript**)
- President Trump Signs the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March 6) (**transcript**/**video**)
- President Trump and Vice President Pence attend Coronavirus Briefing with Airline CEOs (March 4) (**transcript**/**video**)

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- Vice President Pence meets with Long-Term, Post-Acute and Palliative Care Provider Executives (March 4) (**transcript**)
- Centers for Medicare & Medicaid Services (CMS) Announces Actions to Address Spread of Coronavirus (March 4) (more **here**)
- President Trump Visits the National Institutes of Health and attends Roundtable Briefing (March 3) (**transcript**)
- Vice President Pence attends Coronavirus Briefing with Diagnostic Lab CEOs (March 4) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (**readout**)

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From: FERGUSON_THERESA A CTR USAF AFMC AFRL/DXX

To: Glendaglover@reagan.com; Henry1965@aol.com; integrityunlimited@cox.net; destinjimmy@gmail.com; gbfornell@cox.net; elaineT59@aol.com; pegtom2003@yahoo.com; khouchins930@gmail.com; tibbettsa@cox.net; mdroy2@cox.net; McLean@afev.us; canloveu@aol.com; LDominique@aol.com; marian1951@cox.net; mr.clemenza@hotmail.com; tstage@co.okaloosa.fl.us; srhodes@chelco.com; wickhammelinda65@gmail.com; craig.deathrage@mail.house.gov; bob.black@mail.house.gov; gilbert.nelson@mail.house.gov; adam.griffin@mail.house.gov; nathaniel.nelson@mail.house.gov; robyn@eliterealestate.pro; MAC@crestviewchamber.com; shannon@crestviewchamber.com; mail@destinchamber.com; kmwitner@gmail.com; ceo@destinchamber.com; chris.hart@eog.myflorida.com; bobmar422@yaho.com; kayr@florida-edc.org; sam.burkett@torchtechnologies.com; director@fisherhouseemeraldcoast.org; teresahalverson@hotmail.com; Scheduling Requests; alex.andrade myfloridahouse.gov; rachel.witbracht@myfloridahouse.gov; jayer.williamson myfloridahouse.gov; mike.hill myfloridahouse.gov; mel.ponder myfloridahouse.gov; Brad Drake; broxson.doug flsenate.gov; Gainer.George flsenate.gov; matthew.Gaetz@mail.house.gov; neil.dunn@mail.house.gov; chairoftheboard@fwbchamber.org; barbarajbritt@gmail.com; ted@fwbchamber.org; Media; ceo@greaternavarrechamber.com; cailtinlove87@gmail.com; ceo@greaternavarrechamber.com; dwhahn@ufl.edu; hoodsdj@cox.net; zenobiarichardson@cityofcrestview.org; dfsmayor@defuniaksprings.net; gjarvis@cityofdestin.com; drynearson@fwb.org; rbarley@freeportflorida.gov; clhmayor@fairpoint.net; mfmclemore@cox.net; mayorboggy@aol.com; mayor@valp.org; chiefJ9@cox.net; exec@navarrechamber.com; diane.waschenko@floridamoves.com; chanda.ryan@navarrechamber.com; gail.allen@ngc.com; sam.burkett@torchtechnologies.com; info@nicevillechamber.com; whiter3@nwfsc.edu; triciabrunson@nicevillechamber.com; dstephenson@nwfsc.edu; emeraldcoast@co.okaloosa.fl.us; gfountain@co.okaloosa.fl.us; cketchel@co.okaloosa.fl.us; nathan@crestview-law.com; tgoodwin@co.okaloosa.fl.us; kwindes@co.okaloosa.fl.us; gordonking@okaloosagas.com; ekampert@co.okaloosa.fl.us; trisha.barnes@flcourts1.gov; shery.rosenthal@flcourts1.gov; ellen.hydel@flcourts1.gov; lashley@sheriff-okaloosa.org; chambersM@okaloosaschools.com; nathan@florida-edc.org; banderson@okaloosatax.com; lfnick@msn.com; tthompson@nwfdailynews.com; philbqt77@gmail.com; genhorner@cox.net; wkross2@mac.com; ccm2jun57@aol.com; district3@santarosa.fl.gov; district1@santarosa.fl.gov; district4@santarosa.fl.gov; district5@santarosa.fl.gov; district2@santarosa.fl.gov; wyrosdickt@mail.santarosa.k12.fl.us; tpeterson@srso.net; jonathan_arias@rubio.senate.gov; marybeth_barrows@rubio.senate.gov; scheduling@rubio.senate.gov; sierra_anderson@rickscott.senate.gov; sierra_anderson@rickscott.senate.gov; Moulton_Diane; asmith@herbafex.com; ceo@waltonareachamber.com; nipmelanie@co.walton.fl.us; macsusan@co.walton.fl.us; chabill@co.walton.fl.us; skijeff@co.walton.fl.us; glidanny@co.walton.fl.us; nictrey@co.walton.fl.us; andtony@co.walton.fl.us; ekslaura@co.walton.fl.us; HughesR@walton.k12.fl.us; sheriffadkinson@waltonso.org

Cc: JAMES_JOHN A DO-02 USAF AFMC AFRL/DXX; RICH_SHELLEY R CTR USAF AFMC AFRL/RW/DXX; DIGGS_DARNELL E CIV USAF AFMC AFRL/RW

Subject: Invitation to Air Force Research Laboratory INSPIRE Event - 30 April 2020

Date: Thursday, March 12, 2020 12:16:33 PM

Attachments: image001.png
1_File_Filtering_Drop.txt
image004.png
image007.png
image008.png

To Our Esteemed Community Leaders,
Please join us for the Air Force Research Laboratory INSPIRE event, 30 April 2020.

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Team AFRL,

Please join us for this year's AFRL Inspire and Tech Expo! Inspire is a celebration of the people and contributions that make AFRL an outstanding research organization. Inspire showcases the innovative ideas and passionate people AFRL has to offer in short, entertaining and thought-provoking talks. Each speaker brings a different slice of AFRL that highlights our willingness to dream big and tackle heroic challenges for our Airmen.

While you're there, explore the AFRL Inspire Tech Expo showcasing Air Force Vanguard technologies from across AFRL. This year's exhibit will also include displays from Eglin AFB units, including the Army Green Berets and Army Rangers!

I look forward to seeing you there!

v/r,

GARRY A. HAASE
Colonel, USAF
Director, Air Force Research Laboratory Munitions Directorate

Click here to register for AFRL Inspire 2020

When: Thursday, 30 April 2020

Where: Emerald Coast Convention Center, 1250 Miracle Strip Parkway SE, Fort Walton Beach, FL 32548

Time: Early registration will be open at the venue from 12:00pm – 4:00pm on April 29th. Standard registration and Tech Expo will be open from 9:00am - 12:30pm (CST) on April 30th; AFRL Inspire will begin promptly at 1:00pm (CST) on April 30th

Social: Join us immediately following the Inspire talks for the Inspire Social, featuring a beach

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environment, networking opportunities, entertainment, heavy hors d'oeuvres and a lot of fun! The social will be held in the Four Points Sheraton Destin-Fort Walton Beach outdoor courtyard.



Dr. James Christensen (711 HPW)	Confined Space Monitoring
Lt Col Eric Frahm (RS)	AFRL is Pushing the Science of Human Learning Farther Than Ever Before
Dr. Nia Peters (711 HPW)	Towards Natural Human-Machine Communication
Capt Tylor Rathsack (RQ)	Rotating Detonation – A New Spin On Rocket Propulsion
Mr. John Henry Williams (RW)	Organic Free Range Innovation
Ms. Sara Telano (RV)	Sustainability-the Key Driver of Innovation
Lt Col Olivia " " Elliott (RW)	Remember the Go.A.T.S.
Dr. Elisabetta Jerome and Dr. James Sumpter (Team Eglin)	Implementing the Digital Revolution at Eglin AFB

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Per MTO 2014-191-009 The attached file was removed because it has the potential to be harmful to the Air Force Network.

Direct all questions to your local Communications Focal Point (CFP).

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From:	Diane Carr
To:	Strum, Shane
Subject:	Joint Letter from Carmakers and Car Dealers / Motor Vehicle Facilities Continued Operation Essential to COVID-19 Response
Date:	Wednesday, March 18, 2020 10:53:10 AM
Attachments:	NADA-Auto Innovators Letter to the President March-17-2020.pdf ATT00001.htm

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Good morning, Shane-

I hope this e-mail finds you well as you and Governor DeSantis continue your proactive response to the coronavirus outbreak in our state.

I'm reaching out today to forward a letter from Johnson & Blanton's client, the Alliance for Automotive Innovation, which is attached below. As the trade association that represents the nation's car manufacturers, the Alliance has partnered with the National Automobile Dealers Association to send a letter to President Trump and his administration requesting that motor vehicle facilities remain open as essential businesses when local jurisdictions issue COVID-19 closure orders. The continued operation of these facilities is necessary given the importance of safe transportation in addressing the outbreak. And while Governor DeSantis has not yet signaled the need for significant business closures as a part of Florida's COVID-19 response, the Alliance would respectfully request that motor vehicle facilities be considered essential operations and not ordered to close should the closure of non-essential businesses be recommended going forward.

On behalf of Johnson & Blanton, I offer our sincere thanks to you, Governor DeSantis, and the many public servants now working overtime to contain the spread of the spread of coronavirus. Your efforts on our behalf are very much appreciated.

Best regards,

Diane Carr

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March 17, 2020

President Donald J. Trump
The White House
Office of the President
1600 Pennsylvania Avenue, N.W
Washington, D.C. 20500

Dear President Trump:

We are the trade associations that represent the companies manufacturing, and the dealerships distributing, servicing, and maintaining the operational safety of, the nation's motor vehicles. The Alliance for Automotive Innovation represents manufacturers comprising 99 percent of the country's vehicle production capability, while the National Automobile Dealers Association represents over 90 percent of the nation's franchised new-car and -truck dealers.

As our nation continues to confront the coronavirus's challenges, we want to underscore the importance of ensuring that consumers have access to a safe and well-functioning motor vehicle fleet. Motor vehicles, both new and old, are critical to ensure that the public can get food and other necessities of life, as well as to continue to interact with one another in a manner consistent with public health officials' recommendations. This applies not only to light-duty vehicles but also to the medium- and heavy-duty trucks that are a crucial component of the nation's transportation infrastructure. In fact, the federal government includes manufacturing (including auto manufacturing) as critical infrastructure when it comes to the economic continuity of the United States. Given the importance of safe transportation in addressing the coronavirus outbreak, we have an obligation to ensure that motor vehicles remain safe and are properly maintained.

To that end, it is vital that vehicle repair, maintenance, and sales facilities be considered essential operations when federal, state, and local officials impose certain requirements due to the coronavirus outbreak. These facilities perform needed safety recall repairs, manufacturer warranty work, and safety-critical maintenance, including brake repair, steering repair, and much more. And they provide replacement vehicles when necessary. We note that many local jurisdictions, when issuing closure orders for non-essential businesses, have included motor vehicle facilities on the list of those that are essential. For example, yesterday's shelter-in-place order issued by the Health Officer of the City and County of San Francisco determined that "gas stations and auto-supply, auto-repair, and related facilities" were essential businesses outside the order's reach. That order can be found here: https://oewd.org/sites/default/files/2020.03.16%20Final%20Order%20C19-07%20-%20Shelter%20in%20Place.pdf. Similar guidance is needed nationally.

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Accordingly, we hereby request that, as you consider further national initiatives to contain the severity and duration of the spread of the coronavirus, including potential Executive Orders, you ensure that our nation's motor vehicle fleet remains as safe and operational as possible.

Thank you for your prompt attention to this crucial matter.



John Bozzella
President and CEO
Alliance for Automotive Innovation



Peter Welch
President and CEO
National Automobile Dealers Association

Cc: The Honorable Mike Pence, Vice President of the United States
The Honorable Steven Mnuchin, Secretary of the Treasury
The Honorable Elaine Chao, Secretary of Transportation
The Honorable Eugene Scalia, Secretary of Labor
The Honorable Wilber Ross, Jr., Secretary of Commerce
The Honorable Chad Wolf, Acting Secretary of Homeland
The Honorable Mitch McConnell, Majority Leader, United States Senate
The Honorable Charles Schumer, Minority Leader, United States Senate
The Honorable Nancy Pelosi, Speaker, United States House of Representatives
The Honorable Kevin McCarthy, Minority Leader, United States House of Representatives
The Governors of the 50 States

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From:	Coppola, Courtney
To:	Lukis, Adrian; Strum, Shane; Kopelousos, Stephanie; Clark, David; Spencer, Chris; Gambineri, Mara; Moulton, Diane; Ferre, Helen; Beaubien, Beau
Date:	Wednesday, March 18, 2020 5:32:37 PM
Attachments:	COVID-19 Data - Daily Report 2020-03-18 1708.pdf

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399





Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 18, 2020 at 5:08 PM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	2,327
Total persons of high, medium, or unknown risk	1,815
High/medium/unknown risk still being monitored	967

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,800
Tested positive	328
Tested negative	1,332
Currently awaiting testing	1,140

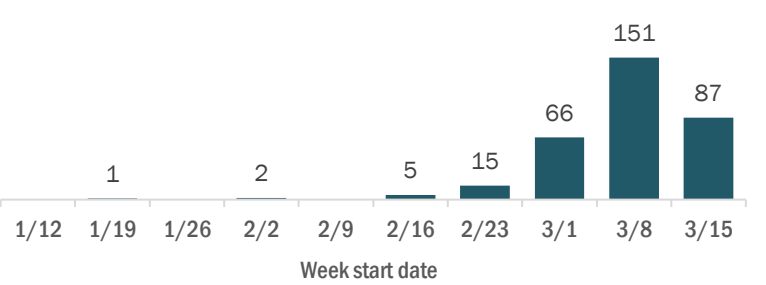
Confirmed cases

Confirmed cases in Florida residents	299
Confirmed by BPHL/CDC	177
Positive by commercial/hospital lab	122
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Hospitalized	79
Deaths	8
Cases in non-Florida residents	29
Confirmed by BPHL/CDC	23
Positive by commercial/hospital lab	6
Total cases	328
Traveled	92
Contact with confirmed case	56
Traveled and contact with confirmed case	71
Neither	109
Travel is unknown*	67
Contact is unknown*	21
Contact is pending*	60

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



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Coronavirus: characteristics of 328 cases

Mar 18, 2020 at 5:08 PM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

32 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	73	22%	0	7	80
Dade	72	22%	1	4	77
Palm Beach	19	6%	1	1	21
Duval	13	4%	0	1	14
Hillsborough	12	4%	0	2	14
Collier	11	3%	0	2	13
Pinellas	12	4%	0	0	12
Lee	9	3%	0	2	11
Orange	9	3%	1	1	11
Volusia	9	3%	0	0	9
Manatee	8	2%	0	0	8
Osceola	6	2%	0	2	8
Alachua	4	1%	0	3	7
Seminole	7	2%	0	0	7
Clay	4	1%	0	0	4
Okaloosa	3	1%	1	0	4
Sarasota	2	1%	0	2	4
St. Johns	3	1%	0	1	4
Citrus	3	1%	0	0	3
Pasco	3	1%	0	0	3
Brevard	2	1%	0	0	2
Lake	2	1%	0	0	2
Polk	2	1%	0	0	2
Charlotte	1	0%	0	0	1
Escambia	1	0%	0	0	1
Gadsden	0		1	0	1
Leon	0		1	0	1
Nassau	1	0%	0	0	1
Santa Rosa	1	0%	0	0	1
Sumter	1	0%	0	0	1
Walton	0		0	1	1
Total	293		6	29	328

Gender	Count	Percent
Male	192	59%
Female	133	41%
Unknown	3	1%

Age group	Count	Percent
0-9 years	1	0%
10-19 years	13	4%
20-29 years	48	15%
30-39 years	35	11%
40-49 years	47	14%
50-59 years	49	15%
60-69 years	71	22%
70-79 years	45	14%
80+ years	19	6%

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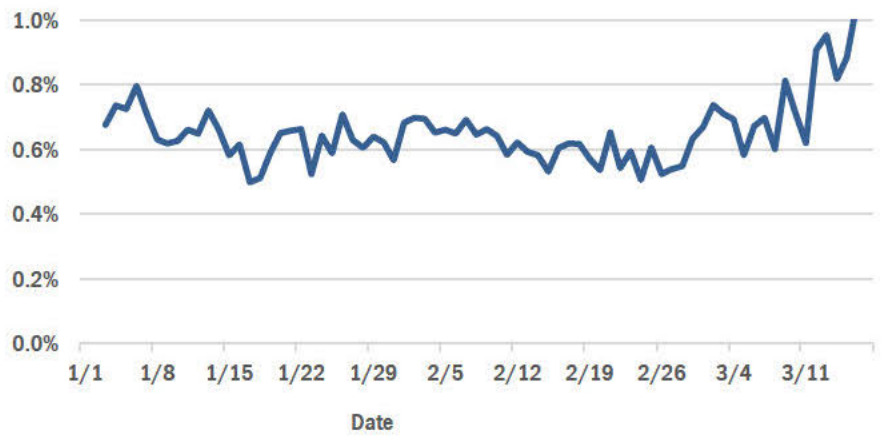
Coronavirus: additional surveillance information

Mar 18, 2020 at 5:08 PM

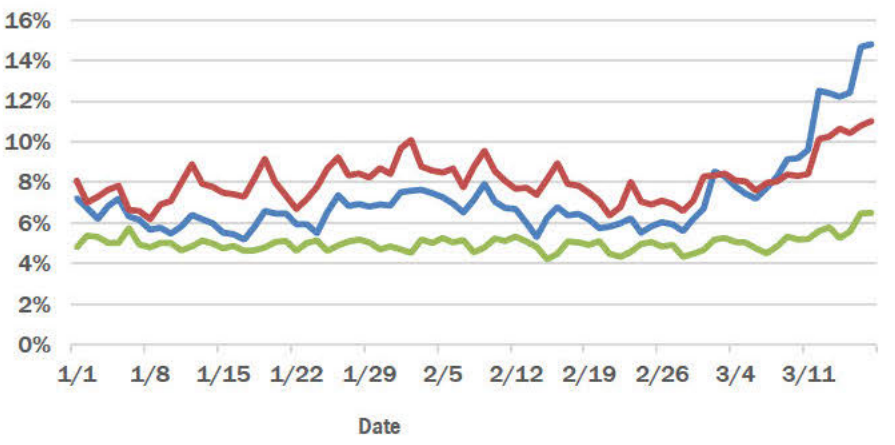
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

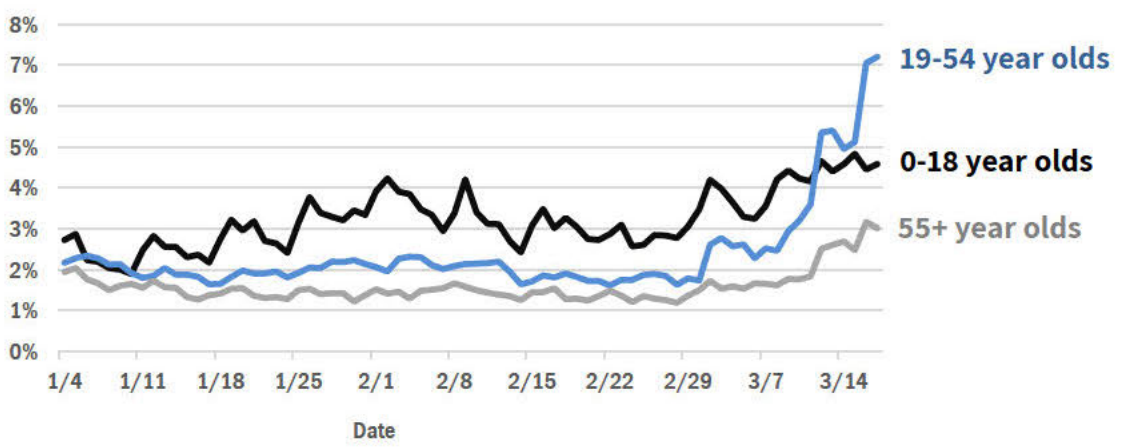
The daily percent of ED visits statewide that result in **cough-associated admissions** has increased over the past 2 weeks.



The daily percent of ED visits statewide that mention **cough** or **fever** (or both) has increased steadily over the past 2 weeks. **Shortness of breath** is stable and within expected levels for this time of year.

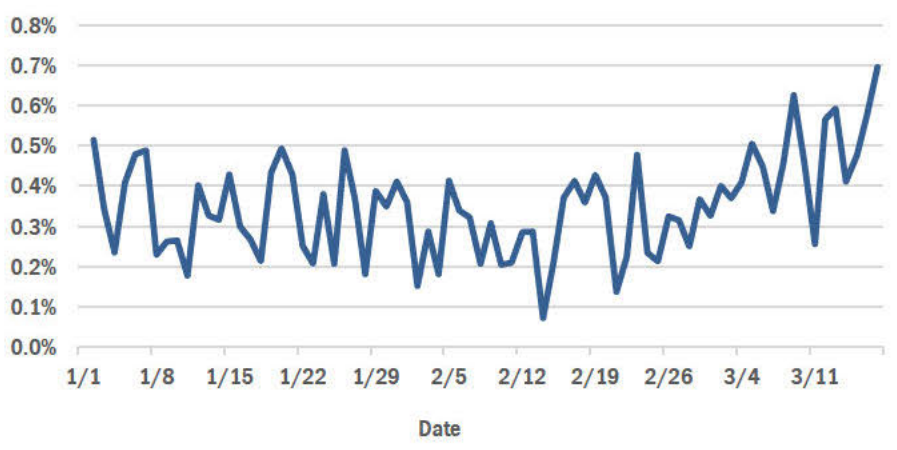


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

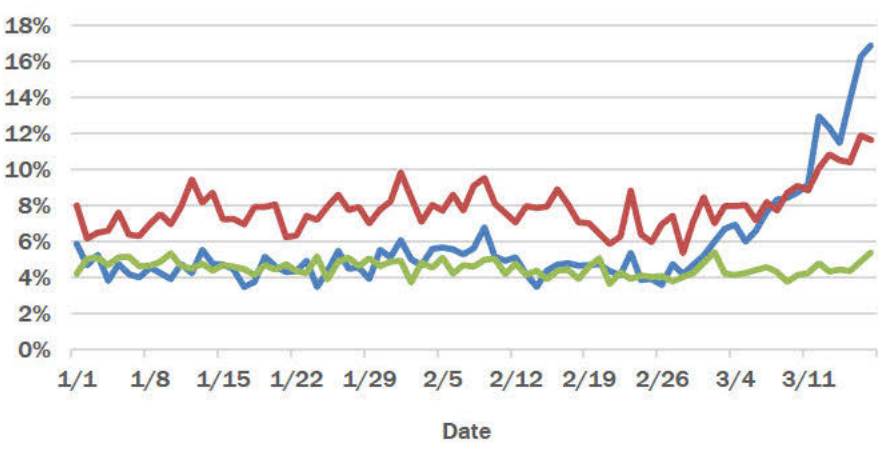


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County has increased over the past 2 weeks.



The daily percent of ED visits that mention **cough** or **fever** (or both) in Broward County has increased sharply the past 2 weeks. **Shortness of breath** is stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

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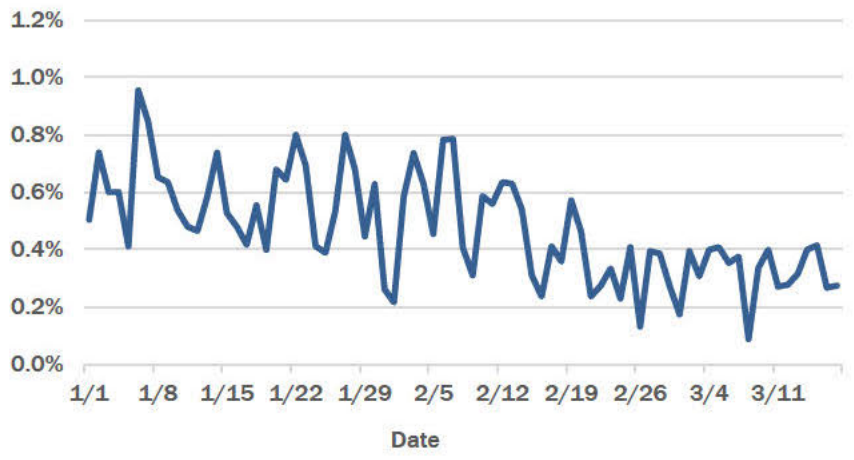
Coronavirus: additional surveillance information

Mar 18, 2020 at 5:08 PM

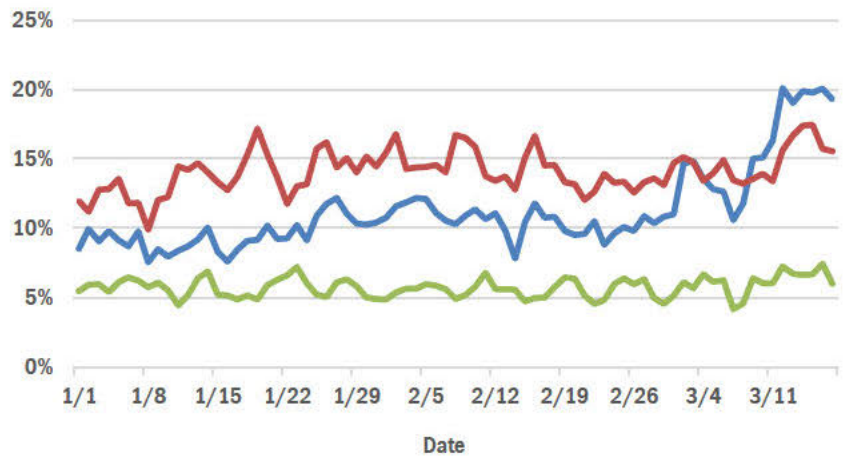
Data in this report are provisional and subject to change.

Miami-Dade County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Miami-Dade County remains within expected levels.



The daily percent of ED visits that mention **cough** or **fever** (or both) in Miami-Dade County has increased over the past 2 weeks. **Shortness of breath** is stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

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Coronavirus: PUI testing by county

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Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	263	261	80	13%	604
Dade	145	171	77	20%	393
Palm Beach	18	29	21	31%	68
Duval	32	45	14	15%	91
Hillsborough	10	43	14	21%	67
Collier	61	37	13	12%	111
Pinellas	83	67	12	7%	162
Lee	29	32	11	15%	72
Orange	16	20	11	23%	47
Volusia	9	23	9	22%	41
Manatee	10	29	8	17%	47
Osceola	68	22	8	8%	98
Alachua	50	78	7	5%	135
Seminole	21	14	7	17%	42
Clay	5	7	4	25%	16
Okaloosa	2	26	4	13%	32
Sarasota	68	134	4	2%	206
St. Johns	29	60	4	4%	93
Citrus	3	3	3	33%	9
Pasco	18	26	3	6%	47
Brevard	5	6	2	15%	13
Lake	1	7	2	20%	10
Polk	24	25	2	4%	51
Charlotte	4	7	1	8%	12
Escambia	5	11	1	6%	17
Gadsden	0	0	1	100%	1
Leon	3	4	1	13%	8
Nassau	2	7	1	10%	10
Santa Rosa	5	10	1	6%	16
Sumter	16	16	1	3%	33
Walton	17	2	1	5%	20
Baker	2	4	0	0%	6
Bay	2	4	0	0%	6
Bradford	0	4	0	0%	4
Columbia	1	8	0	0%	9
Desoto	1	4	0	0%	5
Dixie	0	2	0	0%	2
Flagler	11	7	0	0%	18
Franklin	1	1	0	0%	2
Gilchrist	0	1	0	0%	1
Gulf	0	1	0	0%	1
Hardee	1	1	0	0%	2
Hendry	1	1	0	0%	2
Hernando	17	4	0	0%	21
Indian River	5	10	0	0%	15
Jackson	4	2	0	0%	6
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	11	19	0	0%	30
Martin	10	0	0	0%	10
Monroe	21	9	0	0%	30
Okeechobee	7	3	0	0%	10

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 18, 2020 at 5:08 PM

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County	No result	Negative	Positive	Percent positive	Total
Putnam	10	13	0	0%	23
St. Lucie	6	3	0	0%	9
Suwannee	1	3	0	0%	4
Union	4	3	0	0%	7
Unknown	1	0	0	0%	1
Washington	1	0	0	0%	1
Total	1,140	1,332	328	12%	2,800

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Coronavirus: testing by laboratory

Mar 18, 2020 at 5:08 PM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Reporting lab	Negative	Positive	Percent positive	Total
DOH-MIAMI	669	104	13%	773
DOH-JACKSONVILLE	459	48	9%	507
DOH-TAMPA (SPECTRUM BLVD)	447	41	8%	488
LABORATORY CORPORATION OF AMERICA	450	25	5%	475
QUEST DIAGNOSTICS - TAMPA	399	18	4%	417
MEMORIAL REGIONAL HOSPITAL SOUTH	377	28	7%	405
ADVENT HEALTH LAB	363	26	7%	389
UNIVERSITY OF MIAMI HOSPITAL	64	25	28%	89
VIRACOR-EUROFINS LABORATORIES	68	19	22%	87
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	72	3	4%	75
BIO REFERENCE LABORATORIES, INC	24	2	8%	26
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	24	1	4%	25
CDC	17	7	29%	24
FLORIDA HOSPITAL WATERMAN LABORATORY	21	0	0%	21
WESTSIDE REGIONAL MED CTR	8	7	47%	15
CLEVELAND CLINIC HOSPITAL LAB	13	2	13%	15
FLORIDA HOSPITAL FISH MEMORIAL	8	0	0%	8
TAMPA GENERAL HOSPITAL	0	8	100%	8
ARUP LABORATORIES	6	0	0%	6
TENNESSEE DOH - NASHVILLE	4	2	33%	6
LAKEWOOD RANCH MEDICAL CENTER	3	3	50%	6
ADVENTHEALTH DAYTONA BEACH	5	0	0%	5
UNIVERSITY HOSPITAL AND MEDICAL CENTER	4	1	20%	5
NORTHWEST MEDICAL CENTER	3	1	25%	4
BAYCARE LABORATORIES LLC	4	0	0%	4
MANATEE MEMORIAL HOSPITAL	4	0	0%	4
WELLINGTON REGIONAL MED CTR LAB	3	1	25%	4
LABCORP BURLINGTON (ELR)	2	1	33%	3
FLORIDA HOSPITAL FLAGLER	2	1	33%	3
JFK MEDICAL CENTER LAB	1	2	67%	3
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (LPP)	1	1	50%	2
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	2	0	0%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
RAULERSON HOSPITAL	2	0	0%	2
PLANTATION GENERAL HOSPITAL	2	0	0%	2
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
LAB CORP	1	1	50%	2
DOCTORS HOSPITAL	2	0	0%	2
QUEST DIAGNOSTICS	2	0	0%	2
WEST KENDALL BAPTIST HOSPITAL LABORATORY	1	1	50%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
VA MEDICAL CENTER	0	1	100%	1
BAPTIST HOSPITAL OF MIAMI CLINICAL LABORATORY	1	0	0%	1
UNIVERSITY OF MIAMI HOSPITAL & CLINICS	0	1	100%	1
UNKNOWN	0	1	100%	1

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Coronavirus: testing by laboratory

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Reporting lab	Negative	Positive	Percent positive	Total
SOUTH LAKE HOSPITAL	0	1	100%	1
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
LABCORP BURLINGTON (LPP)	0	1	100%	1
HOMESTEAD HOSPITAL CLINICAL LABORATORY	1	0	0%	1
MAYO CLINIC LABORATORIES	1	0	0%	1
MARINERS HOSPITAL	1	0	0%	1
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
GESSLER CLINIC	0	1	100%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1
PALMS WEST HOSPITAL LAB	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
QUEST	0	1	100%	1
MHS LAB	1	0	0%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 5:08 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
1	Broward	57	Male	Unknown	FL resident			03/18/20
2	Sumter	68	Male	Yes	FL resident	EGYPT	Yes	03/18/20
3	Dade	53	Male	Unknown	FL resident			03/18/20
4	Orange	46	Unknown	Unknown	FL resident			03/18/20
5	Broward	69	Male	Unknown	FL resident			03/18/20
6	Brevard	32	Unknown	Yes	FL resident	PA; UT	No	03/18/20
7	Polk	21	Female	Yes	FL resident	GA	Unknown	03/18/20
8	Collier	31	Female	Yes	FL resident	EGYPT	No	03/18/20
9	Broward	42	Male	Unknown	FL resident			03/18/20
10	Dade	49	Male	Yes	FL resident	EUROPE	No	03/18/20
11	Dade	21	Female	Unknown	FL resident			03/18/20
12	Dade	50	Female	Unknown	FL resident			03/18/20
13	Broward	43	Female	Unknown	FL resident			03/18/20
14	Broward	67	Male	Yes	FL resident	CO	Unknown	03/18/20
15	Broward	49	Female	No	FL resident		No	03/18/20
16	Dade	38	Male	Yes	FL resident	BRAZIL		03/18/20
17	Pinellas	32	Male	No	FL resident		Yes	03/18/20
18	Lee	80	Male	No	FL resident		Yes	03/18/20
19	Pinellas	67	Female	Unknown	FL resident			03/18/20
20	Palm Beach	69	Female	No	FL resident		Unknown	03/18/20
21	Broward	25	Female	Yes	FL resident	SPAIN	Unknown	03/18/20
22	Broward	56	Female	Yes	FL resident	VA		03/18/20
23	Broward	21	Female	Yes	FL resident	SPAIN	Yes	03/18/20
24	Dade	33	Male	Unknown	FL resident			03/18/20
25	Dade	25	Male	No	FL resident		Yes	03/18/20
26	Pasco	64	Female	Yes	FL resident	FL; NY	Yes	03/18/20
27	Dade	25	Female	No	FL resident		Yes	03/18/20
28	Palm Beach	6	Male	Unknown	FL resident			03/18/20
29	Palm Beach	43	Male	Unknown	FL resident		Unknown	03/18/20
30	Pinellas	54	Female	Yes	FL resident	NY		03/18/20
31	Dade	36	Unknown	No	FL resident		Yes	03/18/20
32	Dade	48	Male	Yes	FL resident	CO		03/18/20
33	Duval	22	Male	Unknown	FL resident			03/18/20
34	Palm Beach	72	Male	Unknown	FL resident			03/18/20
35	Alachua	50	Female	Yes	FL resident	BAHAMAS; FL	No	03/18/20
36	Broward	57	Male	Unknown	FL resident			03/18/20
37	Collier	77	Male	No	FL resident		No	03/18/20
38	Dade	35	Male	Yes	FL resident	Spain	No	03/18/20
39	Broward	48	Male	Unknown	FL resident			03/18/20
40	Dade	45	Male	Yes	FL resident	ECUADOR	No	03/18/20
41	Broward	33	Male	Unknown	FL resident			03/18/20
42	Broward	54	Male	Unknown	FL resident			03/18/20
43	Broward	75	Male	No	FL resident		Yes	03/18/20
44	Broward	42	Male	Yes	FL resident	AUSTRALIA	Unknown	03/18/20
45	Okaloosa	24	Female	Yes	FL resident	CO; FL	No	03/18/20
46	Duval	91	Male	Unknown	FL resident		Yes	03/18/20
47	Collier	82	Male	No	FL resident		Unknown	03/18/20
48	Hillsborough	33	Male	Unknown	FL resident		Yes	03/18/20
49	Dade	34	Male	Unknown	FL resident			03/18/20
50	Pinellas	61	Female	Yes	FL resident	NY		03/18/20
51	Pinellas	52	Female	Unknown	FL resident			03/18/20
52	Dade	27	Male	Yes	FL resident	NJ	Yes	03/18/20
53	Citrus	80	Male	Yes	FL resident	DE		03/18/20
54	Collier	59	Male	Yes	FL resident	JAPAN	Unknown	03/18/20
55	Orange	68	Male	Yes	FL resident	INDIA	Unknown	03/18/20
56	Dade	53	Female	Unknown	FL resident			03/18/20
57	Hillsborough	43	Male	No	FL resident			03/18/20
58	Broward	30	Male	Yes	FL resident	CT; FL; ITALY	No	03/18/20
59	Broward	93	Male	No	FL resident			03/18/20
60	Manatee	61	Male	Unknown	FL resident			03/18/20
61	Dade	36	Female	Unknown	FL resident		Yes	03/18/20
62	Palm Beach	41	Male	Yes	FL resident	UT; WY	No	03/18/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
63	Broward	43	Male	Unknown	FL resident			03/18/20
64	St. Johns	53	Female	Yes	FL resident	CO	Yes	03/18/20
65	Broward	21	Female	Yes	FL resident	Spain	Yes	03/18/20
66	Seminole	57	Female	Yes	FL resident	EGYPT	Yes	03/18/20
67	Broward	20	Male	Yes	FL resident	BRAZIL; SPAIN	No	03/18/20
68	Broward	21	Male	Yes	FL resident	Spain	Unknown	03/18/20
69	Duval	83	Male	No	FL resident		No	03/18/20
70	Palm Beach	26	Male	No	FL resident		No	03/18/20
71	Dade	73	Male	Unknown	FL resident			03/18/20
72	Pinellas	21	Female	Yes	FL resident	SPAIN	No	03/18/20
73	Lee	69	Male	No	FL resident		Unknown	03/18/20
74	Broward	21	Female	Yes	FL resident	IRELAND	Yes	03/18/20
75	Pinellas	23	Male	Unknown	FL resident			03/18/20
76	Dade	38	Male	Unknown	FL resident		Unknown	03/18/20
77	Broward	65	Male	No	FL resident		No	03/18/20
78	Palm Beach	55	Male	No	FL resident		No	03/18/20
79	Orange	56	Male	No	FL resident			03/18/20
80	Broward	29	Male	Unknown	FL resident			03/18/20
81	Dade	67	Male	Unknown	FL resident			03/18/20
82	Dade	80	Female	Yes	FL resident	Israel; Venezuela	No	03/18/20
83	Dade	48	Female	Unknown	FL resident			03/18/20
84	Dade	20	Female	Unknown	FL resident			03/18/20
85	Lee	79	Male	No	FL resident		Yes	03/17/20
86	Dade	63	Male	Unknown	FL resident			03/17/20
87	Duval	84	Male	Unknown	FL resident			03/17/20
88	Alachua	21	Female	Yes	FL resident	NY	No	03/17/20
89	Dade	28	Female	Yes	FL resident	IRELAND		03/17/20
90	Seminole	45	Female	Unknown	FL resident			03/17/20
91	Broward	53	Male	Yes	FL resident	NC	No	03/17/20
92	Dade	80	Female	No	FL resident		No	03/17/20
93	Dade	45	Male	Unknown	FL resident			03/17/20
94	Dade	37	Female	Yes	FL resident	AZ; SPAIN		03/17/20
95	Dade	32	Male	Yes	FL resident	COLOMBIA; NY; SAUDI ARABIA		03/17/20
96	Seminole	70	Male	Unknown	FL resident			03/17/20
97	Lake	56	Male	Yes	FL resident	CO; FL	No	03/17/20
98	Broward	46	Female	No	FL resident		Unknown	03/17/20
99	Dade	35	Male	Yes	FL resident	EGYPT	Yes	03/17/20
100	Hillsborough	60	Male	Unknown	FL resident			03/17/20
101	Broward	70	Male	No	FL resident		Yes	03/17/20
102	Palm Beach	19	Female	Yes	FL resident	TN	Yes	03/17/20
103	Dade	69	Female	Unknown	FL resident		No	03/17/20
104	Dade	44	Male	Yes	FL resident	France	No	03/17/20
105	Dade	57	Female	Unknown	FL resident			03/17/20
106	Broward	20	Male	Unknown	FL resident			03/17/20
107	Dade	37	Male	Unknown	FL resident			03/17/20
108	Dade	57	Male	Unknown	FL resident			03/17/20
109	Dade	60	Male	No	FL resident		No	03/17/20
110	Dade	52	Male	No	FL resident		Unknown	03/17/20
111	Pinellas	30	Male	No	FL resident		Yes	03/17/20
112	Broward	19	Female	No	FL resident		Yes	03/17/20
113	Palm Beach	69	Male	Yes	FL resident	CO	No	03/17/20
114	Dade	33	Male	Unknown	FL resident			03/17/20
115	Duval	44	Male	Unknown	FL resident			03/17/20
116	Duval	27	Male	Unknown	FL resident			03/17/20
117	Hillsborough	74	Female	Unknown	FL resident			03/17/20
118	Hillsborough	23	Male	Unknown	FL resident		Yes	03/17/20
119	Volusia	60	Female	No	FL resident		Yes	03/17/20
120	Hillsborough	30	Male	Yes	FL resident	FL; NY	No	03/17/20
121	Palm Beach	38	Male	Unknown	FL resident		Unknown	03/17/20
122	Manatee	71	Male	No	FL resident		No	03/17/20
123	Dade	52	Female	No	FL resident		Yes	03/17/20
124	Polk	44	Female	No	FL resident		Unknown	03/17/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
125	Broward	19	Female	Yes	FL resident	SPAIN	Yes	03/17/20
126	Dade	45	Female	Yes	FL resident	NY	No	03/17/20
127	Broward	57	Female	No	FL resident		Yes	03/17/20
128	Orange	73	Male	Unknown	FL resident			03/17/20
129	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
130	Duval	25	Female	Unknown	FL resident			03/17/20
131	Dade	88	Male	Unknown	FL resident			03/17/20
132	Alachua	22	Male	Yes	FL resident	CANADA; NY; PA	No	03/17/20
133	Dade	61	Female	Unknown	FL resident			03/17/20
134	Dade	50	Male	Unknown	FL resident		Yes	03/17/20
135	Dade	47	Female	Unknown	FL resident			03/17/20
136	Collier	76	Male	Yes	FL resident	ST. MARTIN	Unknown	03/17/20
137	Hillsborough	38	Female	Yes	FL resident	BOSNIA AND HERZEGOVINA; GERMANY	Yes	03/17/20
138	Citrus	64	Male	No	FL resident		Yes	03/17/20
139	Dade	37	Male	Yes	FL resident	DC; FL	Yes	03/17/20
140	Dade	73	Male	Unknown	FL resident		Yes	03/17/20
141	Clay	66	Female	No	FL resident		Yes	03/17/20
142	Broward	79	Female	Yes	FL resident	CO; FL	No	03/17/20
143	Manatee	75	Male	Unknown	FL resident			03/17/20
144	Duval	74	Male	Unknown	FL resident			03/17/20
145	Lee	67	Male	No	FL resident		No	03/17/20
146	Dade	19	Female	No	FL resident		Unknown	03/17/20
147	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	No	03/17/20
148	Osceola	18	Male	No	FL resident		Yes	03/17/20
149	Osceola	29	Male	No	FL resident		No	03/17/20
150	Dade	50	Female	Unknown	FL resident			03/17/20
151	Broward	54	Female	No	FL resident		No	03/16/20
152	Dade	43	Female	Yes	FL resident	UT	Yes	03/16/20
153	Duval	91	Female	No	FL resident		Yes	03/16/20
154	Orange	51	Male	No	FL resident		No	03/16/20
155	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
156	Palm Beach	25	Male	Unknown	FL resident			03/16/20
157	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
158	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
159	St. Johns	49	Male	Yes	FL resident	EUROPE; HUNGARY	No	03/16/20
160	Manatee	70	Male	No	FL resident		No	03/16/20
161	Pinellas	58	Male	No	FL resident		No	03/16/20
162	Palm Beach	66	Male	No	FL resident		Unknown	03/16/20
163	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20
164	Broward	65	Male	No	FL resident		Yes	03/16/20
165	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
166	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
167	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20
168	Sarasota	87	Male	No	FL resident		No	03/16/20
169	Orange	40	Female	No	FL resident		Unknown	03/16/20
170	Dade	30	Female	Unknown	FL resident			03/16/20
171	Volusia	37	Female	No	FL resident		Yes	03/16/20
172	Dade	56	Male	Unknown	FL resident			03/16/20
173	Dade	67	Female	Yes	FL resident	EGYPT	Yes	03/16/20
174	Broward	51	Female	Yes	FL resident	Colombia	Yes	03/16/20
175	Osceola	47	Female	No	FL resident		No	03/16/20
176	Collier	49	Female	No	FL resident		No	03/16/20
177	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
178	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
179	Broward	66	Male	No	FL resident		Yes	03/15/20
180	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
181	Dade	58	Female	Yes	FL resident	ITALY; SPAIN	No	03/15/20
182	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
183	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
184	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
185	Orange	79	Female	Unknown	FL resident		No	03/15/20
186	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 5:08 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
187	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
188	Dade	66	Female	Unknown	FL resident			03/15/20
189	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
190	Broward	74	Male	No	FL resident		Yes	03/15/20
191	Dade	28	Male	No	FL resident		Yes	03/15/20
192	Dade	39	Male	Unknown	FL resident			03/15/20
193	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
194	Duval	66	Male	No	FL resident		Yes	03/15/20
195	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
196	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
197	Broward	60	Male	No	FL resident		Yes	03/15/20
198	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
199	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
200	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
201	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
202	Dade	62	Male	Yes	FL resident	FL; NY	Unknown	03/15/20
203	Duval	88	Male	No	FL resident		Yes	03/15/20
204	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
205	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
206	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
207	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
208	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
209	Volusia	89	Female	No	FL resident		Yes	03/14/20
210	Broward	58	Male	No	FL resident		Yes	03/14/20
211	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20
212	Dade	42	Male	Yes	FL resident	FL; FRANCE	Yes	03/14/20
213	Osceola	48	Male	Yes	FL resident	SWITZERLAND	Yes	03/14/20
214	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
215	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
216	Broward	59	Male	No	FL resident		Yes	03/14/20
217	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
218	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
219	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
220	Dade	77	Female	Yes	FL resident	EGYPT; IRAN; UNITED ARAB EMIRATES	No	03/14/20
221	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
222	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
223	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
224	Broward	83	Female	No	FL resident		Yes	03/14/20
225	Manatee	67	Female	No	FL resident		Unknown	03/14/20
226	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20
227	Dade	18	Male	Yes	FL resident	SPAIN	Yes	03/14/20
228	Manatee	62	Female	No	FL resident		Yes	03/14/20
229	Dade	20	Male	Yes	FL resident	SPAIN	Yes	03/14/20
230	Seminole	43	Female	No	FL resident		No	03/14/20
231	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
232	Clay	70	Male	No	FL resident		Yes	03/14/20
233	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
234	Dade	42	Female	No	FL resident		No	03/14/20
235	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
236	Hillsborough	17	Male	No	FL resident		No	03/14/20
237	Seminole	47	Male	Unknown	FL resident			03/14/20
238	Dade	73	Male	No	FL resident		Unknown	03/14/20
239	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
240	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
241	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
242	Broward	63	Male	No	FL resident		Yes	03/14/20
243	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
244	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
245	Clay	55	Female	No	FL resident		Yes	03/14/20
246	St. Johns	64	Female	No	FL resident		No	03/14/20
247	Dade	51	Male	No	FL resident		Unknown	03/13/20
248	Osceola	54	Male	No	FL resident		No	03/13/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 5:08 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
249	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
250	Broward	27	Female	No	FL resident		Yes	03/13/20
251	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
252	Broward	36	Male	No	FL resident		Yes	03/13/20
253	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
254	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
255	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
256	Palm Beach	73	Male	Yes	FL resident	EGYPT; GERMANY	No	03/13/20
257	Broward	68	Female	No	FL resident		Yes	03/13/20
258	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
259	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
260	Clay	57	Male	No	FL resident		Yes	03/13/20
261	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
262	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/13/20
263	Orange	41	Male	No	FL resident		Yes	03/13/20
264	Lee	77	Male	No	FL resident		Unknown	03/13/20
265	Duval	83	Male	No	FL resident		Yes	03/13/20
266	Dade	45	Female	No	FL resident		Yes	03/13/20
267	Orange	48	Female	No	FL resident		Yes	03/13/20
268	Broward	65	Male	No	FL resident		Yes	03/12/20
269	Dade	56	Male	Yes	FL resident	IRAN	Yes	03/12/20
270	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
271	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
272	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
273	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
274	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
275	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
276	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
277	Pasco	46	Male	No	FL resident		Yes	03/11/20
278	Pinellas	55	Male	Yes	FL resident	EGYPT	Yes	03/11/20
279	Broward	68	Female	No	FL resident		Yes	03/10/20
280	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
281	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
282	Broward	67	Male	No	FL resident		Yes	03/09/20
283	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
284	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
285	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
286	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20
287	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
288	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
289	Broward	75	Male	No	FL resident		Yes	03/07/20
290	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
291	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
292	Manatee	63	Male	No	FL resident		Yes	03/02/20
293	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20
294	Walton	77	Female	Yes	Non-FL resident	MI	No	03/18/20
295	Collier	64	Male	Yes	Non-FL resident	FL; HI	No	03/18/20
296	Palm Beach	73	Male	Yes	Non-FL resident	NY	Yes	03/18/20
297	Duval	46	Male	No	Non-FL resident		No	03/18/20
298	Dade	51	Male	Yes	Non-FL resident	CA; IL		03/17/20
299	Osceola	20	Female	Yes	Non-FL resident	SPAIN	No	03/17/20
300	Orange	28	Female	Unknown	Non-FL resident		Unknown	03/17/20
301	Hillsborough	28	Male	Unknown	Non-FL resident		Unknown	03/17/20
302	Sarasota	80	Male	No	Non-FL resident		No	03/16/20
303	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
304	Dade	66	Male	Yes	Non-FL resident	FL; NY	No	03/16/20
305	Alachua	64	Female	Yes	Non-FL resident	FL; NY	No	03/16/20
306	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
307	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
308	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
309	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
310	Lee	65	Female	Unknown	Non-FL resident			03/15/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 5:08 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
311	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
312	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
313	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
314	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
315	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
316	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
317	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
318	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
319	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
320	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
321	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
322	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
323	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
324	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
325	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
326	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
327	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
328	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20

AMERICAN OVERSIGHT

From: Coppola, Courtney
To: Lukis, Adrian; Wagner, Maureen; Kopelousos, Stephanie; Clark, David; Ferre, Helen; Beatrice, Meredith M.; Gambineri, Mara; McCloud, Cody
Date: Sunday, March 15, 2020 3:17:53 PM
Attachments: COVID-19 Data - Daily Report 2020-03-15 0730.pdf
EMT COVID Rollup 031420 PM.docx

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 15, 2020 at 7:26 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,529
CDC notifications	857
Other notifications*	672
Type of exposure	
Travel exposure	952
Airline/vessel contact	128
Close contact with case	367
Unknown	82

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	Travel/airline/ vessel/unknown	Contact with case
High	1	49
Medium	806	129
Unknown (not contacted yet)	86	11
Low/no identified risk**	269	178
Total persons of high, medium, or unknown risk	893	189
Still being monitored	278	131
Contacted in person	19	7
Persons still monitored by top 10 counties		
Sarasota	25	35
Dade	51	4
Broward	46	9
Lee	11	18
Orange	22	0
Palm Beach	18	0
Pasco	9	8
Pinellas	16	0
Hillsborough	10	5
Santa Rosa	1	13

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

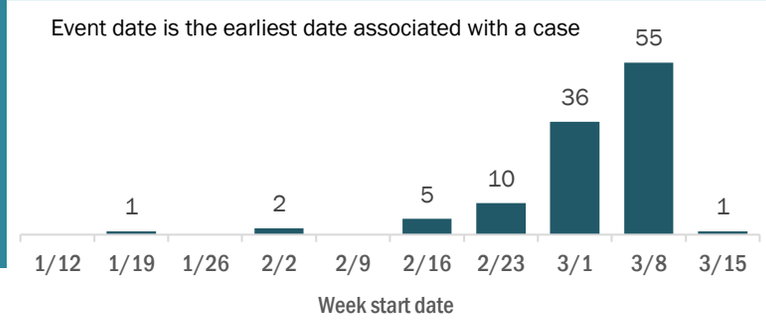
Total identified	1,196
Tested positive	111
Tested negative	669
Currently awaiting testing	416

Confirmed cases

Confirmed cases in Florida residents	98
Confirmed by BPHL/CDC	70
Positive by commercial/hospital lab	22
Not exposed/infectious in Florida	6
Deaths	4
Cases in non-Florida residents	13
Confirmed by BPHL/CDC	11
Positive by commercial/hospital lab	2
Total cases	111
Traveled	29
Contact with confirmed case	17
Traveled and contact with confirmed case	35
Neither	30

10-week trend by event date

Event date is the earliest date associated with a case



AMERICAN OVERSIGHT

Coronavirus: additional surveillance information (confidential)

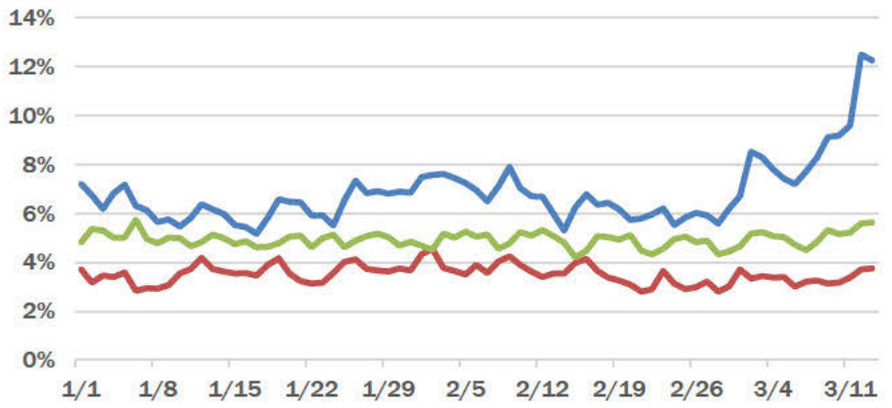
Mar 15, 2020 at 7:26 AM

Statewide emergency department (ED) chief complaint and admission data

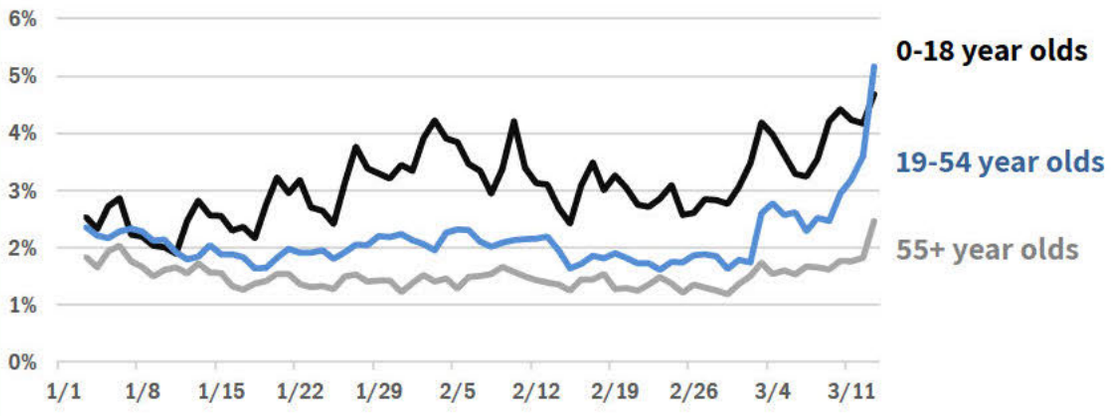
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

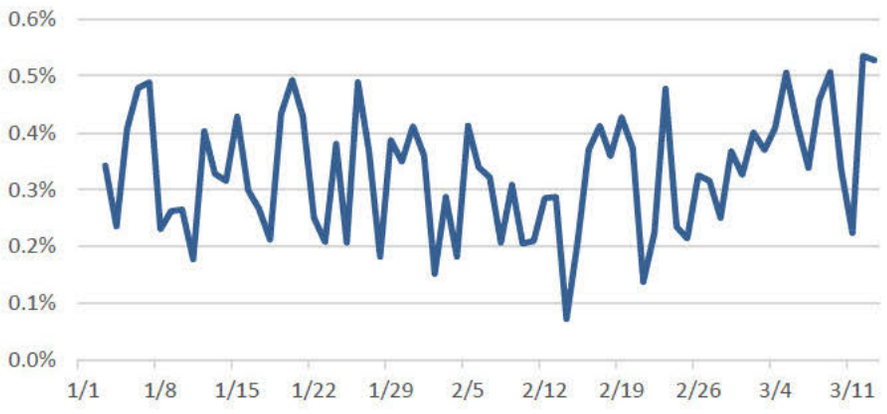


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

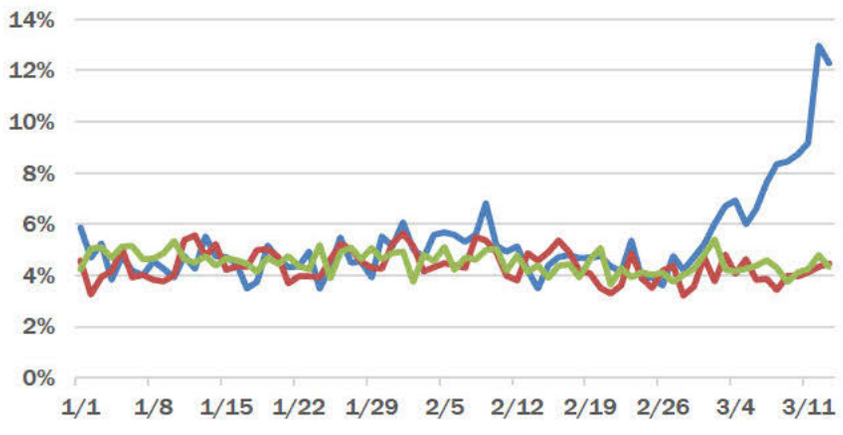


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: cases by county (confidential)

Mar 15, 2020 at 7:26 AM

County	Count
Broward	25
Dade	15
Hillsborough	6
Palm Beach	6
Volusia	6
Lee	5
Collier	4
Duval	4
Orange	4
Osceola	4
Seminole	4
Alachua	3
Clay	3
Manatee	3
Sarasota	3
Okaloosa	2
Pasco	2
Pinellas	2
St. Johns	2
Charlotte	1
Citrus	1
Gadsden	1
Lafayette	1
Lake	1
Leon	1
Nassau	1
Santa Rosa	1

AMERICAN OVERSIGHT

Coronavirus: summary of laboratory data (confidential)

Mar 15, 2020 at 7:26 AM

Laboratory results are received electronically and on paper, depending on the laboratory. A person can have multiple specimens collected and tested, each of which is counted in the numbers below. **The numbers below will be larger than the number of people who tested positive or negative.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	737	103	12%	840
DOH-TAMPA (SPECTRUM BLVD)	629	65	9%	694
DOH-JACKSONVILLE	601	47	7%	648
ADVENT HEALTH LAB	190	14	7%	204
MEMORIAL REGIONAL HOSPITAL SOUTH	176	8	4%	184
LABORATORY CORPORATION OF AMERICA	71	0	0%	71
QUEST DIAGNOSTICS - TAMPA	46	4	8%	50
CDC	42	7	14%	49
FLORIDA HOSPITAL WATERMAN LABORATORY	11	0	0%	11
UNIVERSITY OF MIAMI HOSPITAL	0	10	100%	10
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	6	0	0%	6
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	4	0	0%	4
ADVENTHEALTH DAYTONA BEACH	2	0	0%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
BUREAU OF CLINICAL LABORATORIES	2	0	0%	2
TENNESSEE DOH - NASHVILLE	2	0	0%	2
CALIFORNIA PUBLIC HEALTH LABORATORY	0	2	100%	2
LABCORP BURLINGTON (ELR)	2	0	0%	2
FLORIDA HOSPITAL FISH MEMORIAL	2	0	0%	2
JFK MEDICAL CENTER LAB	1	0	0%	1
TAMPA GENERAL HOSPITAL	0	1	100%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
FLORIDA HOSPITAL ZEPHYRHILLS	1	0	0%	1
QUEST DIAGNOSTICS	1	0	0%	1
MHS LAB	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2785091	Manatee	63	Male	No	Yes	03/02/20 12:44 PM	Florida Case	
2785125	Hillsborough	29	Female	Yes - ITALY	Yes	03/02/20 12:45 PM	Florida Case	
2787169	Santa Rosa	71	Male	Yes - EGYPT; ISRAEL; JORDAN		03/05/20 8:59 AM	Florida Case	
2789655	Broward	65	Male	No		03/07/20 5:24 AM	Florida Case	
2788889	Broward	75	Male	No	Yes	03/07/20 5:27 AM	Florida Case	
2789590	Lee	77	Female	Yes - DOMINICAN REPUBLIC	Yes	03/07/20 5:29 AM	Florida Case	
2789591	Lee	77	Male	Yes - DOMINICAN REPUBLIC	Yes	03/07/20 5:31 AM	Florida Case	
2791177	Volusia	66	Female	Yes - EGYPT; GERMANY; ISRAEL	Yes	03/08/20 10:20 AM	Florida Case	
2791213	Broward	67	Male	No		03/09/20 8:48 AM	Florida Case	
2789624	Charlotte	54	Female	Yes - EGYPT; ISRAEL		03/09/20 9:54 AM	Florida Case	
2787619	Manatee	81	Female	Yes - EGYPT	Yes	03/09/20 9:58 AM	Florida Case	
2789656	Okaloosa	61	Female	Yes - CA; FL; MEXICO	Yes	03/09/20 10:09 AM	Florida Case	
2791903	Volusia	60	Female	Yes - EGYPT; GERMANY; ISRAEL	Yes	03/09/20 9:04 PM	Florida Case	
2791937	Broward	68	Female	No	Yes	03/10/20 6:30 AM	Florida Case	
2792229	Nassau	68	Male	Yes - GERMANY; MA	Yes	03/10/20 9:01 PM	Florida Case	
2792239	Collier	73	Male	Yes - EGYPT		03/11/20 6:30 AM	Florida Case	
2792249	Collier	64	Female	Yes - EGYPT		03/11/20 6:30 AM	Florida Case	
2792318	Pinellas	67	Male	Yes - EGYPT	Yes	03/11/20 6:30 AM	Florida Case	
2792316	Pinellas	64	Male	Yes - EGYPT	Yes	03/11/20 6:30 AM	Florida Case	
2792718	Pasco	46	Male	No	Yes	03/11/20 6:30 AM	Florida Case	
2792244	Collier	68	Female	Yes - EGYPT	Yes	03/11/20 6:31 AM	Florida Case	
2792997	Broward	61	Male	Yes - ITALY		03/12/20 6:32 AM	Florida Case	
2790426	Dade	56	Male	Yes - IRAN (ISLAMIC REP. OF)	Yes	03/12/20 6:32 AM	Florida Case	
2792893	Broward	65	Male	No	Yes	03/12/20 7:11 AM	Florida Case	
2793808	Seminole	68	Male	Yes - EGYPT; JORDAN	Yes	03/12/20 11:00 AM	Florida Case	
2793618	Broward	70	Male	Unknown		03/12/20 4:52 PM	Florida Case	
2793831	Clay	57	Male	No	Yes	03/13/20 6:31 AM	Florida Case	
2795609	Broward	27	Female	No		03/13/20 6:32 AM	Florida Case	
2793775	Lee	77	Male	No		03/13/20 6:32 AM	Florida Case	
2793827	Hillsborough	49	Female	Yes - FL; IRELAND	Yes	03/13/20 6:32 AM	Florida Case	
2792922	Sarasota	50	Female	Yes - NY		03/13/20 7:10 AM	Florida Case	
2793663	Palm Beach	74	Male	Yes - BELGIUM; FL		03/13/20 7:11 AM	Florida Case	
2793739	Broward	68	Female	No	Yes	03/13/20 7:12 AM	Florida Case	
2794689	Duval	83	Male	No		03/13/20 7:13 AM	Florida Case	
2793946	Broward	36	Male	No	Yes	03/13/20 7:14 AM	Florida Case	
2794613	Volusia	70	Female	Yes - EGYPT; JORDAN	Yes	03/13/20 7:18 AM	Florida Case	
2793789	Broward	26	Female	Yes - TRINIDAD AND TOBAGO		03/13/20 7:20 AM	Florida Case	
2793664	Palm Beach	73	Male	Yes - EGYPT; GERMANY		03/13/20 7:22 AM	Florida Case	
2795613	Orange	48	Female	No	Yes	03/13/20 9:24 AM	Florida Case	
2795571	Alachua	24	Male	Yes - PORTUGAL		03/13/20 10:06 AM	Florida Case	
2795877	Orange	41	Male	No	Yes	03/13/20 11:23 AM	Florida Case	
2795882	Osceola	54	Male	No		03/13/20 11:31 AM	Florida Case	
2795919	Lake	75	Female	Yes - FL; NY		03/13/20 12:50 PM	Florida Case	
2793792	Dade	51	Male	No		03/13/20 1:52 PM	Florida Case	
2796872	Osceola	31	Male	Yes - BRAZIL		03/13/20 7:20 PM	Florida Case	
2794920	Dade	45	Female	No	Yes	03/13/20 10:46 PM	Florida Case	
2795576	Seminole	68	Female	Yes - EGYPT; JORDAN	Yes	03/14/20 6:46 AM	Florida Case	
2795984	Volusia	71	Male	Yes - EGYPT	Yes	03/14/20 6:46 AM	Florida Case	
2796908	Sarasota	67	Female	No		03/14/20 10:09 AM	Florida Case	

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2794986	Palm Beach	59	Female	Yes - NY	Yes	03/14/20 10:23 AM	Florida Case	
2795841	Dade	42	Male	Yes - FRANCE	Yes	03/14/20 10:24 AM	Florida Case	
2794936	Palm Beach	65	Male	Yes - NY	Yes	03/14/20 10:25 AM	Florida Case	
2794709	Palm Beach	37	Male	Yes - NY	Yes	03/14/20 10:27 AM	Florida Case	
2794716	Dade	39	Female	Yes - FL; NY		03/14/20 10:28 AM	Florida Case	
2793868	Dade	77	Female	Yes - EGYPT; IRAN (ISLAMIC REP. OF); UNITED ARAB EMIRATES		03/14/20 10:29 AM	Florida Case	
2794853	Broward	83	Female	No		03/14/20 10:29 AM	Florida Case	
2795828	Broward	22	Female	Yes - IRELAND	Yes	03/14/20 10:32 AM	Florida Case	
2794823	Dade	37	Male	Yes - FL; SPAIN		03/14/20 10:37 AM	Florida Case	
2795587	Broward	20	Female	Yes - IRELAND	Yes	03/14/20 10:37 AM	Florida Case	
2794637	Broward	59	Male	No		03/14/20 10:56 AM	Florida Case	
2796962	Seminole	43	Female	Unknown		03/14/20 11:07 AM	Florida Case	
2793915	Dade	42	Male	Yes - SPAIN		03/14/20 11:14 AM	Florida Case	
2796968	Osceola	48	Male	Yes - SWITZERLAND		03/14/20 11:16 AM	Florida Case	
2796934	Hillsborough	17	Male	No		03/14/20 11:20 AM	Florida Case	
2794830	Broward	20	Female	Yes - IRELAND	Yes	03/14/20 11:26 AM	Florida Case	
2797133	Broward	64	Male	Yes - FRANCE; GA; NC; SPAIN	Yes	03/14/20 12:47 PM	Florida Case	
2797126	Broward	63	Male	No	Yes	03/14/20 12:48 PM	Florida Case	
2787089	Manatee	62	Female	No	Yes	03/14/20 12:49 PM	Florida Case	
2794664	Volusia	29	Male	Yes - TRINIDAD AND TOBAGO	Yes	03/14/20 12:55 PM	Florida Case	
2794659	Broward	58	Male	No	Yes	03/14/20 12:55 PM	Florida Case	
2797319	Seminole	47	Male	Unknown		03/14/20 3:34 PM	Florida Case	
2797249	Broward	21	Male	Yes - ITALY; SPAIN		03/14/20 3:47 PM	Florida Case	
2797815	Dade	42	Female	Unknown		03/14/20 6:11 PM	Florida Case	
2797986	Dade	73	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797987	Dade	20	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797989	Dade	29	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2797990	Dade	18	Male	Unknown		03/14/20 10:32 PM	Florida Case	
2796220	St. Johns	64	Female	Unknown		03/14/20 10:33 PM	Florida Case	
2795823	Hillsborough	47	Male	Yes - CO		03/14/20 11:05 PM	Florida Case	
2795832	Lee	72	Female	Unknown	Yes	03/14/20 11:12 PM	Florida Case	
2795916	Clay	55	Female	No	Yes	03/14/20 11:14 PM	Florida Case	
2797260	Clay	70	Male	No		03/14/20 11:16 PM	Florida Case	
2797956	Volusia	89	Female	No	Yes	03/14/20 11:40 PM	Florida Case	
2796011	Hillsborough	32	Female	Yes - CO	Yes	03/14/20 11:40 PM	Florida Case	
2796917	Pasco	67	Male	Yes - FL; NY		03/14/20 11:40 PM	Florida Case	
2798003	Duval	57	Male	Unknown		03/15/20 12:05 AM	Florida Case	
2796071	Citrus	60	Female	Unknown		03/15/20 12:08 AM	Florida Case	
2798004	Duval	66	Male	Yes - BRAZIL	Yes	03/15/20 12:12 AM	Florida Case	
2798005	Duval	88	Male	Unknown		03/15/20 12:18 AM	Florida Case	
2798040	Dade	66	Female	Unknown		03/15/20 6:33 AM	Florida Case	
2798045	Broward	39	Male	Unknown		03/15/20 6:34 AM	Florida Case	
2798098	Orange	48	Female	Unknown		03/15/20 6:51 AM	Florida Case	
2787616	Gadsden	54	Male	Yes - JAPAN		03/03/20 11:49 AM	Florida Case	Yes
2788780	Leon	59	Female	Yes - JAPAN		03/04/20 9:26 AM	Florida Case	Yes
2788813	Okaloosa	66	Female	Yes - JAPAN	Yes	03/04/20 11:23 AM	Florida Case	Yes
2788851	Dade	64	Male	Yes - JAPAN	Yes	03/04/20 1:14 PM	Florida Case	Yes
2788903	Palm Beach	71	Female	Yes - JAPAN	Yes	03/04/20 3:29 PM	Florida Case	Yes
2795965	Orange	68	Female	Unknown		03/13/20 2:07 PM	Florida Case	Yes

AMERICAN OVERSIGHT

Coronavirus: line list of cases (confidential)

Mar 15, 2020 at 7:26 AM

Case ID	County	Age	Gender	Traveled	Contact with a confirmed case	Date became case	Jurisdiction	Repatriated case
2796876	Osceola	65	Male	Yes - CANADA		03/13/20 7:33 PM	Out of the US	
2794752	Alachua	69	Male	Yes - EUROPE		03/14/20 10:59 AM	Out of the US	
2786318	Hillsborough	22	Female	Yes - ITALY	Yes	03/03/20 7:30 AM	US, Non-Florida Case	
2792320	Alachua	68	Female	Yes - GA		03/10/20 9:01 PM	US, Non-Florida Case	
2792424	Lee	57	Male	Yes - FL; FRANCE; UNITED KINGDOM		03/12/20 6:33 AM	US, Non-Florida Case	
2792971	St. Johns	63	Male	Yes - NY		03/12/20 7:09 AM	US, Non-Florida Case	
2793832	Broward	20	Female	Yes - IRELAND	Yes	03/13/20 6:32 AM	US, Non-Florida Case	
2794850	Sarasota	70	Male	No		03/13/20 7:17 AM	US, Non-Florida Case	
2794772	Broward	19	Male	Yes - IRELAND	Yes	03/14/20 10:51 AM	US, Non-Florida Case	
2795588	Broward	19	Female	Yes - IRELAND	Yes	03/14/20 11:25 AM	US, Non-Florida Case	
2794859	Broward	41	Male	Yes - SPAIN		03/14/20 11:33 AM	US, Non-Florida Case	
2796933	Lafayette	48	Male	Unknown		03/14/20 6:11 PM	US, Non-Florida Case	
2795895	Collier	79	Female	Yes - CT		03/14/20 11:14 PM	US, Non-Florida Case	

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 14, 2020 at 11:30 p.m.

CASES TO DATE

- 1196 persons under investigation
- 669 negatives
- 111 total cases reported
  - 98 in Florida residents
    - 92 diagnosed in Florida
    - 6 diagnosed and isolated in another state
  - 13 confirmed positive (non-Florida resident)
- 4 deaths
- 416 tests in state results pending
- 1529 people monitored to date
- 409 of that 1529 are currently being monitored

Call Center hotline hours are 24 hours a day, seven days a week

KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.

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- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.

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- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.

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- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19
- Secretary Mayhew participated in a press conference with Governor DeSantis, Lieutenant Governor Nunez, Miami-Dade leadership and health care leaders to provide COVID-19 updates, including information on the new screening requirements at nursing homes, assisted living facilities and other long-term care facilities per a recent emergency order.
- Sent Policy Transmittal (PT 2020-12) to all SMMC health plans on guidance on how to proceed with provision of Medicaid services in accordance with Governor DeSantis's Executive Order Number 20-52
- Sent e-blast regarding CMS guidance on Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications
- Sent e-blast regarding CMS guidance for Home Health Agencies
- Sent e-blast regarding CMS guidance for Hospice Agencies
- Sent e-blast regarding CMS guidance for Dialysis Facilities
- Sent e-blast regarding CMS guidance for use of Certain Industrial Respirators by Health Care Personnel
- To take full advantage of the flexibilities provided through the declaration by President Trump of a national state of an emergency, AHCA will eliminate regulatory barriers that may delay or obstruct critical COVID-19 response.
    - Waiving prior authorization requirements for Medicaid
    - Removing Medicaid limits on services
    - Extending timelines for Medicaid health plan appeals and fair hearings
    - Expanding Medicaid provider enrollment
    - Limiting face-to-face Medicaid provider site visits
- AHCA will be granting a 90-day extension to all licenses for health care providers and regulated facilities.
- AHCA is distributing information regarding regulatory flexibilities created by waivers from CMS related to skilled nursing facilities, critical access hospitals, home health agencies, durable medical equipment, provider enrollment, etc.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

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- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.
- Facility in Gainesville has cancelled community events on campus and is cancelling large trips for residents going off-site.
- Started twice-weekly conferences with the Superintendents of APD-owned facilities to discuss coronavirus updates and needs.
- Forensic Facility in Chattahoochee needs guidance on admitting individuals who have been court-ordered to reside at this facility.
- APD has issued an advisory to all group home providers & owners and all Adult Day Training facilities regarding Emergency Order 20-002
- APD is reviewing its own rules, policies and procedures for potential wavers needed
- APD has established daily meetings with its executive management and incident management team
- APD is developing reporting tools for employees and clients who are isolated or quarantined
- APD's forensic Facility in Chattahoochee needs guidance on admitting individuals across the state who have been court-ordered to reside at this facility.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/
- All universities are preparing to transition to remote instructional delivery for a two-week period during March and early April, depending on each institution's Spring Break, and are informing students not to return to campus during this period.

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.
- Uploaded WHO Technical Guidance information to WebEOC
- Coordination call with UF College of Veterinary Medicine, DOH State Public Health Veterinarian, 3/12/20
- The division held a call this morning with the School Nutrition Directors of the 17 counties that currently have confirmed cases of COVID-19 to discuss program flexibilities related to serving meals to students in the event of unanticipated school closures.

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Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.
- On March 11, Guidance and preventative measures, including screening questions, was sent statewide to Adult Protective Services staff
- Conducting daily leadership calls at 3:30pm for situational awareness and leadership level decision making
- Collecting staffing availability for critical classes

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.

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- Centurion will stage a minimum of 25 PPE's at each facility; supplies should be delivered Friday, March 13th. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.
- Informed visitors and volunteers if you are feeling sick with a fever, persistent cough, or find it difficult to breathe – please do not enter a correctional institution.
- Restrict inmate transfers to mission critical needs
- New commitments will remain at reception centers at least 14-days prior to transfer. quarantine dorm at reception centers for.
- Initiating screening process.
- Staff are temporarily permitted to enter secured perimeters with alcohol-based hand sanitizer.
- Tracking staff who report flu-like symptoms and their work availability.
- Established a trigger matrix for presumptive positive & positive COVID-19 inmates.
- Verify Staff who have VPN Access
- Suspended visitation for 30-days and initiated active screening process at all entrance/exit points.
- Drafting communication to inmate population about visitation cancelation.
- Procurement: Review with vendors J-pay credits and free Securus minutes is visitation if suspended.
- OIT: Coordinate emergency alternative for visitor services call center.
- Considering expanding the institutional restrictions to include volunteer programs, community work squads.
- Communications: Expand inmate tracking graphic to include how many inmates were referred to DOH and how many were tested for COVID-19.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)
- Santa Fe College is requesting hand sanitizer due to vendor indicating their request is on back order. Request has been provided to ESF 6.

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- Disseminated information based on Governors request to close all schools in all districts.
- Disseminated information based on Governors request through the Board of Governors State University system

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff
- Meetings with the Statewide Cares offices, Area Agencies on Aging, Directors, ECO's and Alternate to discuss any needs. We will continue to have this 2-3 times a week or as needed if the event elevates.
- Providing individual technical assistance calls to most statewide AAAs anticipating meal site closures and allowable flexibility.
- Scheduled daily update calls with AAA Emergency Coordinators to assess activities, technical assistance and assess unmet needs.
- Provided technical assistance to all AAAs that 701A, 701C, and 701S can be completed over the phone.
- Provided instruction of the flexibility of client care plans usually required face-toface every 6 months to be done for the next 30 day over the phone. Timeframe to be reevaluated as necessary

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.

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- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.
- A press release is expected to be distributed informing the public that the Blue-Green Algae Task Force meeting will be postponed. This will be issued upon receipt of the pending DMS guidance.
- DEP is evaluating events and travel within the next 30 days, based on pending DMS guidance to determine if cancellations or rescheduling is required.
- DEP's South District placed DOH precaution sheets in all bathrooms.
- DEP's Southeast District sent an internal message to all staff this morning reminding them: to familiarize themselves with the resources the District has made available to them, the importance of taking preventative measures, and the availability of hand sanitizing stations throughout the District Office.

Department of Financial Services and Office of Financial Regulation

- OFR - prepared draft proclamations for external stakeholders on proper notice to the Office regarding office closures of financial institutions
- Authorized purchase of hand sanitizer and disinfecting wipes for all offices
- Informed employees of proper procedures for workspace cleanliness/mitigation of spread of illnesses
- Monitoring guidance from DMS regarding office closures; annual leave, sick leave, admin. Leave policies
- Pulling back on out-of-state travel and minimizing in-state travel for employees
- Social distancing

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.

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- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.
- Visitor sign translated in Spanish to post at the entrance in their offices, centers and facilities
- Provided to our law enforcement partners statewide our modified screening protocols and procedures for youth taken into custody at Juvenile Assessment Centers (JAC) and Detention Screening Units (DSU). DJJ Secretary and leadership team held conference calls with the following entities to discuss our COVID-19 protocols: Detention Regional Directors and Superintendents; Residential Regional Directors and Residential Contracted Provider CEOs; and Probation Regional Directors and Probation Contracted Providers including the Florida Network, Children-in Need of Services/Families-in-Need of Services (CINS/FINS) providers
- Distributed four documents via email to the listed groups: Protocols at Juvenile Assessment Centers and Detention Screening Units; Visitor Screening Tools; Notice to Family Members and Guardians of Youth in our programs and a Coronavirus (COVID-19) Precautions STOP signage which is also translated in Spanish. Provided notice to family members and guardians of youth in our programs requesting not to visit youth in our facilities if they have or had within the last 48 hours any symptoms of respiratory illness, or recently spent time with anyone exhibiting these symptoms.
- Provided notice to vendors, guests, volunteers and business partners the same message and requested if there are problems providing critical services for our youth, please contact us to discuss alternatives.
- We have developed a visitor screening tool which is now mandatory to use inside of our juvenile detention centers and residential commitment programs.

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- We are sending a notice to parents and guardians of youth in programs regarding the new visitor screening protocol. This information will be included within the admission packet for new youth admitted.
- We have sent a notice to the vendors, guests, volunteers and business partners that come into our juvenile detention centers and residential commitment programs asking that they limit visiting any of these facilities if they are exhibiting flu-like symptoms or have traveled outside of the U.S., including cruise ship travel. The department will work with these entities on alternatives to visiting programs to ensure critical services are not interrupted
- Effective 3/14 DJJ will suspend visitation to our detention centers and residential facilities until further notice and re-evaluate when it is safe to resume. Letters are being distributed to parents/guardians and all partners including chief judges, state attorneys, public defenders and their respective associations, provider CEOs, program directors, prevention providers, and detention superintendents.
- In DJJ's detention centers and residential facilities, youth will be able to make contact with parents/guardians via skype, Facetime or other means to the extent possible.
- DJJ is discussing with the judge in Circuit 2 the possibility for on-site detention hearings; until a decision is made DJJ will continue to transport youth to court for hearings.
- Assistant Secretaries in centers and facilities are evaluating the possibility of staff shortages and are discussing with our private providers plans for addressing needs and issues in maintaining staff ratios.
- Due to school closures our private provider teachers are being advised to follow the guidelines of the local school districts as it relates to continuing school for youth. There might also be a need to utilize teachers to meet the staff-youth ratio.
- DJJ is also evaluating and discussing with private providers alternate means for serving youth (contractually) and requesting their input on options for providing case management services remotely and identifying alternative activities for youth.
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Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities, ordered an increase in bandwith and additional VPN licenses creating additional capacity for members to work remotely.
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings
- State partners providing immediate needs list to ESF-16 in reference to PPE
- Providing situational uppdates to partners about cyber/malware sites for COVID-19

Department of Lottery

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- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common

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areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.

- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 500 ventilators; awaiting approval
- DMS has activated more personnel to the EOC to research and secure commodities as the needs arise. Lead time for out-of-stock items is also being assessed for possible
- HRM continues to provide guidance as needed to HR Directors on leave policies.
- HRM/DSGI will continue to provide guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management continues to update Facility Managers as needed to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination
- DMS' Division of Real Estate Development and Management will continue to provide updated guidance to the Capitol facility manager, Sergeant of Arms, Capitol Police, and Earley's Kitchen to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination
- Procured 10 box trucks (rentals) for the SLRC
- Procured 10 drivers for the box trucks
- HRM continues to provide guidance as needed to HR Directors on leave policies.
- HRM/DSGI will continue to provide guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.
- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.

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- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Emailed information and FAQ's to employees related to the Department's response to COVID 19 with links to the Florida Department of Health and the Centers for Disease Control
- Communicated with supervisors' additional details in reference to leave and travel requests.
- The Department has increased messaging on preventative measures through the deployment of DOH/CDC posters, ensured hand sanitizer is available, and increased cleaning of high-traffic areas in our public areas of our service centers.

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in

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your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.
- The Department of State met via conference call today with all 67 county Supervisors of Elections to discuss COVID-19 as it relates to election polling places. On the call were representatives from The Florida Department of Health, Florida Division of Emergency Management and Volunteer Florida. Supervisors were updated about COVID-19 and the precautions to take regarding polling places from DOH and provided options for assistance from Volunteer Florida. Supervisors were also reminded to work with their county Emergency Management offices for available resources to combat the COVID-19 emergency
- The Museum of Florida History has implemented the following, in addition to regular cleaning tasks:
    - Removed guest sign in book; Education Staff to record the visitor information.
    - Added to the list of opening cleaning chores: (Disinfecting wipes are preferred over spray to minimize possible damage to artifacts.)
    - Clean all push buttons for life casts, dioramas, and other touchables in exhibits as identified and approved with disinfecting wipes.
    - Clean wheelchairs after every use with disinfecting wipes.
    - Clean surfaces of benches with disinfecting wipes.
    - Clean surface of survey podium with disinfecting wipes.
    - Placed additional hand sanitizer dispensers at entrance and exit of Museum.
    - Turned off touchscreen survey and rely on paper surveys.
- Staff using disinfecting wipes on phones and keyboards.
- COVID-19 general prevention signs from the Florida Department of Health have been posted in shared staff spaces

Department of Veteran Affairs

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- Florida Department of Veterans' Affairs (FDVA) resources are currently focused on our network of state veterans' homes. FDVA operates state veterans' homes in Panama City, Lake City, St. Augustine, Daytona Beach, Pembroke Pines, Port Charlotte and Land O' Lakes.
- Effective March 11, 2020, the Florida Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and Domiciliary until further notice, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care.
- The U.S. Department of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living center facilities to only essential visitors until further notice.
- All VA Medical Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics are also implementing enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional time for the screening process.
- Veterans who are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. The service is available at no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
- All FDVA and VA facilities remain fully operational.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.
- We are modifying work schedules to allow non-essential personnel to telework.
- We have ordered latex gloves for LE members and they should be in by 03/20/20.
- All training has been cancelled.
- All in state travel has been cancelled unless it is deemed an LE emergency and must be approved by the Executive Director.
- All out of state travel has been cancelled

Office of Attorney General

- Activated the Price Gougin Hotline is response
- Monitoring staff travel and continuing internal staffing calls in preparation of potential staffing/telework situations in the coming weeks

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"

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- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.
- VF coordinated latest messaging with FLVOAD and discussed scheduling a call for next week with all FLVOAD partners. FLVOAD pushed out messaging via social media and will be scheduling a call for next week.
- VF participated in a statewide call with Supervisors of Elections to discuss Volunteer Connect (Florida's official volunteer opportunity platform) and how it can be used by offices to help recruit volunteers for Tuesday's upcoming election to due to COVID-19 fears at some poling sites.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.
- Installed hand sanitizer and distributed sanitary wipes throughout facilities
- Instituted regular sanitary wipe-downs of common areas and meeting rooms
- The District has suspended all official travel and meetings
- Preparing resources for staff to work remotely as needed
- Provided staff education
- Conducted public Governing Board meeting
- Purchasing thermometers, alcohol wipes, gloves
- Finance began tracking costs under separate codes

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and poll workers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

AMERICAN OVERSIGHT

March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.
March 11, 2020	• MCM Coordinator discussed Point of Collection contingency plan strategies with her workgroup • Supporting 3 missions • Coordinated contingency planning for nursing home PUI • ASPR notified ESF8 there will be a portion of requested cache delivered • Coordinated with Dr. Schepke on validation of resource request
March 12, 2020	• Participated in calls with Corrections and LEO • Conducted call with Senior hospital leadership and clinical lab directors regarding testing for COVID • Contracted with Poison Control to take over COVID-19 call center on 3/13/20 at noon • Received six trucks of requested SNS order • Purchased 10,000 test kits • Continue to fill resources request as supplies allow •
March 13, 2020	• Hosted Governor at SLRC warehouse • Continue to receive inventory from our SNS request • Continuing to build Alternate Care Site kits • Preparing gatekeepers for clinical testing/mobile clinics North and Central • Wrote logistics clinical tactical plan for ventilator deployment •
March 14, 2020	• Conducted call with Florida Schools of Public Health • Sent survey to Schools of Public Health to recruit faculty and staff in support of epidemiological investigation. • Conducted call with Hospitals

AMERICAN OVERSIGHT

From:	Coppola, Courtney
To:	Lukis, Adrian; Wagner, Maureen; Kopelousos, Stephanie; Strum, Shane; Ferre, Helen; Beatrice, Meredith M.; Gambineri, Mara; Spencer, Chris
Date:	Sunday, March 8, 2020 10:10:55 PM
Attachments:	Confidential COVID Case Rollup 030820.docx COVID-19 Data - Daily Report 2020-03-08 700PM (1).pdf EMT COVID Rollup 030820 PM.docx

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Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399





Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 8, 2020 at 8:26 PM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,104
CDC notifications	765
Other notifications*	339
Type of exposure	
Travel exposure	855
Airline/vessel contact	90
Close contact with case	153
Unknown	6

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	25
Medium	693	65
Unknown (not contacted yet)	13	4
Low/no identified risk**	245	59
Total persons of high, medium, or unknown risk	706	94
Still being monitored	212	90
Contacted in person	60	8
Persons still monitored by top 10 counties		
Sarasota	4	49
Broward	43	4
Dade	32	3
Orange	20	0
Hillsborough	12	7
Manatee	6	12
Pinellas	15	0
Duval	12	0
Volusia	7	5
Lee	2	9

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	273
Tested positive	18
Tested negative	140
Currently awaiting testing	115

Confirmed cases

Cases in Florida residents	17
Confirmed	12
Deaths	2
Repatriated confirmed cases	5
Cases in non-Florida residents	1
Confirmed	1

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AMERICAN OVERSIGHT

COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 8, 2020 at 8 p.m.

CASES TO DATE

- 273 persons under investigation
- 140 negatives
- 18 total cases reported
    - 17 in Florida residents
        - 12 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 2 deaths
- 115 tests in state results pending
- 1104 people monitored to date
- 302 of that 1104 are currently being monitored

New case in Broward county identified today.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Children & Families

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- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- • On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- • DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.

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Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.

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- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.

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- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"

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- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • AHCA roll-up information o **Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.** o **Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.** o **Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.** o **Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.**

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From:	Moscoso, Alberto
To:	Ferre, Helen; Beatrice, Meredith M.
Cc:	Mahon, Jason; Vause, Tiffany; Gambineri, Mara; Coppola, Courtney
Date:	Sunday, March 8, 2020 10:01:41 PM
Attachments:	Daily Talking Points - 3.8.20_1.docx COVID_PR 3.8.2020_1.docx

.@HealthyFla has updated Florida's #COVID19 information page. Please see FloridaHealth.gov/COVID-19/ for the latest information.

.@HealthyFla is responding to #COVID19. To keep Florida residents and visitors safe and aware regarding the status of #COVID19, the Department is issuing daily updates. View today's update here- [LINK]

Alberto Moscoso
Communications Director
Florida Department of Health
(850) 408-7687

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COVID-19 Daily Talking Points
March 9, 2020

The Florida Department of Health's highest priority at this time is controlling the spread of COVID-19 and ensuring anyone who is likely to spread it is appropriately identified, treated and isolated.

The Department is advising all individuals who have traveled internationally to self-isolate for 14 days following their date of return to the United States.

The Department is urging residents to stay informed on how to protect themselves and their communities from COVID-19.

The Department encourages everyone to seek medical attention and diagnosis if they suspect they have contracted COVID-19 or come into contact with someone who has COVID-19.

The Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19 remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

Governor DeSantis is working closely with state agencies and the Department to monitor, prepare and prevent the spread of this virus.

The Department of Health updates Florida's COVID-19 information page daily. Please visit FloridaHealth.gov/ COVID-19/ for the latest information.

Yesterday, the Department announced one new positive Florida COVID-19 case in Broward County. That individual is isolated and being appropriately cared for.

Florida Residents Diagnosed in Florida				
	County	Age	Sex	Recent History of International Travel
1	Manatee	63	Male	No
2	Hillsborough	29	Female	Yes
3	Santa Rosa	71	Male	Yes
4	Broward	75	Male	No
5	Broward	65	Male	No
6	Lee	77	Female	Yes
7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes

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11	Manatee	81	Female	Yes
12	Broward	67	Male	No

Below is a complete summary of COVID-19 in Florida:

- 115 tests in state results pending
- 140 negatives
- 18 Florida cases (17 Florida residents)
    - 12 diagnosed in Florida
    - 5 diagnosed and isolated in another state
    - 1 confirmed positive non-Florida resident
- 1,104 people monitored to date
- 302 of 1,104 are currently being monitored

The Florida Department of Health is actively involved in enhanced surveillance for respiratory illness that may be COVID-19. Epidemiologists will follow up on any suspected cases that meet criteria for COVID-19 to arrange for testing when needed and monitor contacts of any confirmed cases, if they occur.

The Department will communicate regularly with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

Everyone plays a part in lowering the impact within our communities and workplaces – taking every day preventative actions helps to impede the spread of respiratory diseases such as COVID-19. Preventative actions include:

- **Washing your hands frequently with soap and water for at least 20 seconds**, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- **Avoiding close contact** with people who are sick.
- **Staying home when you are sick**. **This message cannot be emphasized enough.**
- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- **Before traveling take certain steps**:
    - Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel.
    - Employees who become sick while traveling must understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

The Department of Health has set up a dedicated COVID-19 Call Center for questions about this virus. Anyone with questions may call **1-(866) 779-6121** or email **COVID-19@flhealth.gov**. **The Call Center is available 24 hours a day, seven days a week.**

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If Asked:

"What is the Department doing about the cruise ships near Florida that could be carrying individuals infected with COVID-19?"

-The Department of Health has been notified that two cruise ships off the coast of Miami may have cases of COVID-19.

Although this issue falls under federal jurisdiction, since being notified, DOH has been working closely with the cruise industry, CDC, Coast Guard and other partners to ensure every effort is made to keep the Floridians on board safe, while also protecting Florida residents across the state. Over the coming days, we will continue to work with these partners to provide testing support and resolve this situation as quickly as possible.

"What is the number of patients tested in my county?"

-We appreciate the desire to understand how many Floridians in each community have been tested, received a negative test or are under public health monitoring as a result of suspicion they may have COVID-19 or has been in contact with someone who have COVID-19. Balancing the privacy of the individuals being tested and monitored and the confidentiality of the epidemiological investigations with the responsibility to Floridians to disclose information to protect the public is a vital role of the Florida Department of Health. Due to the nature of a unique virus, such as COVID-19, to share how many people in each community that have been tested or are under public health monitoring could potentially release identifying information, especially in Florida's smaller communities.

As such, in order to protect personally identifiable health information (PHI) of Floridians, the Florida Department of Health is unable to break down the number of individuals who have received a negative test, have pending test results or are under public health monitoring by community.

Floridians can view the aggregate state level information at www.FLHealth.gov/COVID-19. This information is updated daily.

Additionally, the Florida Department of Health is encouraging all Floridians to be aware. Floridians should practice good hand hygiene and wash their hands with soap and water for a minimum of 20 seconds, use a tissue when they sneeze or cough and immediately dispose of it in the trash and stay home if they are sick."

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March 9, 2020

Department of Health COVID-19 Update

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

TALLAHASSEE — The Florida Department of Health is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aware about the status of the virus, the Department is issuing regular updates as information becomes available.

International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to self-isolate for 14 days following their date of return to the United States.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two positive cases in Florida.

COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	**Age**	**Sex**	**Known History of International Travel**
1	**Manatee**	**63**	**Male**	**No**
2	**Hillsborough**	**29**	**Female**	**Yes**
3	**Santa Rosa**	**71**	**Male**	**Yes**
4	**Broward**	**75**	**Male**	**No**
5	**Broward**	**65**	**Male**	**No**
6	**Lee**	**77**	**Female**	**Yes**
7	**Lee**	**77**	**Male**	**Yes**

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8	**Charlotte**	**54**	**Female**	**Yes**
9	**Okaloosa**	**61**	**Female**	**Yes**
10	**Volusia**	**66**	**Female**	**Yes**
11	**Manatee**	**81**	**Female**	**Yes**
12	**Broward**	**67**	**Male**	**No**

Additional Positive Cases Linked to Florida:

- 1 non-Florida resident
- 5 diagnosed and isolated in another state

COVID-19 Testing Results

- 18 Florida cases (17 Florida residents)
    - 12 diagnosed in Florida
    - 5 diagnosed and isolated in another state
    - 1 confirmed positive non-Florida resident
- 115 tests in state results pending
- 140 negatives
- 1,104 people monitored to date
- 302 of 1,104 are currently being monitored

[HOLD FOR NEW CASE DETAILS]

People who have tested positive for COVID-19 will remain in isolation until they test negative.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121. The Call Center is available 24 hours a day**. Inquiries may also be emailed to **COVID-19@flhealth.gov**.

Department Activities

- Governor Ron DeSantis issued an Executive Order directing the State Surgeon General to declare a public health emergency.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.

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- Established an incident management team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Established a public call-center for questions regarding COVID-19.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;

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- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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From:	Coppola, Courtney
To:	Lukis, Adrian; Wagner, Maureen; Kopelousos, Stephanie; Spencer, Chris; Strum, Shane; Ferre, Helen; Beatrice, Meredith M.; Gambineri, Mara
Date:	Tuesday, March 10, 2020 8:52:03 AM
Attachments:	Confidential COVID Case Rollup 030820.docx COVID-19 Data - Daily Report 2020-03-09 1045PM.pdf EMT COVID Rollup 030920 PM.docx

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Some or all of the information contained within this message may be confidential pursuant to sections 381.003 and 381.0031(6), Florida Statutes, Rule 64D-3.036, Florida Administrative Code, or other applicable state or federal privacy laws.

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381.0031(6) F.S.

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 9, 2020 at 10:52 PM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,161
CDC notifications	788
Other notifications*	373
Type of exposure	
Travel exposure	875
Airline/vessel contact	101
Close contact with case	174
Unknown	11

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	30
Medium	720	77
Unknown (not contacted yet)	15	3
Low/no identified risk**	252	64
Total persons of high, medium, or unknown risk	735	110
Still being monitored	224	95
Contacted in person	53	8
Persons still monitored by top 10 counties		
Broward	44	8
Sarasota	4	47
Dade	34	2
Hillsborough	13	7
Orange	19	0
Pinellas	19	0
Lee	2	13
Manatee	5	9
Palm Beach	12	1
Duval	12	0

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	397
Tested positive	20
Tested negative	222
Currently awaiting testing	155

Confirmed and probable cases

Cases in Florida residents	19
Confirmed	14
Deaths	2
Repatriated confirmed cases	5
Cases in non-Florida residents	1
Confirmed	1

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381.0031(6) F.S.

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Monday, March 9, 2020 at 11 p.m.

CASES TO DATE

- 397 persons under investigation
- 222 negatives
- 20 total cases reported
    - 19 in Florida residents
        - 14 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 2 deaths
- 155 tests in state results pending
- 1161 people monitored to date
- 319 of that 1161 are currently being monitored

New cases in Volusia and Broward county identified today.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

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Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones

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- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.

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- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.

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- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.

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- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.

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Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"
- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

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From:	Coppola, Courtney
To:	Lukis, Adrian; Wagner, Maureen; Kopelousos, Stephanie; Clark, David; Ferre, Helen; Beatrice, Meredith M.; Gambineri, Mara
Date:	Friday, March 13, 2020 10:54:26 AM
Attachments:	Confidential COVID Case Rollup 031220.docx EMT COVID Rollup 031220 PM.docx

Early data. Please let me know if you have questions.

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Thursday, March 12, 2020 at 11:00 p.m.

CASES TO DATE

- 750 persons under investigation
- 478 negatives
- 51 total cases reported
    - 45 in Florida residents
        - 40 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 6 confirmed positive (non-Florida resident)
- 2 deaths
- 221 tests in state results pending
- 1413 people monitored to date
- 365 of that 1413 are currently being monitored

Of the 17 new cases identified today (4) were in Broward, (2) Palm Beach, (1) Lee, (1) Miami-Dade, Seminole (1), Alachua (1), Duval (1), Volusia (1), Clay (1), Hillsborough (1) and (3) out-of-state residents.

****** THERE IS A DELAY IN PRIVATE LAB TESTING BEING INCORPORATED INTO OFFICIAL REPORTING SYSTEMS*****

Call Center hotline hours are 24 hours a day, seven days a week

KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.

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- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education

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    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General

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Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.

- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19
- Secretary Mayhew participated in a press conference with Governor DeSantis, Lieutenant Governor Nunez, Miami-Dade leadership and health care leaders to provide COVID-19 updates, including information on the new screening requirements at nursing homes, assisted living facilities and other long-term care facilities per a recent emergency order.
- Sent Policy Transmittal (PT 2020-12) to all SMMC health plans on guidance on how to proceed with provision of Medicaid services in accordance with Governor DeSantis's Executive Order Number 20-52
- Sent e-blast regarding CMS guidance on Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications
- Sent e-blast regarding CMS guidance for Home Health Agencies
- Sent e-blast regarding CMS guidance for Hospice Agencies
- Sent e-blast regarding CMS guidance for Dialysis Facilities
- Sent e-blast regarding CMS guidance for use of Certain Industrial Respirators by Health Care Personnel

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.
- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.

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- Facility in Gainesville has cancelled community events on campus and is cancelling large trips for residents going off-site.
- Started twice-weekly conferences with the Superintendents of APD-owned facilities to discuss coronavirus updates and needs.
- Forensic Facility in Chattahoochee needs guidance on admitting individuals who have been court-ordered to reside at this facility.
- APD has issued an advisory to all group home providers & owners and all Adult Day Training facilities regarding Emergency Order 20-002
- APD is reviewing its own rules, policies and procedures for potential wavers needed
- APD has established daily meetings with its executive management and incident management team
- APD is developing reporting tools for employees and clients who are isolated or quarantined
- APD's forensic Facility in Chattahoochee needs guidance on admitting individuals across the state who have been court-ordered to reside at this facility.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.
- Uploaded WHO Technical Guidance information to WebEOC
- Coordination call with UF College of Veterinary Medicine, DOH State Public Health Veterinarian, 3/12/20

Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

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- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.
- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.
- On March 11, Guidance and preventative measures, including screening questions, was sent statewide to Adult Protective Services staff

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.
- Centurion will stage a minimum of 25 PPE's at each facility; supplies should be delivered Friday, March 13th. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.

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- Informed visitors and volunteers if you are feeling sick with a fever, persistent cough, or find it difficult to breathe – please do not enter a correctional institution.
- Restrict inmate transfers to mission critical needs
- New commitments will remain at reception centers at least 14-days prior to transfer. quarantine dorm at reception centers for.
- Initiating screening process.
- Staff are temporarily permitted to enter secured perimeters with alcohol-based hand sanitizer.
- Tracking staff who report flu-like symptoms and their work availability.
- Established a trigger matrix for presumptive positive & positive COVID-19 inmates.
- Verify Staff who have VPN Access
- Suspended visitation for 30-days and initiated active screening process at all entrance/exit points.
- Drafting communication to inmate population about visitation cancelation.
- Procurement: Review with vendors J-pay credits and free Securus minutes is visitation if suspended.
- OIT: Coordinate emergency alternative for visitor services call center.
- Considering expanding the institutional restrictions to include volunteer programs, community work squads.
- Communications: Expand inmate tracking graphic to include how many inmates were referred to DOH and how many were tested for COVID-19.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)
- Santa Fe College is requesting hand sanitizer due to vendor indicating their request is on back order. Request has been provided to ESF 6.
- Closures
    - Hillsborough County - Farnell Middle School will be closed Thursday and Friday.
    - Okaloosa County - Rocky Bayou Christian School's campuses in Niceville and Crestview will be closed for March 9 - March 23.
    - College of the Florida Keys is closing for 21 days following spring break

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.

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- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff
- Meetings with the Statewide Cares offices, Area Agencies on Aging, Directors, ECO's and Alternate to discuss any needs. We will continue to have this 2-3 times a week or as needed if the event elevates.

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.
- A press release is expected to be distributed informing the public that the Blue-Green Algae Task Force meeting will be postponed. This will be issued upon receipt of the pending DMS guidance.

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- DEP is evaluating events and travel within the next 30 days, based on pending DMS guidance to determine if cancellations or rescheduling is required.
- DEP's South District placed DOH precaution sheets in all bathrooms.
- DEP's Southeast District sent an internal message to all staff this morning reminding them: to familiarize themselves with the resources the District has made available to them, the importance of taking preventative measures, and the availability of hand sanitizing stations throughout the District Office.

Department of Financial Services and Office of Financial Regulation

- OFR - prepared draft proclamations for external stakeholders on proper notice to the Office regarding office closures of financial institutions
- Authorized purchase of hand sanitizer and disinfecting wipes for all offices
- Informed employees of proper procedures for workspace cleanliness/mitigation of spread of illnesses
- Monitoring guidance from DMS regarding office closures; annual leave, sick leave, admin. Leave policies
- Pulling back on out-of-state travel and minimizing in-state travel for employees
- Social distancing

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.
- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.

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- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.
- Visitor sign translated in Spanish to post at the entrance in their offices, centers and facilities
- Provided to our law enforcement partners statewide our modified screening protocols and procedures for youth taken into custody at Juvenile Assessment Centers (JAC) and Detention Screening Units (DSU). DJJ Secretary and leadership team held conference calls with the following entities to discuss our COVID-19 protocols: Detention Regional Directors and Superintendents; Residential Regional Directors and Residential Contracted Provider CEOs; and Probation Regional Directors and Probation Contracted Providers including the Florida Network, Children-in Need of Services/Families-in-Need of Services (CINS/FINS) providers
- Distributed four documents via email to the listed groups: Protocols at Juvenile Assessment Centers and Detention Screening Units; Visitor Screening Tools; Notice to Family Members and Guardians of Youth in our programs and a Coronavirus (COVID-19) Precautions STOP signage which is also translated in Spanish. Provided notice to family members and guardians of youth in our programs requesting not to visit youth in our facilities if they have or had within the last 48 hours any symptoms of respiratory illness, or recently spent time with anyone exhibiting these symptoms.
- Provided notice to vendors, guests, volunteers and business partners the same message and requested if there are problems providing critical services for our youth, please contact us to discuss alternatives.
- We have developed a visitor screening tool which is now mandatory to use inside of our juvenile detention centers and residential commitment programs.
- We are sending a notice to parents and guardians of youth in programs regarding the new visitor screening protocol. This information will be included within the admission packet for new youth admitted.
- We have sent a notice to the vendors, guests, volunteers and business partners that come into our juvenile detention centers and residential commitment programs asking that they limit visiting any of these facilities if they are exhibiting flu-like symptoms or have traveled outside of the U.S., including cruise ship travel. The department will work with these entities on alternatives to visiting programs to ensure critical services are not interrupted

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities, ordered an increase in bandwith and additional VPN licenses creating additional capacity for members to work remotely.
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls

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- RDSTF meetings
- State partners providing immediate needs list to ESF-16 in reference to PPE
- Providing situational uppdates to partners about cyber/malware sites for COVID-19

Department of Lottery

- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.

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- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 500 ventilators; awaiting approval
- DMS has activated more personnel to the EOC to research and secure commodities as the needs arise. Lead time for out-of-stock items is also being assessed for possible
- HRM continues to provide guidance as needed to HR Directors on leave policies.
- HRM/DSGI will continue to provide guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management continues to update Facility Managers as needed to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination
- DMS' Division of Real Estate Development and Management will continue to provide updated guidance to the Capitol facility manager, Sergeant of Arms, Capitol Police, and Earley's Kitchen to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.
- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.
- The Department of Revenue's General Tax Administration (GTA) program is working with our tax processing vendor to ensure continuity in tax data and payment processing.

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- GTA is closely monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due date extensions.
- Emailed information and FAQ's to employees related to the Department's response to COVID 19 with links to the Florida Department of Health and the Centers for Disease Control
- Communicated with supervisors' additional details in reference to leave and travel requests.
- The Department has increased messaging on preventative measures through the deployment of DOH/CDC posters, ensured hand sanitizer is available, and increased cleaning of high-traffic areas in our public areas of our service centers.

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in

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your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.
- The Department of State met via conference call today with all 67 county Supervisors of Elections to discuss COVID-19 as it relates to election polling places. On the call were representatives from The Florida Department of Health, Florida Division of Emergency Management and Volunteer Florida. Supervisors were updated about COVID-19 and the precautions to take regarding polling places from DOH and provided options for assistance from Volunteer Florida. Supervisors were also reminded to work with their county Emergency Management offices for available resources to combat the COVID-19 emergency
- The Museum of Florida History has implemented the following, in addition to regular cleaning tasks:
    - Removed guest sign in book; Education Staff to record the visitor information.
    - Added to the list of opening cleaning chores: (Disinfecting wipes are preferred over spray to minimize possible damage to artifacts.)
    - Clean all push buttons for life casts, dioramas, and other touchables in exhibits as identified and approved with disinfecting wipes.
    - Clean wheelchairs after every use with disinfecting wipes.
    - Clean surfaces of benches with disinfecting wipes.
    - Clean surface of survey podium with disinfecting wipes.
    - Placed additional hand sanitizer dispensers at entrance and exit of Museum.
    - Turned off touchscreen survey and rely on paper surveys.
- Staff using disinfecting wipes on phones and keyboards.
- COVID-19 general prevention signs from the Florida Department of Health have been posted in shared staff spaces

Department of Veteran Affairs

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- Florida Department of Veterans' Affairs (FDVA) resources are currently focused on our network of state veterans' homes. FDVA operates state veterans' homes in Panama City, Lake City, St. Augustine, Daytona Beach, Pembroke Pines, Port Charlotte and Land O' Lakes.
- Effective March 11, 2020, the Florida Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and Domiciliary until further notice, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care.
- The U.S. Department of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living center facilities to only essential visitors until further notice.
- All VA Medical Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics are also implementing enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional time for the screening process.
- Veterans who are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. The service is available at no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
- All FDVA and VA facilities remain fully operational.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Office of Attorney General

- Activated the Price Gougin Hotline is response
- Monitoring staff travel and continuing internal staffing calls in preparation of potential staffing/telework situations in the coming weeks

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"
- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.
- VF coordinated latest messaging with FLVOAD and discussed scheduling a call for next week with all FLVOAD partners. FLVOAD pushed out messaging via social media and will be scheduling a call for next week.

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- VF participated in a statewide call with Supervisors of Elections to discuss Volunteer Connect (Florida's official volunteer opportunity platform) and how it can be used by offices to help recruit volunteers for Tuesday's upcoming election to due to COVID-19 fears at some poling sites.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.
- Installed hand sanitizer and distributed sanitary wipes throughout facilities
- Instituted regular sanitary wipe-downs of common areas and meeting rooms
- The District has suspended all official travel and meetings
- Preparing resources for staff to work remotely as needed
- Provided staff education
- Conducted public Governing Board meeting
- Purchasing thermometers, alcohol wipes, gloves
- Finance began tracking costs under separate codes

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

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March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.
March 11, 2020	• MCM Coordinator discussed Point of Collection contingency plan strategies with her workgroup • Supporting 3 missions • Coordinated contingency planning for nursing home PUI • ASPR notified ESF8 there will be a portion of requested cache delivered • Coordinated with Dr. Schepke on validation of resource request
March 12, 2020	• Participated in calls with Corrections and LEO • Conducted call with Senior hospital leadership and clinical lab directors regarding testing for COVID • Contracted with Poison Control to take over COVID-19 call center on 3/13/20 at noon • Received six trucks of requested SNS order • Purchased 10,000 test kits • Continue to fill resources request as supplies allow •

DRAFT

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: Jacquot, Joe
Date: Monday, March 16, 2020 6:38:07 PM
Attachments: State Restrictions.docx

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com
Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

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- Washington
  - Washington Governor Jay Inslee's ban covers Seattle and surrounding counties, including King, Snohomish and Pierce and the type of gatherings include social, spiritual and recreational activities. According to a statement by Inslee, "these include but are not limited to: community, civic, public, leisure, faith-based, or sporting events; parades; concerts; festivals; conventions; fundraisers and similar activities." In addition to the ban on large gatherings, a number of Seattle public schools have closed down and many colleges and universities in the state of Washington are suspending or canceling in-person class.
  - RCW 43.06.220 - https://app.leg.wa.gov/RCW/default.aspx?cite=43.06.220 – full text
  - Provisions cited in WA Governor's proclamation "RCW 43.06.220(1)(b) and RCW 43.06.220(1)(h), to help preserve and maintain life, health, property or the public peace"

    RCW 43.06.220 - Excerpt

    State of emergency—Powers of governor pursuant to proclamation.
    (1) The governor after proclaiming a state of emergency and prior to terminating such, may, in the area described by the proclamation issue an order prohibiting:
    (b) Any number of persons, as designated by the governor, from assembling or gathering on the public streets, parks, or other open areas of this state, either public or private;
    …
    (h) Such other activities as he or she reasonably believes should be prohibited to help preserve and maintain life, health, property or the public peace.
    …
    (5) Any person willfully violating any provision of an order issued by the governor under this section is guilty of a gross misdemeanor.
    [2019 c 472 § 2; 2008 c 181 § 1; 2003 c 53 § 222; 1969 ex.s. c 186 § 3.]

AMERICAN OVERSIGHT

- Oregon
  - In the News
    - "Oregon Governor Kate Brown followed suit and on Wednesday night, placed a ban on gatherings of over 250 people for four weeks. Brown also suggested that non-essential school-related gatherings should be canceled, such as field trips and parent meetings, as well as recommending increased physical space between employees in offices, limited in-person meetings, limited travel and working in staggered rotations when possible." - https://www.newsweek.com/these-are-all-states-that-have-banned-large-gatherings-people-due-coronavirus-1491950

  - Oregon's Code for declaring a State of Emergency 2017 ORS 401.165
    - Chapter 401 — Emergency Management and Services https://www.oregonlegislature.gov/bills_laws/ors/ors401.html -
    - https://www.oregonlaws.org/ors/401.165

  - Oregon Executive Orders in re: COVID-19
    - OR EO 20-03, issued 3/8/20: Oregon's initial executive order – does not cover bans; https://www.oregon.gov/gov/Documents/executive_orders/eo_20-03.pdf
      - ORS 401.165 et seq. empowers the Governor to declare a state of emergency upon determining that an emergency has occurred or is imminent. "Pursuant to that authority, I find that the novel infectious coronavirus has created a threat to public health and safety, and constitutes a statewide emergency under ORS 401.025(1)."
    - OR EO 20-05, issued 3/12/20: Governor Kate Brown today set new rules to slow the spread of COVID-19 in Oregon; Executive Order 20-05 outlines rules addressing large gatherings and social distancing. Available at https://drive.google.com/file/d/1k9gLrQP4adjP6hrd_03BXLtVkkDHSXps/view
      - "Pursuant to ORS 433.441(3)(a) and (d), ORS 401.175(1), and ORS 40 1.188(2), [the Governor is] prohibiting large social, spiritual, and recreational gatherings of 250 people or more, statewide…"

  - Oregon Revised Statutes (cited in EO 20-05)
    - ORS 433.441(3)(a) and (d), - https://www.oregonlaws.org/ors/433.441

      (3)During a public health emergency, the Governor may:
      (a)Close, order the evacuation of or the decontamination of any facility the Governor has reasonable cause to believe may endanger the public health.
      …
      (d) Control or limit entry into, exit from, movement within and the occupancy of premises in any public area subject to or threatened by a public health emergency if such actions are reasonable and necessary to respond to the public health emergency.

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- ORS 401.175(1), https://www.oregonlegislature.gov/bills_laws/ors/ors401.html

  401.175 Additional powers during emergency. During the existence of an emergency, the Governor may:
  (1) Assume complete control of all emergency operations in the area specified in a proclamation of a state of emergency issued under ORS 401.165, direct all rescue and salvage work and do all things deemed advisable and necessary to alleviate the immediate conditions.
  …

- ORS 401.188(2), https://www.oregonlegislature.gov/bills_laws/ors/ors401.html

  401.188 Management of resources during emergency; rules. Whenever the Governor has declared a state of emergency, the Governor may issue, amend and enforce rules and orders to:
  …
  (2) Prescribe and direct activities in connection with use, conservation, salvage and prevention of waste of materials, services and facilities, including, but not limited to, production, transportation, power and communication facilities training, and supply of labor, utilization of industrial plants, health and medical care, nutrition, housing, rehabilitation, education, welfare, child care, recreation, consumer protection and other essential civil needs; and
  …

- PENALTIES - 401.990 Penalties.

  Any person knowingly violating any provision of this chapter, or any of the rules, regulations or orders adopted and promulgated under this chapter, shall, upon conviction thereof, be guilty of a Class C misdemeanor. [1967 c.480 §8; 1977 c.248 §4; 1983 c.586 §41; 2009 c.718 §48]

- Oregon provided a link to the guidance for large events and public gatherings - https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2262.docx

- https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=36153
- On 3/12/20, Oregon's governor announced strategies at 9am PST / noon EST to include:
  - 1. Large gatherings: All large gatherings over 250 people will be canceled statewide effective immediately for four weeks. A gathering is defined as any event in a space in which appropriate social distancing of a minimum of three feet cannot be maintained.
  - 2. Schools: In addition to previous guidance issued on March 8, 2020 to keep schools open, all non-essential school-associated gatherings and group activities should be canceled — such as group parent meetings, field trips, and competitions.
  - 3. Workplace: Recommended implementation of distancing measures including an increased physical space between employees in offices and worksites, limited

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in-person meetings, limited travel, and staggered work schedules where possible.

- 4. Long-Term Care and Assisted Living: Strict limitations announced this week by the Oregon Health Authority and Department of Human Services remain in place.

- Oregon's Dept of Human Services public health recommendation is made/issued per Oregon Executive Order 20-03 issued by the Governor on 3/8/20 (https://content.govdelivery.com/attachments/ORDHS/2020/03/10/file_attachments/1397712/NF-20-67%20Executive%20Letter%20from%20Mike%20McCormick.pdf)

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- California
    - Governor Gavin Newsom to place a ban on gatherings of 250 people or more.
    - San Francisco Mayor London Breed placed a citywide ban on large gatherings of 1,000 people or more.
    - CA Declaration of State of Emergency (SOE) - https://www.gov.ca.gov/wp-content/uploads/2020/03/3.4.20-Coronavirus-SOE-Proclamation.pdf (3-4-20)
        - SOE does not include a ban on gatherings. CA SOE cites to "California Emergency Services Act, and in particular, Government Code section 8625"
    - Governor's Press release –
        - 3/11/20 https://www.gov.ca.gov/2020/03/11/california-public-health-experts-mass-gatherings-should-be-postponed-or-canceled-statewide-to-slow-the-spread-of-covid-19/
            - State public health experts announce that gatherings with 250 people or more should be rescheduled or canceled
            - Smaller gatherings can proceed if organizers implement 6 feet of social distancing
        - 3/12/20 https://www.gov.ca.gov/2020/03/12/governor-newsom-statement-on-disney-agreeing-to-close-california-parks/
            - "Late last night, California put out a new policy on mass gatherings and engaged in deep conversations with Disney and other companies about how to meet it. Using that policy, Disney made the right call in the interest of public health and agreed to shut down their California parks. ***Expect more announcements like this shortly***." (emphasis added)

    - CA Gathering guidance (not an order)- https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Gathering_Guidance_03.11.20.pdf
        - No state code was cited as authority for this gathering guidance.
        - California's guidance says: "Large gatherings that include 250 people or more should be postponed or canceled. … This includes gatherings such as concerts, conferences, and professional, college, and school sporting events."

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- New York
  - News on restricting large gatherings
    - New York Governor Andrew Cuomo announced that schools, temples, churches and other large gathering places should be shut down in the New York City suburb of New Rochelle… Source: last checked 3/12 at 12:46pm https://www.newsweek.com/these-are-all-states-that-have-banned-large-gatherings-people-due-coronavirus-1491950
  - NY Governor's Pressroom
    - Governor Cuomo Accepts Recommendation of State Health Commissioner for New Emergency Measures to Contain Novel Coronavirus Cluster in New Rochelle. "Schools, Houses of Worship and Other Large Gathering Facilities to Be Temporarily Closed for Two-Week Period in Highest Impacted Area of New Rochelle from March 12-25." - https://www.governor.ny.gov/news/video-audio-photos-rush-transcript-governor-cuomo-accepts-recommendation-state-health published 3/10/2020
  - Executive Order # 202, issued 3/7/20
    - https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/EO_202.pdf
    - EO does not address restricting large gatherings
  - Governor's Powers
    - On March 3, 2020, the legislature approved NY Senate Bill 7919.
      - https://gothamist.com/news/ny-coronavirus-cuomo-new-emergency-powers
      - This bill expanded the Governor's executive powers in a state of emergency… it now applies to epidemic, disease outbreaks, etc. He can suspend laws up to 30 days.
    - Bill information https://www.nysenate.gov/legislation/bills/2019/s7919
    - Bill text in type/strike https://legislation.nysenate.gov/pdf/bills/2019/s7919
      - "§ 29-a. Suspension of other laws. 1. Subject to the state constitution, the federal constitution and federal statutes and regulations, the governor may by executive order temporarily suspend any statute, local law, ordinance, or orders, rules or regulations, or parts thereof, of any agency during a state disaster emergency, if compliance with such provisions would prevent, hinder, or delay action necessary to cope with the disaster or if necessary to assist or aid in coping with such disaster…. in the following instances: … epidemic, disease outbreak,…"
      - Note: The suspension is limited to 30 days
  -

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- Ohio
    - News about limiting gatherings
        - 3/12/20 "Coronavirus in Ohio: Governor orders no mass gatherings in Ohio over 100 people"
            - https://www.nbc4i.com/community/health/coronavirus/gove-dewine-orders-no-mass-gatherings-in-ohio-over-100-people/
            - https://www.10tv.com/article/dewine-announces-order-banning-gatherings-more-100-people-2020-mar 3/12/20
            - https://www.fcnews.org/news/23835/ohio-bans-mass-gatherings
        - 3/11/20 Ohio Governor Mike DeWine, on Tuesday, recommended that large indoor events should be canceled or postponed. In response to that, Democratic presidential candidates Bernie Sanders and Joe Biden canceled planned rallies and other campaign events in the state. DeWine said Wednesday that he plans to announce a ban on large gatherings in the state, including sporting events such as Cleveland Cavaliers games, Columbus Blue Jackets games and the upcoming NCAA March Madness tournament.
            - Source: last checked 3/12 at 12:46pm https://www.newsweek.com/these-are-all-states-that-have-banned-large-gatherings-people-due-coronavirus-1491950
    - Press Release
        - "Governor DeWine announced that an order will be forthcoming regarding mass gatherings." 3/11/20 - https://governor.ohio.gov/wps/portal/gov/governor/media/news-and-media/fourth-confirmed-case-covid19-limits-access-to-nursing-homes-assisted-living-facilities
        - "We will be issuing rules in regards to mass gatherings in the state of Ohio. Let me reiterate again what every expert has told us. There is a risk in mass gatherings. The bigger the gathering the bigger the risk, the closer you are to others, the bigger the risk."-Gov. DeWine
    - ~~o~~ Ohio Executive Order EO 2020-01D, issued 3/9/2020 ~~No Ohio Executive order yet on COVID-19~~
        - https://content.govdelivery.com/attachments/OHOOD/2020/03/09/file_attachments/1396418/Executive%202020-01D.pdf
        - EO Issued per Ohio Revised Code section 5502.22,
    - Ohio Revised Code,
    - Chapter 5502: DEPARTMENT OF PUBLIC SAFETY, http://codes.ohio.gov/orc/5502
        - governs OH Emergency Orders.
        - Didn't find anything on point.
    - College/University Board of Trustees or President may declare a state of emergency
        - 3345.26 Board of trustees or president may declare state of emergency.

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(A) The board of trustees or president of a college or university which receives any state funds in support thereof, may declare a state of emergency when there is a clear and present danger of disruption of the orderly conduct of lawful activities at such college or university through riot, mob action, or other substantial disorder, and may do any one or more of the following, as are necessary to preserve order and discipline at such college or university during such emergency:
(1) Limit access to university property and facilities by any person or persons;
(2) Impose a curfew;
(3) Restrict the right of assembly by groups of five or more persons;
(4) Provide reasonable measures to enforce limitations on access, a curfew, and restrictions on the right of assembly imposed pursuant to this section.
(B) Notice of action taken pursuant to division (A) of this section shall be posted or published in such manner as is reasonably calculated to reach all persons affected.
(C) Division (A)(1) and (A)(2) of this section shall not be construed to limit the authority of the board of trustees, president, or other proper official of a college or university to impose reasonable restrictions on use of and access to, and the hours of use of and access to university property and facilities, for purposes of regulating the proper operation of such university, and regardless whether any emergency exists.
Effective Date: 09-16-1970.

- Chapter 3701: DEPARTMENT OF HEALTH - http://codes.ohio.gov/orc/3701
  - The Ohio Dept of Health "director of health" has special duties during an epidemic.
  - 3701.14 Special duties of director of health. - (A) The director of health shall investigate or make inquiry as to the cause of disease or illness, including contagious, infectious, epidemic, pandemic, or endemic conditions, and take prompt action to control and suppress it….
  - 3701.28 Powers of department when local authorities fail to act. - When a contagious or infectious disease becomes or threatens to become epidemic in a municipal corporation or township, and the local authorities neglect or refuse to enforce efficient measures for its prevention, the director of health may appoint a medical or sanitary officer and such assistants as he may require, and authorize him to enforce such orders or regulations as the director deems necessary.
  - 3701.352 Violations prohibited. - No person shall violate any rule the director of health or department of health adopts or any order the director or department of health issues under this chapter to prevent a threat to the public caused by a pandemic, epidemic, or bioterrorism event.
- Chapter 3707: BOARD OF HEALTH - http://codes.ohio.gov/orc/3707
  - 3707.04 Quarantine regulations. - In time of epidemic or threatened epidemic, or when a dangerous communicable disease is unusually prevalent, the board of health of a city or general health district, after a personal investigation by its

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members or executive officer to establish the facts in the case, and not otherwise, may impose a quarantine on vessels, railroads, or other public or private vehicles conveying persons, baggage, or freight, or used for such purpose. The board may make and enforce such rules and regulations as are wise and necessary for the protection of the health of the people of the community or state, but the running of any train or car on any steam or electric railroad, or of steamboats, vessels, or other public conveyances shall not be prohibited.
A true copy of such quarantine rules and regulations shall be immediately furnished by such board to the department of health, and thereafter no change shall be made except by the order of the department or the board to meet a new and sudden emergency.

- 3707.26 Board shall inspect schools and may close them. - Semiannually, and more often, if in its judgment necessary, the board of health of a city or general health district shall inspect the sanitary condition of all schools and school buildings within its jurisdiction, and may disinfect any school building. During an epidemic or threatened epidemic, or when a dangerous communicable disease is unusually prevalent, the board may close any school and prohibit public gatherings for such time as is necessary.

- Press releases
- 3/11/20 https://governor.ohio.gov/wps/portal/gov/governor/media/news-and-media/fourth-confirmed-case-covid19-limits-access-to-nursing-homes-assisted-living-facilities -
  - K-12: "Elementary, middle, and high schools will remain open. If schools are ordered to close in the future, the Governor will work with the legislature to waive certain requirements, such as testing requirements."
  - LARGE GATHERINGS: "Governor DeWine announced that an order will be forthcoming regarding mass gatherings."
  - "We shouldn't panic, but we should take rational actions to protect ourselves, our loved ones, and others," said Governor DeWine. "What we are seeing with this virus is predictable, and we have the ability to control risk. Every expert has told us that there is a risk in any kind of mass gathering, so you must ask yourself if going to a large event is worth the risk."
- 3/10/2020 https://coronavirus.ohio.gov/wps/portal/gov/covid-19/home/news-releases-news-you-can-use/gov-dewine-recommends-limiting-large-indoor-gatherings
  - "…recommended that large, indoor gatherings in Ohio be canceled or postponed due to the potential for coronavirus (COVID-19) exposure."
  - "General Large Gatherings: Generally, Governor DeWine recommends that organizers of any events involving a large gathering of individuals in close proximity be canceled or postponed, such as parades."

- OH Governor's Tweet at 3:00pm on 3/12/20

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- GovMikeDeWine tweeted: "@DrAmyActon: I know it is hard to understand #COVID19 since we can't see it, but we know that 1% of our population is carrying this virus today -- that's over 100,000 people."



Other States -

- Michigan – 3/10/20 https://www.michigan.gov/whitmer/0,9309,7-387-90499-521365--,00.html
- Texas – 3/11/20 - https://gov.texas.gov/news/post/governor-abbott-dshs-commissioner-hellerstedt-urge-texans-to-take-preventative-measures-against-coronavirus
- Colorado – 3/12/20 https://www.colorado.gov/governor/news/update-states-response-covid-19
    - EO 2020-003 - https://drive.google.com/file/d/1Qxr64Kx2RWsfLWsZGVcjKZP2av3VuT-t/view, issued on 03/11/20
    - Nothing about gatherings
- Georgia – 03/12/20 https://gov.georgia.gov/press-releases/2020-03-12/new-covid-19-cases-identified-georgia
    - All press releases - https://www.colorado.gov/governor/news
    - GA EOs - https://gov.georgia.gov/executive-action/executive-orders-0/2020-executive-orders - no COVID-19 yet
- Massachusetts
    - COVID-19 EO - https://www.mass.gov/executive-orders/no-591-declaration-of-a-state-of-emergency-to-respond-to-covid-19
-

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From:	Coppola, Courtney
To:	Lukis, Adrian; Strum, Shane; Kopelousos, Stephanie; Clark, David; Spencer, Chris; Gambineri, Mara; Moulton, Diane; Ferre, Helen; Beaubien, Beau
Date:	Wednesday, March 18, 2020 10:25:32 AM
Attachments:	COVID-19 Data - Daily Report 2020-03-18 0955.pdf

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 18, 2020 at 9:54 AM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	2,159
Total persons of high, medium, or unknown risk	1,674
High/medium/unknown risk still being monitored	878

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,493
Tested positive	314
Tested negative	1,225
Currently awaiting testing	954

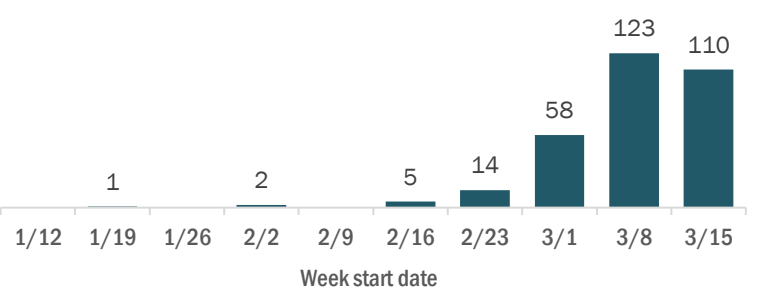
Confirmed cases

Confirmed cases in Florida residents	289
Confirmed by BPHL/CDC	172
Positive by commercial/hospital lab	117
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Hospitalized	66
Deaths	7
Cases in non-Florida residents	25
Confirmed by BPHL/CDC	23
Positive by commercial/hospital lab	2
Total cases	314
Traveled	73
Contact with confirmed case	50
Traveled and contact with confirmed case	63
Neither	128
Travel is unknown*	99
Contact is unknown*	19
Contact is pending*	90

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



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Coronavirus: characteristics of 314 cases

Mar 18, 2020 at 9:54 AM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

31 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	73	23%	0	7	80
Dade	72	23%	1	3	76
Palm Beach	18	6%	1	0	19
Collier	12	4%	0	1	13
Duval	12	4%	0	1	13
Hillsborough	11	4%	0	2	13
Lee	8	3%	0	2	10
Pinellas	10	3%	0	0	10
Orange	7	2%	1	1	9
Volusia	9	3%	0	0	9
Manatee	8	3%	0	0	8
Osceola	6	2%	0	2	8
Alachua	4	1%	0	3	7
Seminole	7	2%	0	0	7
Clay	4	1%	0	0	4
Sarasota	2	1%	0	2	4
St. Johns	3	1%	0	1	4
Citrus	3	1%	0	0	3
Okaloosa	2	1%	1	0	3
Pasco	3	1%	0	0	3
Lake	2	1%	0	0	2
Brevard	1	0%	0	0	1
Charlotte	1	0%	0	0	1
Escambia	1	0%	0	0	1
Gadsden	0		1	0	1
Leon	0		1	0	1
Nassau	1	0%	0	0	1
Polk	1	0%	0	0	1
Santa Rosa	1	0%	0	0	1
Sumter	1	0%	0	0	1
Total	283		6	25	314

Gender	Count	Percent
Male	186	59%
Female	127	40%
Unknown	1	0%

Age group	Count	Percent
0-9 years	1	0%
10-19 years	13	4%
20-29 years	44	14%
30-39 years	34	11%
40-49 years	45	14%
50-59 years	46	15%
60-69 years	72	23%
70-79 years	42	13%
80+ years	17	5%

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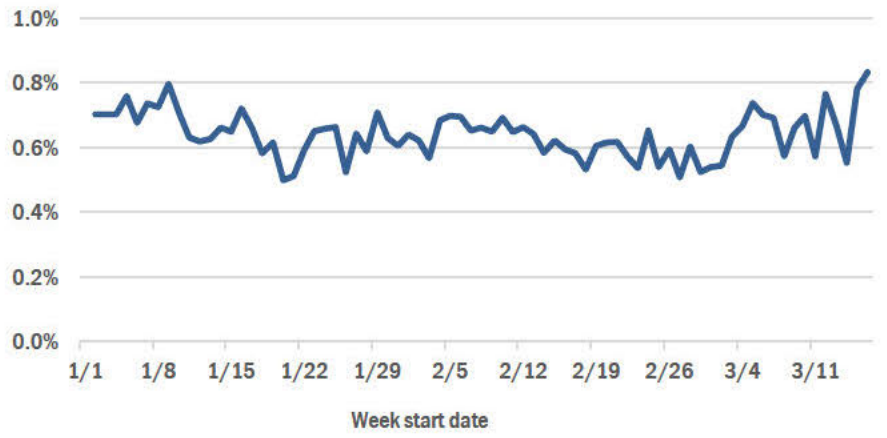
Coronavirus: additional surveillance information

Mar 18, 2020 at 9:54 AM

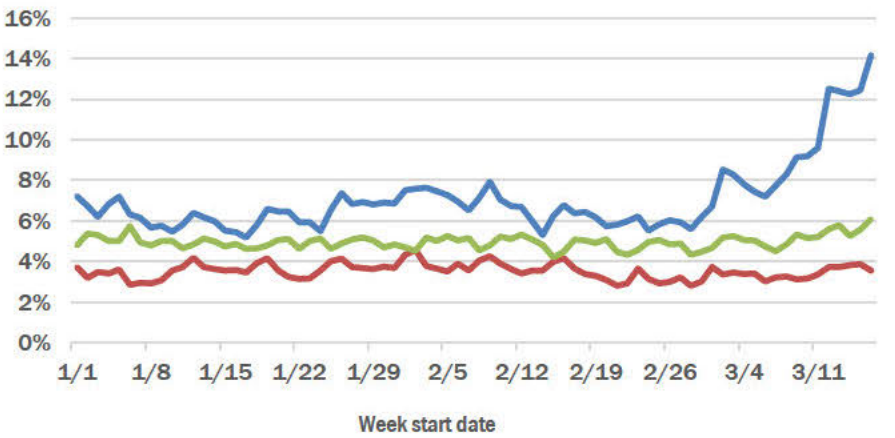
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

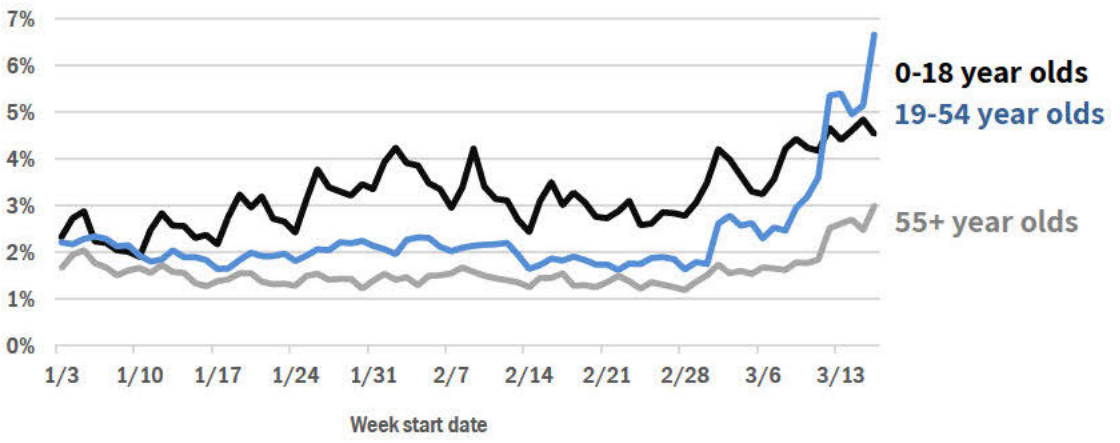
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has increased steadily over the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

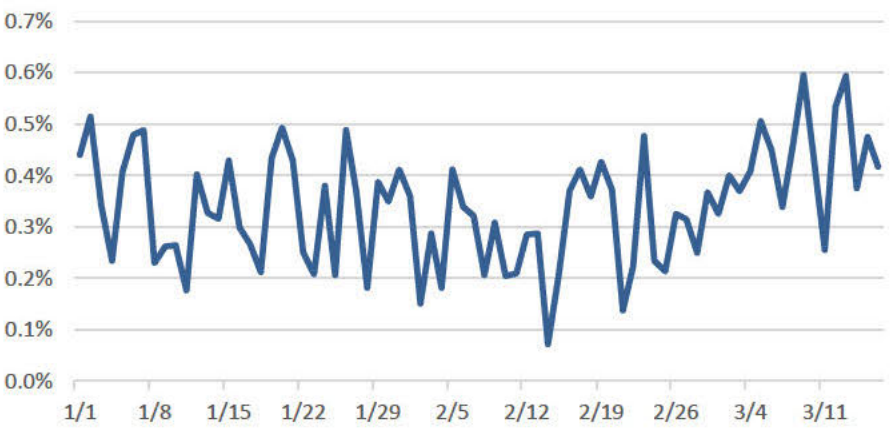


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

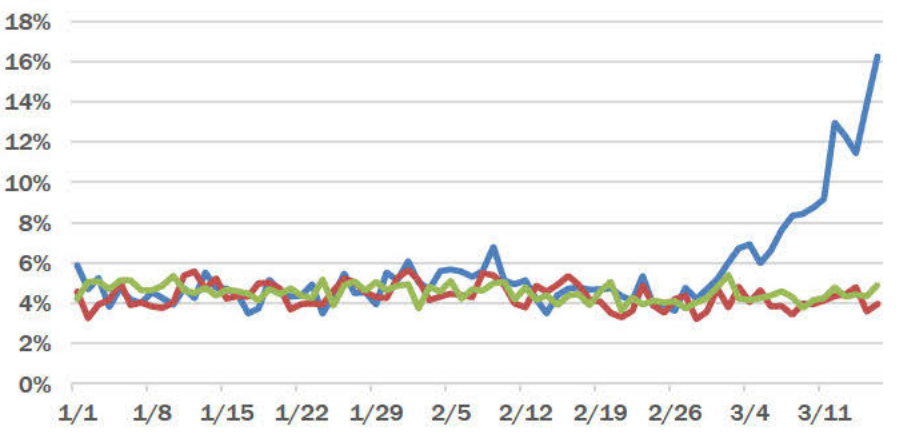


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has increased sharpley the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 18, 2020 at 9:54 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	223	250	80	14%	553
Dade	148	156	76	20%	380
Palm Beach	19	28	19	29%	66
Collier	53	37	13	13%	103
Duval	24	40	13	17%	77
Hillsborough	10	42	13	20%	65
Lee	22	29	10	16%	61
Pinellas	80	62	10	7%	152
Orange	14	20	9	21%	43
Volusia	7	23	9	23%	39
Manatee	10	27	8	18%	45
Osceola	38	14	8	13%	60
Alachua	46	63	7	6%	116
Seminole	20	14	7	17%	41
Clay	4	7	4	27%	15
Sarasota	46	129	4	2%	179
St. Johns	23	53	4	5%	80
Citrus	1	3	3	43%	7
Okaloosa	6	22	3	10%	31
Pasco	12	25	3	8%	40
Lake	1	7	2	20%	10
Brevard	1	6	1	13%	8
Charlotte	4	6	1	9%	11
Escambia	4	11	1	6%	16
Gadsden	0	0	1	100%	1
Leon	3	4	1	13%	8
Nassau	1	7	1	11%	9
Polk	12	21	1	3%	34
Santa Rosa	5	10	1	6%	16
Sumter	22	10	1	3%	33
Baker	0	4	0	0%	4
Bay	1	4	0	0%	5
Bradford	0	4	0	0%	4
Columbia	2	6	0	0%	8
Desoto	0	4	0	0%	4
Dixie	0	2	0	0%	2
Flagler	10	7	0	0%	17
Franklin	2	0	0	0%	2
Gilchrist	0	1	0	0%	1
Gulf	0	1	0	0%	1
Hardee	0	1	0	0%	1
Hendry	1	1	0	0%	2
Hernando	16	0	0	0%	16
Indian River	4	10	0	0%	14
Jackson	3	2	0	0%	5
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	6	19	0	0%	25
Martin	10	0	0	0%	10
Monroe	21	5	0	0%	26
Okeechobee	3	3	0	0%	6
Putnam	0	12	0	0%	12

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 18, 2020 at 9:54 AM

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County	No result	Negative	Positive	Percent positive	Total
St. Lucie	4	3	0	0%	7
Suwannee	0	3	0	0%	3
Union	0	3	0	0%	3
Unknown	2	0	0	0%	2
Walton	9	1	0	0%	10
Washington	1	0	0	0%	1
Total	954	1,225	314	13%	2,493

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 18, 2020 at 9:54 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	647	104	14%	751
LABORATORY CORPORATION OF AMERICA	450	25	5%	475
DOH-JACKSONVILLE	427	47	10%	474
DOH-TAMPA (SPECTRUM BLVD)	391	37	9%	428
QUEST DIAGNOSTICS - TAMPA	399	18	4%	417
MEMORIAL REGIONAL HOSPITAL SOUTH	377	28	7%	405
ADVENT HEALTH LAB	357	24	6%	381
UNIVERSITY OF MIAMI HOSPITAL	54	25	32%	79
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	72	2	3%	74
BIO REFERENCE LABORATORIES, INC	24	2	8%	26
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	24	1	4%	25
CDC	17	7	29%	24
FLORIDA HOSPITAL WATERMAN LABORATORY	21	0	0%	21
WESTSIDE REGIONAL MED CTR	8	7	47%	15
CLEVELAND CLINIC HOSPITAL LAB	13	2	13%	15
VIRACOR-EUROFINS LABORATORIES	10	0	0%	10
FLORIDA HOSPITAL FISH MEMORIAL	8	0	0%	8
TAMPA GENERAL HOSPITAL	0	7	100%	7
LAKEWOOD RANCH MEDICAL CENTER	3	1	25%	4
BAYCARE LABORATORIES LLC	4	0	0%	4
TENNESSEE DOH - NASHVILLE	2	2	50%	4
ADVENTHEALTH DAYTONA BEACH	4	0	0%	4
NORTHWEST MEDICAL CENTER	3	1	25%	4
LABCORP BURLINGTON (ELR)	2	1	33%	3
FLORIDA HOSPITAL FLAGLER	2	1	33%	3
JFK MEDICAL CENTER LAB	1	2	67%	3
MANATEE MEMORIAL HOSPITAL	3	0	0%	3
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
QUEST DIAGNOSTICS	2	0	0%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
WEST KENDALL BAPTIST HOSPITAL LABORATORY	1	1	50%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
DOCTORS HOSPITAL	2	0	0%	2
UNIVERSITY HOSPITAL AND MEDICAL CENTER	0	1	100%	1
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
BAPTIST HOSPITAL OF MIAMI CLINICAL LABORATORY	1	0	0%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
PLANTATION GENERAL HOSPITAL	1	0	0%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1
HOMESTEAD HOSPITAL CLINICAL LABORATORY	1	0	0%	1
LAB CORP	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 18, 2020 at 9:54 AM

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Laboratory	Negative	Positive	Percent positive	Total
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
LABCORP BURLINGTON (LPP)	0	1	100%	1
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
MAYO CLINIC LABORATORIES	1	0	0%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
MHS LAB	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 9:54 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
31	Alachua	50	Female	Yes	FL resident	BAHAMAS; FL	No	03/18/20
74	Alachua	21	Female	Yes	FL resident	NY	No	03/17/20
114	Alachua	22	Male	Yes	FL resident	CANADA; NY; PA	No	03/17/20
243	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
290	Alachua	64	Female	Yes	Non-FL resident	FL; NY	No	03/16/20
298	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
307	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
111	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
1	Broward	69	Male	Unknown	FL resident			03/18/20
3	Broward	57	Male	Unknown	FL resident			03/18/20
6	Broward	49	Female	No	FL resident		No	03/18/20
8	Broward	67	Male	Unknown	FL resident			03/18/20
10	Broward	42	Male	Unknown	FL resident			03/18/20
13	Broward	43	Female	Unknown	FL resident			03/18/20
14	Broward	56	Female	Unknown	FL resident			03/18/20
17	Broward	65	Male	Unknown	FL resident			03/18/20
19	Broward	25	Female	Yes	FL resident	SPAIN	Unknown	03/18/20
22	Broward	21	Male	Unknown	FL resident			03/18/20
32	Broward	57	Male	Unknown	FL resident			03/18/20
34	Broward	42	Male	Yes	FL resident	AUSTRALIA	Unknown	03/18/20
35	Broward	33	Male	Unknown	FL resident			03/18/20
37	Broward	48	Male	Unknown	FL resident			03/18/20
38	Broward	54	Male	Unknown	FL resident			03/18/20
39	Broward	75	Male	No	FL resident		Yes	03/18/20
50	Broward	30	Male	Yes	FL resident	ITALY	No	03/18/20
52	Broward	93	Male	No	FL resident			03/18/20
55	Broward	21	Female	Yes	FL resident	IRELAND	Yes	03/18/20
59	Broward	21	Female	Unknown	FL resident			03/18/20
60	Broward	43	Male	Unknown	FL resident			03/18/20
67	Broward	20	Male	Yes	FL resident	BRAZIL; SPAIN	No	03/18/20
68	Broward	21	Male	Yes	FL resident	SPAIN	Unknown	03/18/20
71	Broward	29	Male	Unknown	FL resident			03/18/20
91	Broward	20	Male	Unknown	FL resident			03/17/20
97	Broward	46	Female	No	FL resident		Unknown	03/17/20
103	Broward	19	Female	No	FL resident		Yes	03/17/20
105	Broward	53	Male	Yes	FL resident	NC	No	03/17/20
107	Broward	70	Male	No	FL resident		Yes	03/17/20
120	Broward	19	Female	Yes	FL resident	SPAIN	No	03/17/20
122	Broward	57	Female	No	FL resident		Yes	03/17/20
137	Broward	79	Female	Yes	FL resident	CO; FL	No	03/17/20
146	Broward	54	Female	No	FL resident		No	03/16/20
149	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20
153	Broward	65	Male	No	FL resident		Yes	03/16/20
154	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20
160	Broward	51	Female	Yes	FL resident	Colombia	Yes	03/16/20
165	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
169	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
170	Broward	66	Male	No	FL resident		Yes	03/15/20
171	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
172	Broward	74	Male	No	FL resident		Yes	03/15/20
173	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
175	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
183	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20
185	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
186	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
188	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
190	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
192	Broward	60	Male	No	FL resident		Yes	03/15/20
193	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
194	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
200	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
205	Broward	59	Male	No	FL resident		Yes	03/14/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 9:54 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
206	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
217	Broward	63	Male	No	FL resident		Yes	03/14/20
221	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20
230	Broward	58	Male	No	FL resident		Yes	03/14/20
231	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
232	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
233	Broward	83	Female	No	FL resident		Yes	03/14/20
237	Broward	36	Male	No	FL resident		Yes	03/13/20
241	Broward	27	Female	No	FL resident		Yes	03/13/20
251	Broward	68	Female	No	FL resident		Yes	03/13/20
255	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
257	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/13/20
259	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
260	Broward	65	Male	No	FL resident		Yes	03/12/20
262	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
270	Broward	68	Female	No	FL resident		Yes	03/10/20
271	Broward	67	Male	No	FL resident		Yes	03/09/20
277	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
279	Broward	75	Male	No	FL resident		Yes	03/07/20
292	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
295	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
296	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
297	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
299	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
300	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
302	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
275	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
47	Citrus	80	Male	Yes	FL resident	DE		03/18/20
131	Citrus	64	Male	No	FL resident		Yes	03/17/20
181	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
118	Clay	66	Female	Unknown	FL resident		Yes	03/17/20
198	Clay	70	Male	No	FL resident		Yes	03/14/20
216	Clay	55	Female	No	FL resident		Yes	03/14/20
242	Clay	57	Male	No	FL resident		Yes	03/13/20
9	Collier	31	Female	Yes	FL resident	EGYPT		03/18/20
25	Collier	64	Male	Unknown	FL resident			03/18/20
42	Collier	82	Male	No	FL resident		Unknown	03/18/20
48	Collier	59	Male	Yes	FL resident	JAPAN	Unknown	03/18/20
49	Collier	77	Male	No	FL resident		No	03/18/20
119	Collier	76	Male	Yes	FL resident	ST. MARTIN	Unknown	03/17/20
167	Collier	49	Female	No	FL resident		No	03/16/20
174	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
179	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
263	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
264	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
267	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
301	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
4	Dade	33	Male	Unknown	FL resident			03/18/20
5	Dade	25	Male	Unknown	FL resident			03/18/20
7	Dade	53	Male	Unknown	FL resident			03/18/20
11	Dade	50	Female	Unknown	FL resident			03/18/20
12	Dade	21	Female	Unknown	FL resident			03/18/20
16	Dade	38	Male	Unknown	FL resident			03/18/20
24	Dade	25	Female	Unknown	FL resident			03/18/20
27	Dade	36	Unknown	No	FL resident		Yes	03/18/20
29	Dade	48	Male	Yes	FL resident	CO		03/18/20
33	Dade	35	Male	Unknown	FL resident			03/18/20
36	Dade	45	Male	Unknown	FL resident			03/18/20
40	Dade	27	Male	Unknown	FL resident			03/18/20
41	Dade	34	Male	Unknown	FL resident			03/18/20
43	Dade	49	Male	Yes	FL resident	EUROPE	No	03/18/20
51	Dade	53	Female	Unknown	FL resident			03/18/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 9:54 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
53	Dade	20	Female	Unknown	FL resident			03/18/20
54	Dade	36	Female	Unknown	FL resident		Yes	03/18/20
58	Dade	67	Male	Unknown	FL resident			03/18/20
65	Dade	38	Male	Unknown	FL resident		Unknown	03/18/20
69	Dade	80	Female	Unknown	FL resident			03/18/20
72	Dade	48	Female	Unknown	FL resident			03/18/20
73	Dade	73	Male	Unknown	FL resident			03/17/20
79	Dade	28	Female	Yes	FL resident	IRELAND		03/17/20
81	Dade	19	Female	No	FL resident		Unknown	03/17/20
82	Dade	80	Female	Unknown	FL resident			03/17/20
83	Dade	45	Male	Unknown	FL resident			03/17/20
86	Dade	63	Male	Unknown	FL resident			03/17/20
88	Dade	35	Male	Yes	FL resident	EGYPT	Yes	03/17/20
89	Dade	37	Male	Unknown	FL resident			03/17/20
90	Dade	52	Male	No	FL resident		Unknown	03/17/20
92	Dade	57	Male	Unknown	FL resident			03/17/20
93	Dade	60	Male	Unknown	FL resident			03/17/20
94	Dade	57	Female	Unknown	FL resident			03/17/20
96	Dade	32	Male	Unknown	FL resident			03/17/20
104	Dade	33	Male	Unknown	FL resident			03/17/20
106	Dade	44	Male	Yes	FL resident	France	No	03/17/20
110	Dade	69	Female	Unknown	FL resident			03/17/20
112	Dade	47	Female	Unknown	FL resident			03/17/20
115	Dade	37	Male	Yes	FL resident	DC; FL	Yes	03/17/20
117	Dade	37	Female	Yes	FL resident	AZ; SPAIN		03/17/20
121	Dade	61	Female	Unknown	FL resident			03/17/20
123	Dade	88	Male	Unknown	FL resident			03/17/20
128	Dade	50	Male	Unknown	FL resident			03/17/20
130	Dade	50	Female	Unknown	FL resident			03/17/20
135	Dade	45	Female	Yes	FL resident	NY	No	03/17/20
138	Dade	52	Female	Unknown	FL resident			03/17/20
141	Dade	43	Female	Yes	FL resident	UT	Yes	03/16/20
152	Dade	56	Male	Unknown	FL resident			03/16/20
156	Dade	67	Female	Yes	FL resident	EGYPT	Yes	03/16/20
162	Dade	30	Female	Unknown	FL resident			03/16/20
163	Dade	66	Male	Unknown	FL resident			03/16/20
168	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
176	Dade	58	Female	Yes	FL resident	ITALY; SPAIN	No	03/15/20
177	Dade	39	Male	Unknown	FL resident			03/15/20
180	Dade	66	Female	Unknown	FL resident			03/15/20
182	Dade	28	Male	No	FL resident		Yes	03/15/20
187	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
189	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
196	Dade	62	Male	Yes	FL resident	FL; NY	Unknown	03/15/20
204	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
215	Dade	42	Male	Yes	FL resident	FL; FRANCE	Yes	03/14/20
218	Dade	18	Male	Yes	FL resident	SPAIN	Yes	03/14/20
222	Dade	73	Male	No	FL resident		Unknown	03/14/20
223	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
224	Dade	42	Female	Unknown	FL resident			03/14/20
226	Dade	20	Male	Yes	FL resident	Spain	Yes	03/14/20
229	Dade	77	Female	Yes	FL resident	EGYPT; IRAN (ISLAMIC REP. OF); UNITED A	No	03/14/20
234	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
236	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
246	Dade	51	Male	No	FL resident		Unknown	03/13/20
249	Dade	45	Female	No	FL resident		Yes	03/13/20
261	Dade	56	Male	Yes	FL resident	IRAN (ISLAMIC REP. OF)	Yes	03/12/20
287	Dade	51	Male	Unknown	Non-FL resident			03/17/20
289	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
293	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
311	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
28	Duval	22	Male	Unknown	FL resident			03/18/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 9:54 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
56	Duval	83	Male	No	FL resident		No	03/18/20
76	Duval	44	Male	Unknown	FL resident			03/17/20
77	Duval	84	Male	Unknown	FL resident			03/17/20
101	Duval	27	Male	Unknown	FL resident			03/17/20
127	Duval	25	Female	Unknown	FL resident			03/17/20
136	Duval	74	Male	Unknown	FL resident			03/17/20
143	Duval	91	Female	No	FL resident		Yes	03/16/20
184	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
191	Duval	66	Male	No	FL resident		Yes	03/15/20
197	Duval	88	Male	No	FL resident		Yes	03/15/20
254	Duval	83	Male	No	FL resident		Yes	03/13/20
284	Duval	46	Male	No	Non-FL resident		No	03/18/20
161	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
314	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20
46	Hillsborough	33	Male	Unknown	FL resident		Yes	03/18/20
98	Hillsborough	23	Male	Unknown	FL resident		Yes	03/17/20
99	Hillsborough	60	Male	Unknown	FL resident			03/17/20
109	Hillsborough	74	Female	Unknown	FL resident			03/17/20
116	Hillsborough	38	Female	Unknown	FL resident			03/17/20
125	Hillsborough	30	Male	Unknown	FL resident		Unknown	03/17/20
213	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
225	Hillsborough	17	Male	No	FL resident		No	03/14/20
228	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
250	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
282	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20
288	Hillsborough	28	Male	Unknown	Non-FL resident		Unknown	03/17/20
308	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
95	Lake	56	Male	Yes	FL resident	CO; FL	No	03/17/20
247	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
61	Lee	69	Male	No	FL resident		Unknown	03/18/20
87	Lee	79	Male	No	FL resident		Yes	03/17/20
126	Lee	67	Male	No	FL resident		No	03/17/20
147	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
199	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
252	Lee	77	Male	No	FL resident		Unknown	03/13/20
278	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
280	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
294	Lee	65	Female	Unknown	Non-FL resident			03/15/20
305	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
312	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
66	Manatee	61	Male	Unknown	FL resident			03/18/20
113	Manatee	71	Male	Unknown	FL resident			03/17/20
132	Manatee	75	Male	Unknown	FL resident			03/17/20
166	Manatee	70	Male	No	FL resident		No	03/16/20
209	Manatee	62	Female	No	FL resident		Yes	03/14/20
219	Manatee	67	Female	No	FL resident		Unknown	03/14/20
273	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
283	Manatee	63	Male	No	FL resident		Yes	03/02/20
269	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
134	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	Unknown	03/17/20
274	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
310	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
129	Orange	73	Male	Unknown	FL resident			03/17/20
139	Orange	28	Female	Unknown	FL resident			03/17/20
140	Orange	51	Male	No	FL resident		No	03/16/20
159	Orange	40	Female	No	FL resident		Unknown	03/16/20
178	Orange	79	Female	Unknown	FL resident		No	03/15/20
253	Orange	48	Female	No	FL resident		Yes	03/13/20
256	Orange	41	Male	No	FL resident		Yes	03/13/20
285	Orange	68	Male	Unknown	Non-FL resident			03/18/20
309	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
84	Osceola	18	Male	No	FL resident		Yes	03/17/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 9:54 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
85	Osceola	29	Male	Unknown	FL resident			03/17/20
142	Osceola	47	Female	No	FL resident		No	03/16/20
212	Osceola	48	Male	Yes	FL resident	SWITZERLAND	Yes	03/14/20
238	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
240	Osceola	54	Male	No	FL resident		No	03/13/20
286	Osceola	20	Female	Yes	Non-FL resident	SPAIN	No	03/17/20
303	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
18	Palm Beach	69	Female	Unknown	FL resident			03/18/20
21	Palm Beach	43	Male	Unknown	FL resident			03/18/20
26	Palm Beach	6	Male	Unknown	FL resident			03/18/20
30	Palm Beach	72	Male	Unknown	FL resident			03/18/20
64	Palm Beach	41	Male	Unknown	FL resident			03/18/20
70	Palm Beach	55	Male	Unknown	FL resident			03/18/20
80	Palm Beach	69	Male	Unknown	FL resident			03/17/20
108	Palm Beach	19	Female	Yes	FL resident	TN	Yes	03/17/20
133	Palm Beach	38	Male	Unknown	FL resident		Unknown	03/17/20
148	Palm Beach	66	Male	Unknown	FL resident		Unknown	03/16/20
151	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
155	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
164	Palm Beach	25	Male	Unknown	FL resident			03/16/20
202	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
203	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
210	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
244	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
248	Palm Beach	73	Male	Yes	FL resident	Egypt; Germany	No	03/13/20
313	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
23	Pasco	64	Female	Yes	FL resident	FL; NY	Yes	03/18/20
211	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
268	Pasco	46	Male	No	FL resident		Yes	03/11/20
15	Pinellas	67	Female	Unknown	FL resident			03/18/20
20	Pinellas	32	Male	No	FL resident		Yes	03/18/20
44	Pinellas	61	Female	Yes	FL resident	NY		03/18/20
45	Pinellas	52	Female	Unknown	FL resident			03/18/20
63	Pinellas	23	Male	Unknown	FL resident			03/18/20
102	Pinellas	30	Male	No	FL resident		Yes	03/17/20
145	Pinellas	58	Male	Unknown	FL resident		No	03/16/20
158	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
265	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
266	Pinellas	64	Male	Yes	FL resident	EGYPT	Yes	03/11/20
124	Polk	44	Female	No	FL resident		Unknown	03/17/20
281	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
157	Sarasota	87	Male	No	FL resident		No	03/16/20
245	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
291	Sarasota	80	Male	No	Non-FL resident		No	03/16/20
304	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
57	Seminole	57	Female	Unknown	FL resident		Yes	03/18/20
75	Seminole	70	Male	Unknown	FL resident			03/17/20
78	Seminole	45	Female	Unknown	FL resident			03/17/20
207	Seminole	43	Female	No	FL resident		No	03/14/20
208	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
227	Seminole	47	Male	Unknown	FL resident			03/14/20
258	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
62	St. Johns	53	Female	Yes	FL resident	CO	Yes	03/18/20
150	St. Johns	49	Male	Yes	FL resident	EUROPE; HUNGARY	No	03/16/20
201	St. Johns	64	Female	No	FL resident		No	03/14/20
306	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
2	Sumter	68	Male	Unknown	FL resident			03/18/20
100	Volusia	60	Female	No	FL resident		Yes	03/17/20
144	Volusia	37	Female	No	FL resident		Yes	03/16/20
195	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
214	Volusia	89	Female	No	FL resident		Yes	03/14/20
220	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 9:54 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
235	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
239	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
272	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
276	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20

AMERICAN OVERSIGHT

From:	Coppola, Courtney
To:	Lukis, Adrian; Strum, Shane; Kopelousos, Stephanie; Clark, David; Spencer, Chris; Gambineri, Mara; Moulton, Diane; Wagner, Maureen; Ferre, Helen; Beatrice, Meredith M.; Beaubien, Beau
Date:	Wednesday, March 18, 2020 7:58:52 AM
Attachments:	COVID-19 Data - Daily Report 2020-03-18 0750.pdf

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	**2,140**
Total persons of high, medium, or unknown risk	1,656
High/medium/unknown risk still being monitored	870

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,443
Tested positive	308
Tested negative	1,186
Currently awaiting testing	949

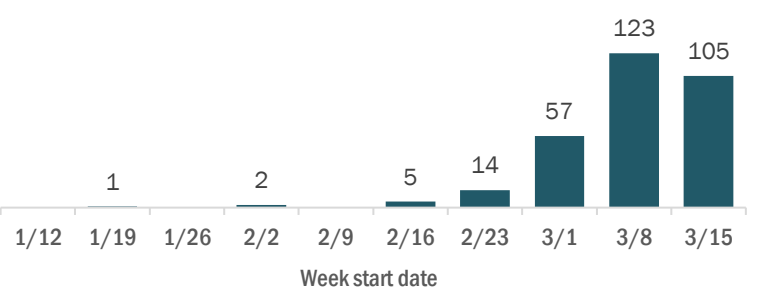
Confirmed cases

Confirmed cases in Florida residents	**283**
Confirmed by BPHL/CDC	170
Positive by commercial/hospital lab	113
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Hospitalized	63
Deaths	7
Cases in non-Florida residents	**25**
Confirmed by BPHL/CDC	23
Positive by commercial/hospital lab	2
Total cases	**308**
Traveled	71
Contact with confirmed case	50
Traveled and contact with confirmed case	63
Neither	124
Travel is unknown*	95
Contact is unknown*	17
Contact is pending*	88

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



AMERICAN OVERSIGHT

Coronavirus: characteristics of 308 cases

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

31 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	73	24%	0	7	80
Dade	72	23%	1	3	76
Palm Beach	16	5%	1	0	17
Duval	12	4%	0	1	13
Hillsborough	11	4%	0	2	13
Collier	11	4%	0	1	12
Lee	7	2%	0	2	9
Orange	7	2%	1	1	9
Volusia	9	3%	0	0	9
Manatee	8	3%	0	0	8
Osceola	6	2%	0	2	8
Pinellas	8	3%	0	0	8
Alachua	4	1%	0	3	7
Seminole	7	2%	0	0	7
Clay	4	1%	0	0	4
Sarasota	2	1%	0	2	4
St. Johns	3	1%	0	1	4
Citrus	3	1%	0	0	3
Okaloosa	2	1%	1	0	3
Pasco	3	1%	0	0	3
Lake	2	1%	0	0	2
Brevard	1	0%	0	0	1
Charlotte	1	0%	0	0	1
Escambia	1	0%	0	0	1
Gadsden	0		1	0	1
Leon	0		1	0	1
Nassau	1	0%	0	0	1
Polk	1	0%	0	0	1
Santa Rosa	1	0%	0	0	1
Sumter	1	0%	0	0	1
Total	277		6	25	308

Gender	Count	Percent
Male	181	59%
Female	126	41%
Unknown	1	0%

Age group	Count	Percent
10-19 years	13	4%
20-29 years	43	14%
30-39 years	34	11%
40-49 years	44	14%
50-59 years	46	15%
60-69 years	69	22%
70-79 years	42	14%
80+ years	17	6%

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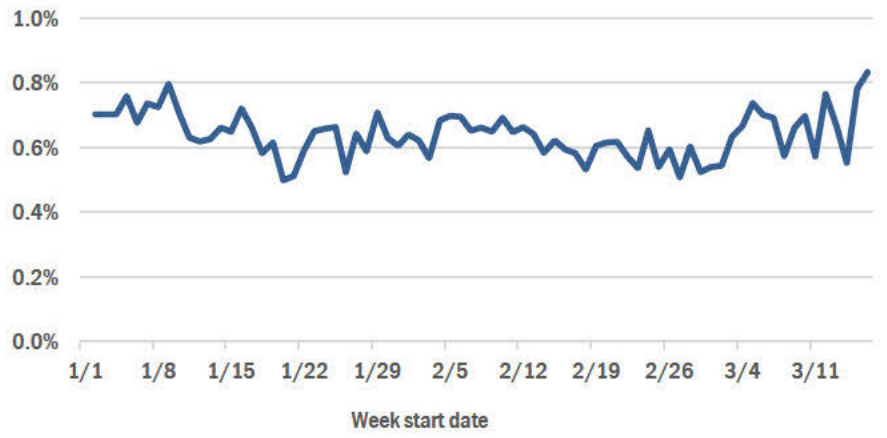
Coronavirus: additional surveillance information

Mar 18, 2020 at 7:50 AM

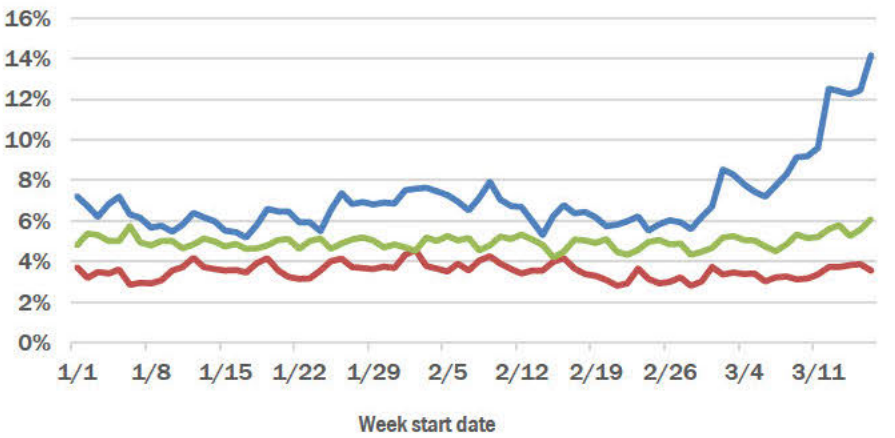
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

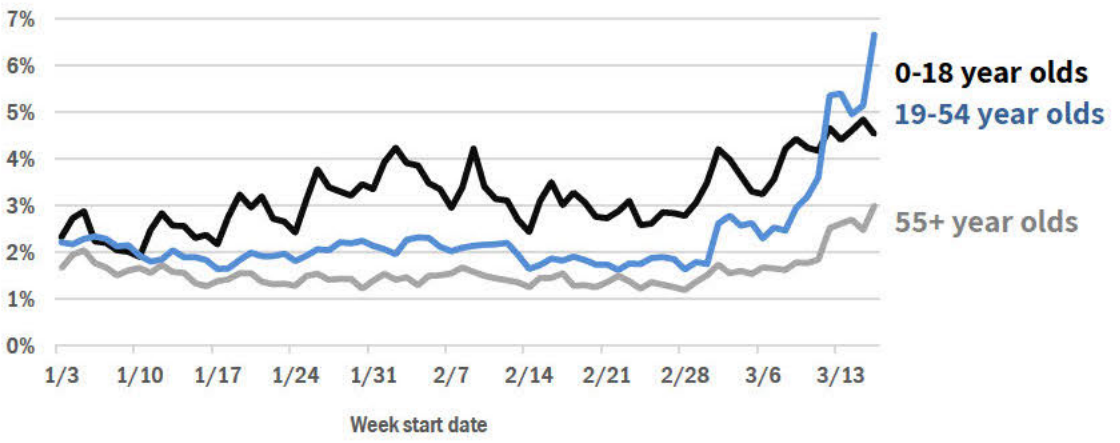
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has increased steadily over the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

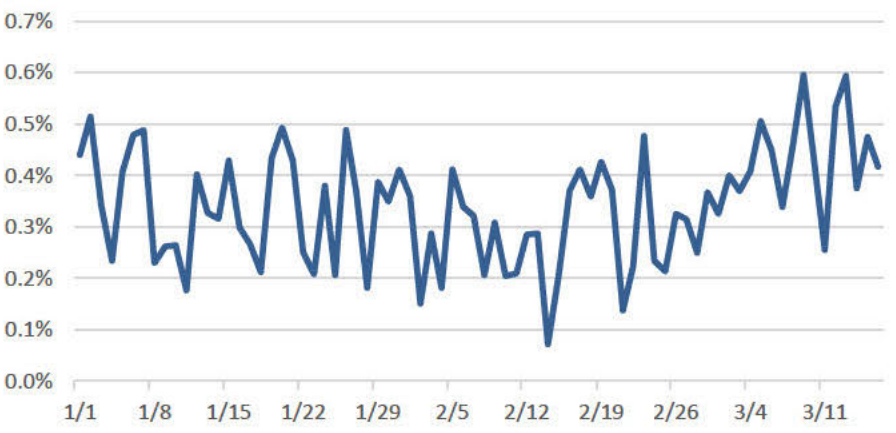


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

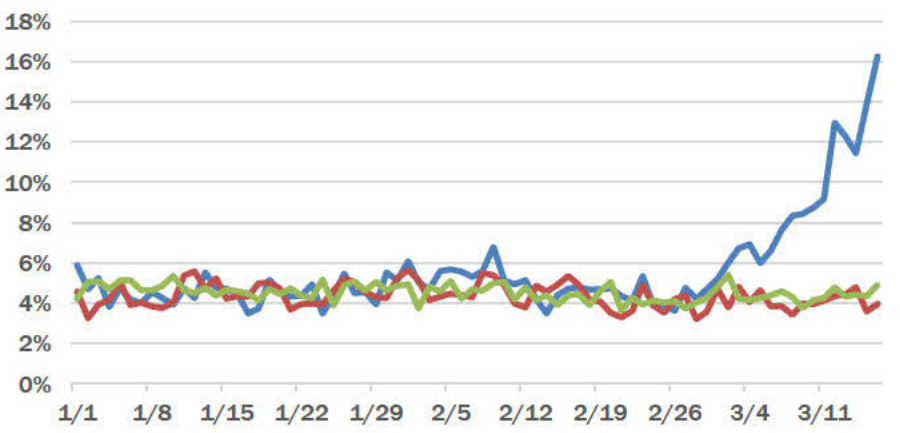


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has increased sharpley the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	227	244	80	15%	551
Dade	147	153	76	20%	376
Palm Beach	17	28	17	27%	62
Duval	17	40	13	19%	70
Hillsborough	10	42	13	20%	65
Collier	48	37	12	12%	97
Lee	23	29	9	15%	61
Orange	15	19	9	21%	43
Volusia	7	23	9	23%	39
Manatee	6	22	8	22%	36
Osceola	37	14	8	14%	59
Pinellas	93	49	8	5%	150
Alachua	44	63	7	6%	114
Seminole	20	13	7	18%	40
Clay	4	7	4	27%	15
Sarasota	45	129	4	2%	178
St. Johns	24	50	4	5%	78
Citrus	1	3	3	43%	7
Okaloosa	6	22	3	10%	31
Pasco	12	24	3	8%	39
Lake	1	7	2	20%	10
Brevard	1	6	1	13%	8
Charlotte	4	5	1	10%	10
Escambia	4	11	1	6%	16
Gadsden	0	0	1	100%	1
Leon	3	4	1	13%	8
Nassau	1	7	1	11%	9
Polk	12	19	1	3%	32
Santa Rosa	5	10	1	6%	16
Sumter	19	10	1	3%	30
Baker	0	4	0	0%	4
Bay	2	3	0	0%	5
Bradford	0	4	0	0%	4
Columbia	2	6	0	0%	8
Desoto	0	4	0	0%	4
Dixie	0	2	0	0%	2
Flagler	10	7	0	0%	17
Franklin	2	0	0	0%	2
Gilchrist	0	1	0	0%	1
Gulf	0	1	0	0%	1
Hardee	0	1	0	0%	1
Hendry	1	1	0	0%	2
Hernando	16	0	0	0%	16
Indian River	4	10	0	0%	14
Jackson	4	1	0	0%	5
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	6	19	0	0%	25
Martin	10	0	0	0%	10
Monroe	21	5	0	0%	26
Okeechobee	3	3	0	0%	6
Putnam	0	12	0	0%	12

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
St. Lucie	3	3	0	0%	6
Suwannee	0	3	0	0%	3
Union	0	2	0	0%	2
Unknown	2	0	0	0%	2
Walton	9	1	0	0%	10
Washington	1	0	0	0%	1
Total	949	1,186	308		2,443

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	634	104	14%	738
LABORATORY CORPORATION OF AMERICA	450	25	5%	475
DOH-JACKSONVILLE	426	47	10%	473
QUEST DIAGNOSTICS - TAMPA	399	18	4%	417
DOH-TAMPA (SPECTRUM BLVD)	373	35	9%	408
MEMORIAL REGIONAL HOSPITAL SOUTH	377	28	7%	405
ADVENT HEALTH LAB	352	24	6%	376
UNIVERSITY OF MIAMI HOSPITAL	54	25	32%	79
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	53	0	0%	53
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	24	1	4%	25
CDC	17	7	29%	24
FLORIDA HOSPITAL WATERMAN LABORATORY	21	0	0%	21
WESTSIDE REGIONAL MED CTR	8	7	47%	15
CLEVELAND CLINIC HOSPITAL LAB	13	2	13%	15
VIRACOR-EUROFINS LABORATORIES	10	0	0%	10
FLORIDA HOSPITAL FISH MEMORIAL	8	0	0%	8
TAMPA GENERAL HOSPITAL	0	7	100%	7
LAKEWOOD RANCH MEDICAL CENTER	3	1	25%	4
BAYCARE LABORATORIES LLC	4	0	0%	4
TENNESSEE DOH - NASHVILLE	2	2	50%	4
ADVENTHEALTH DAYTONA BEACH	4	0	0%	4
NORTHWEST MEDICAL CENTER	3	1	25%	4
LABCORP BURLINGTON (ELR)	2	1	33%	3
FLORIDA HOSPITAL FLAGLER	2	1	33%	3
JFK MEDICAL CENTER LAB	1	2	67%	3
MANATEE MEMORIAL HOSPITAL	3	0	0%	3
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
QUEST DIAGNOSTICS	2	0	0%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
WEST KENDALL BAPTIST HOSPITAL LABORATORY	1	1	50%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
DOCTORS HOSPITAL	2	0	0%	2
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
BAPTIST HOSPITAL OF MIAMI CLINICAL LABORATORY	1	0	0%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
UNIVERSITY HOSPITAL AND MEDICAL CENTER	0	1	100%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1
HOMESTEAD HOSPITAL CLINICAL LABORATORY	1	0	0%	1
LAB CORP	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
LABCORP BURLINGTON (LPP)	0	1	100%	1

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 18, 2020 at 7:50 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
PLANTATION GENERAL HOSPITAL	1	0	0%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
MHS LAB	1	0	0%	1
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
1	Dade	25	Male	Unknown	FL resident			03/18/20
2	Broward	49	Female	No	FL resident		No	03/18/20
3	Dade	53	Male	Unknown	FL resident			03/18/20
4	Dade	33	Male	Unknown	FL resident			03/18/20
5	Sumter	68	Male	Unknown	FL resident			03/18/20
6	Broward	33	Male	Unknown	FL resident			03/18/20
7	Collier	31	Female	Yes	FL resident	EGYPT		03/18/20
8	Broward	42	Male	Unknown	FL resident			03/18/20
9	Dade	49	Male	Yes	FL resident	EUROPE	No	03/18/20
10	Broward	57	Male	Unknown	FL resident			03/18/20
11	Dade	50	Female	Unknown	FL resident			03/18/20
12	Dade	21	Female	Unknown	FL resident			03/18/20
13	Broward	25	Female	Yes	FL resident	SPAIN	Unknown	03/18/20
14	Broward	56	Female	Unknown	FL resident			03/18/20
15	Dade	25	Female	Unknown	FL resident			03/18/20
16	Palm Beach	69	Female	Unknown	FL resident			03/18/20
17	Dade	20	Female	Unknown	FL resident			03/18/20
18	Broward	65	Male	Unknown	FL resident			03/18/20
19	Pinellas	32	Male	No	FL resident		Yes	03/18/20
20	Broward	69	Male	Unknown	FL resident			03/18/20
21	Pasco	64	Female	Yes	FL resident	FL; NY	Yes	03/18/20
22	Pinellas	67	Female	Unknown	FL resident			03/18/20
23	Dade	38	Male	Unknown	FL resident			03/18/20
24	Broward	21	Male	Unknown	FL resident			03/18/20
25	Broward	43	Female	Unknown	FL resident			03/18/20
26	Alachua	50	Female	No	FL resident			03/18/20
27	Broward	57	Male	Unknown	FL resident			03/18/20
28	Dade	35	Male	Unknown	FL resident			03/18/20
29	Palm Beach	72	Male	Unknown	FL resident			03/18/20
30	Dade	36	Unknown	No	FL resident		Yes	03/18/20
31	Duval	22	Male	Unknown	FL resident			03/18/20
32	Broward	54	Male	Unknown	FL resident			03/18/20
33	Broward	75	Male	No	FL resident		Yes	03/18/20
34	Broward	42	Male	Yes	FL resident	AUSTRALIA	Unknown	03/18/20
35	Broward	48	Male	Unknown	FL resident			03/18/20
36	Dade	45	Male	Unknown	FL resident			03/18/20
37	Dade	48	Male	Yes	FL resident	CO		03/18/20
38	Dade	34	Male	Unknown	FL resident			03/18/20
39	Broward	30	Male	Yes	FL resident	ITALY	No	03/18/20
40	Dade	53	Female	Unknown	FL resident			03/18/20
41	Broward	67	Male	Unknown	FL resident			03/18/20
42	Pinellas	52	Female	Unknown	FL resident			03/18/20
43	Dade	27	Male	Unknown	FL resident			03/18/20
44	Collier	59	Male	Yes	FL resident	JAPAN	Unknown	03/18/20
45	Collier	77	Male	No	FL resident		No	03/18/20
46	Citrus	80	Male	Yes	FL resident	DE		03/18/20
47	Collier	82	Male	No	FL resident		Unknown	03/18/20
48	Hillsborough	33	Male	Unknown	FL resident		Yes	03/18/20
49	Broward	93	Male	No	FL resident			03/18/20
50	Broward	20	Male	Yes	FL resident	BRAZIL; SPAIN	No	03/18/20
51	Dade	67	Male	Unknown	FL resident			03/18/20
52	Manatee	61	Male	Unknown	FL resident			03/18/20
53	Dade	38	Male	Unknown	FL resident		Unknown	03/18/20
54	Broward	29	Male	Unknown	FL resident			03/18/20
55	Dade	48	Female	Unknown	FL resident			03/18/20
56	Palm Beach	55	Male	Unknown	FL resident			03/18/20
57	Broward	21	Female	Unknown	FL resident			03/18/20
58	St. Johns	53	Female	Yes	FL resident	CO	Yes	03/18/20
59	Broward	21	Female	Yes	FL resident	IRELAND	Yes	03/18/20
60	Palm Beach	41	Male	Unknown	FL resident			03/18/20
61	Dade	80	Female	Unknown	FL resident			03/18/20
62	Broward	21	Male	Yes	FL resident	SPAIN	Unknown	03/18/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
63	Duval	83	Male	No	FL resident		No	03/18/20
64	Dade	36	Female	Unknown	FL resident		Yes	03/18/20
65	Broward	43	Male	Unknown	FL resident			03/18/20
66	Seminole	57	Female	Unknown	FL resident		Yes	03/18/20
67	Dade	28	Female	Yes	FL resident	IRELAND		03/17/20
68	Lee	79	Male	No	FL resident		Yes	03/17/20
69	Duval	84	Male	Unknown	FL resident			03/17/20
70	Duval	44	Male	Unknown	FL resident			03/17/20
71	Broward	19	Female	No	FL resident		Yes	03/17/20
72	Dade	63	Male	Unknown	FL resident			03/17/20
73	Alachua	21	Female	Yes	FL resident	NY	No	03/17/20
74	Broward	53	Male	Yes	FL resident	NC	No	03/17/20
75	Dade	19	Female	No	FL resident		Unknown	03/17/20
76	Osceola	29	Male	Unknown	FL resident			03/17/20
77	Dade	73	Male	Unknown	FL resident			03/17/20
78	Manatee	75	Male	Unknown	FL resident			03/17/20
79	Broward	79	Female	Yes	FL resident	CO; FL	No	03/17/20
80	Dade	80	Female	Unknown	FL resident			03/17/20
81	Seminole	45	Female	Unknown	FL resident			03/17/20
82	Palm Beach	69	Male	Unknown	FL resident			03/17/20
83	Dade	35	Male	Yes	FL resident	EGYPT	Yes	03/17/20
84	Dade	37	Female	Yes	FL resident	AZ; SPAIN		03/17/20
85	Hillsborough	60	Male	Unknown	FL resident			03/17/20
86	Dade	45	Male	Unknown	FL resident			03/17/20
87	Dade	52	Male	No	FL resident		Unknown	03/17/20
88	Dade	37	Male	Unknown	FL resident			03/17/20
89	Broward	70	Male	No	FL resident		Yes	03/17/20
90	Dade	57	Female	Unknown	FL resident			03/17/20
91	Lake	56	Male	Yes	FL resident	CO; FL	No	03/17/20
92	Collier	76	Male	Yes	FL resident	FRANCE	Unknown	03/17/20
93	Broward	46	Female	No	FL resident		Unknown	03/17/20
94	Hillsborough	23	Male	Unknown	FL resident		Yes	03/17/20
95	Dade	32	Male	Unknown	FL resident			03/17/20
96	Volusia	60	Female	No	FL resident		Yes	03/17/20
97	Duval	27	Male	Unknown	FL resident			03/17/20
98	Dade	69	Female	Unknown	FL resident			03/17/20
99	Dade	33	Male	Unknown	FL resident			03/17/20
100	Pinellas	30	Male	No	FL resident		Yes	03/17/20
101	Dade	44	Male	Yes	FL resident	France	No	03/17/20
102	Dade	60	Male	Unknown	FL resident			03/17/20
103	Broward	20	Male	Unknown	FL resident			03/17/20
104	Dade	57	Male	Unknown	FL resident			03/17/20
105	Palm Beach	19	Female	Yes	FL resident	TN	Yes	03/17/20
106	Hillsborough	74	Female	Unknown	FL resident			03/17/20
107	Dade	47	Female	Unknown	FL resident			03/17/20
108	Clay	66	Female	Unknown	FL resident		Yes	03/17/20
109	Orange	73	Male	Unknown	FL resident			03/17/20
110	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
111	Duval	25	Female	Unknown	FL resident			03/17/20
112	Palm Beach	38	Male	Unknown	FL resident		Unknown	03/17/20
113	Manatee	71	Male	Unknown	FL resident			03/17/20
114	Alachua	22	Male	Yes	FL resident	CANADA; NY; PA	No	03/17/20
115	Broward	19	Female	Yes	FL resident	SPAIN	No	03/17/20
116	Dade	50	Male	Unknown	FL resident			03/17/20
117	Lee	67	Male	No	FL resident		No	03/17/20
118	Dade	37	Male	Yes	FL resident	DC; FL	Yes	03/17/20
119	Dade	88	Male	Unknown	FL resident			03/17/20
120	Hillsborough	38	Female	Unknown	FL resident			03/17/20
121	Broward	57	Female	No	FL resident		Yes	03/17/20
122	Hillsborough	30	Male	Unknown	FL resident		Unknown	03/17/20
123	Dade	61	Female	Unknown	FL resident			03/17/20
124	Dade	50	Female	Unknown	FL resident			03/17/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
125	Polk	44	Female	No	FL resident		Unknown	03/17/20
126	Citrus	64	Male	No	FL resident		Yes	03/17/20
127	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	Unknown	03/17/20
128	Osceola	18	Male	No	FL resident		Yes	03/17/20
129	Duval	74	Male	Unknown	FL resident			03/17/20
130	Dade	45	Female	Yes	FL resident	NY	No	03/17/20
131	Dade	52	Female	Unknown	FL resident			03/17/20
132	Seminole	70	Male	Unknown	FL resident			03/17/20
133	Orange	28	Female	Unknown	FL resident			03/17/20
134	Osceola	47	Female	No	FL resident		No	03/16/20
135	Dade	56	Male	Unknown	FL resident			03/16/20
136	Volusia	37	Female	No	FL resident		Yes	03/16/20
137	Dade	43	Female	Yes	FL resident	UT	Yes	03/16/20
138	Pinellas	58	Male	Unknown	FL resident		No	03/16/20
139	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20
140	Dade	30	Female	Unknown	FL resident			03/16/20
141	Palm Beach	66	Male	Unknown	FL resident		Unknown	03/16/20
142	Broward	54	Female	No	FL resident		No	03/16/20
143	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
144	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
145	St. Johns	49	Male	Yes	FL resident	EUROPE; HUNGARY	No	03/16/20
146	Orange	51	Male	No	FL resident		No	03/16/20
147	Dade	66	Male	Unknown	FL resident			03/16/20
148	Orange	40	Female	No	FL resident		Unknown	03/16/20
149	Broward	65	Male	No	FL resident		Yes	03/16/20
150	Collier	49	Female	No	FL resident		No	03/16/20
151	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
152	Broward	51	Female	Yes	FL resident	Colombia	Yes	03/16/20
153	Sarasota	87	Male	No	FL resident		No	03/16/20
154	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
155	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
156	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20
157	Dade	67	Female	Yes	FL resident	EGYPT	Yes	03/16/20
158	Duval	91	Female	No	FL resident		Yes	03/16/20
159	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
160	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
161	Palm Beach	25	Male	Unknown	FL resident			03/16/20
162	Manatee	70	Male	No	FL resident		No	03/16/20
163	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20
164	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
165	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
166	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
167	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
168	Dade	28	Male	No	FL resident		Yes	03/15/20
169	Dade	58	Female	Yes	FL resident	ITALY; SPAIN	No	03/15/20
170	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
171	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
172	Dade	39	Male	Unknown	FL resident			03/15/20
173	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
174	Dade	66	Female	Unknown	FL resident			03/15/20
175	Broward	66	Male	No	FL resident		Yes	03/15/20
176	Broward	74	Male	No	FL resident		Yes	03/15/20
177	Orange	79	Female	Unknown	FL resident		No	03/15/20
178	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
179	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
180	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
181	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
182	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
183	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
184	Duval	88	Male	No	FL resident		Yes	03/15/20
185	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
186	Broward	60	Male	No	FL resident		Yes	03/15/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
187	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
188	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
189	Dade	62	Male	Yes	FL resident	FL; NY	Unknown	03/15/20
190	Duval	66	Male	No	FL resident		Yes	03/15/20
191	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
192	Osceola	48	Male	Yes	FL resident	SWITZERLAND	Yes	03/14/20
193	Seminole	43	Female	No	FL resident		No	03/14/20
194	Manatee	62	Female	No	FL resident		Yes	03/14/20
195	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
196	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
197	Volusia	89	Female	No	FL resident		Yes	03/14/20
198	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
199	St. Johns	64	Female	No	FL resident		No	03/14/20
200	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
201	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
202	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
203	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
204	Broward	63	Male	No	FL resident		Yes	03/14/20
205	Dade	18	Male	Yes	FL resident	SPAIN	Yes	03/14/20
206	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20
207	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20
208	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
209	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
210	Dade	20	Male	Yes	FL resident	Spain	Yes	03/14/20
211	Seminole	47	Male	Unknown	FL resident			03/14/20
212	Clay	55	Female	No	FL resident		Yes	03/14/20
213	Dade	42	Male	Yes	FL resident	FL; FRANCE	Yes	03/14/20
214	Broward	58	Male	No	FL resident		Yes	03/14/20
215	Clay	70	Male	No	FL resident		Yes	03/14/20
216	Broward	59	Male	No	FL resident		Yes	03/14/20
217	Dade	77	Female	Yes	FL resident	EGYPT; IRAN (ISLAMIC REP. OF); UNITED A	No	03/14/20
218	Broward	83	Female	No	FL resident		Yes	03/14/20
219	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
220	Manatee	67	Female	No	FL resident		Unknown	03/14/20
221	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
222	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
223	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
224	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
225	Dade	73	Male	No	FL resident		Unknown	03/14/20
226	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
227	Dade	42	Female	Unknown	FL resident			03/14/20
228	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
229	Hillsborough	17	Male	No	FL resident		No	03/14/20
230	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
231	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
232	Broward	36	Male	No	FL resident		Yes	03/13/20
233	Duval	83	Male	No	FL resident		Yes	03/13/20
234	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
235	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
236	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
237	Broward	27	Female	No	FL resident		Yes	03/13/20
238	Orange	41	Male	No	FL resident		Yes	03/13/20
239	Dade	45	Female	No	FL resident		Yes	03/13/20
240	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
241	Clay	57	Male	No	FL resident		Yes	03/13/20
242	Lee	77	Male	No	FL resident		Unknown	03/13/20
243	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
244	Palm Beach	73	Male	Yes	FL resident	Egypt; Germany	No	03/13/20
245	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
246	Orange	48	Female	No	FL resident		Yes	03/13/20
247	Broward	68	Female	No	FL resident		Yes	03/13/20
248	Dade	51	Male	No	FL resident		Unknown	03/13/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 18, 2020 at 7:50 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
249	Osceola	54	Male	No	FL resident		No	03/13/20
250	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/13/20
251	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
252	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
253	Broward	65	Male	No	FL resident		Yes	03/12/20
254	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
255	Dade	56	Male	Yes	FL resident	IRAN (ISLAMIC REP. OF)	Yes	03/12/20
256	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
257	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
258	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
259	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
260	Pinellas	64	Male	Yes	FL resident	EGYPT	Yes	03/11/20
261	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
262	Pasco	46	Male	No	FL resident		Yes	03/11/20
263	Broward	68	Female	No	FL resident		Yes	03/10/20
264	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
265	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
266	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
267	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
268	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
269	Broward	67	Male	No	FL resident		Yes	03/09/20
270	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20
271	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
272	Broward	75	Male	No	FL resident		Yes	03/07/20
273	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
274	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
275	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
276	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20
277	Manatee	63	Male	No	FL resident		Yes	03/02/20
278	Orange	68	Male	Unknown	Non-FL resident			03/18/20
279	Duval	46	Male	No	Non-FL resident		No	03/18/20
280	Osceola	20	Female	Yes	Non-FL resident	SPAIN	No	03/17/20
281	Hillsborough	28	Male	Unknown	Non-FL resident			03/17/20
282	Dade	51	Male	Unknown	Non-FL resident			03/17/20
283	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
284	Sarasota	80	Male	No	Non-FL resident		No	03/16/20
285	Alachua	64	Female	Yes	Non-FL resident	FL; NY	No	03/16/20
286	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
287	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
288	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
289	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
290	Lee	65	Female	Unknown	Non-FL resident			03/15/20
291	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
292	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
293	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
294	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
295	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
296	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
297	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
298	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
299	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
300	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
301	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
302	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
303	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
304	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
305	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
306	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
307	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
308	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20

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From:	Coppola, Courtney
To:	Lukis, Adrian; Strum, Shane; Kopelousos, Stephanie; Clark, David; Spencer, Chris; Gambineri, Mara; Moulton, Diane; Wagner, Maureen; Ferre, Helen; Beatrice, Meredith M.; Beaubien, Beau
Date:	Tuesday, March 17, 2020 5:32:54 PM
Attachments:	COVID-19 Data - Daily Report 2020-03-17 1718.pdf

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399





Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	**2,097**
Total persons of high, medium, or unknown risk	1,614
High/medium/unknown risk still being monitored	832

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,294
Tested positive	216
Tested negative	1,017
Currently awaiting testing	1,061

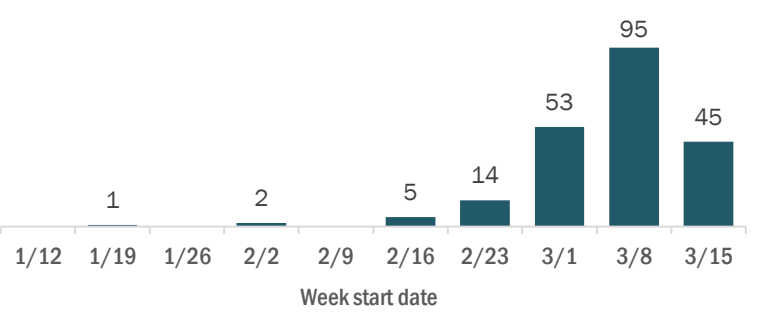
Confirmed cases

Confirmed cases in Florida residents	**195**
Confirmed by BPHL/CDC	129
Positive by commercial/hospital lab	66
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Hospitalized	49
Deaths	7
Cases in non-Florida residents	**21**
Confirmed by BPHL/CDC	19
Positive by commercial/hospital lab	2
Total cases	**216**
Traveled	58
Contact with confirmed case	42
Traveled and contact with confirmed case	56
Neither	60
Travel is unknown*	41
Contact is unknown*	11
Contact is pending*	35

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



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Coronavirus: characteristics of 216 cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

30 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	48	22%	0	7	55
Dade	40	19%	1	3	44
Palm Beach	12	6%	1	0	13
Duval	10	5%	0	0	10
Hillsborough	7	3%	0	2	9
Volusia	9	4%	0	0	9
Collier	6	3%	0	1	7
Lee	5	2%	0	2	7
Manatee	7	3%	0	0	7
Orange	6	3%	1	0	7
Osceola	6	3%	0	1	7
Alachua	4	2%	0	2	6
Clay	4	2%	0	0	4
Pinellas	4	2%	0	0	4
Sarasota	2	1%	0	2	4
Seminole	4	2%	0	0	4
Okaloosa	2	1%	1	0	3
St. Johns	2	1%	0	1	3
Citrus	2	1%	0	0	2
Pasco	2	1%	0	0	2
Brevard	1	0%	0	0	1
Charlotte	1	0%	0	0	1
Escambia	1	0%	0	0	1
Gadsden	0		1	0	1
Lake	1	0%	0	0	1
Leon	0		1	0	1
Nassau	1	0%	0	0	1
Polk	1	0%	0	0	1
Santa Rosa	1	0%	0	0	1
Total	189		6	21	216

Gender	Count	Percent
Male	119	55%
Female	96	44%
Unknown	1	0%

Age group	Count	Percent
10-19 years	9	5%
20-29 years	25	13%
30-39 years	12	6%
40-49 years	27	14%
50-59 years	27	14%
60-69 years	52	27%
70-79 years	29	15%
80+ years	11	6%

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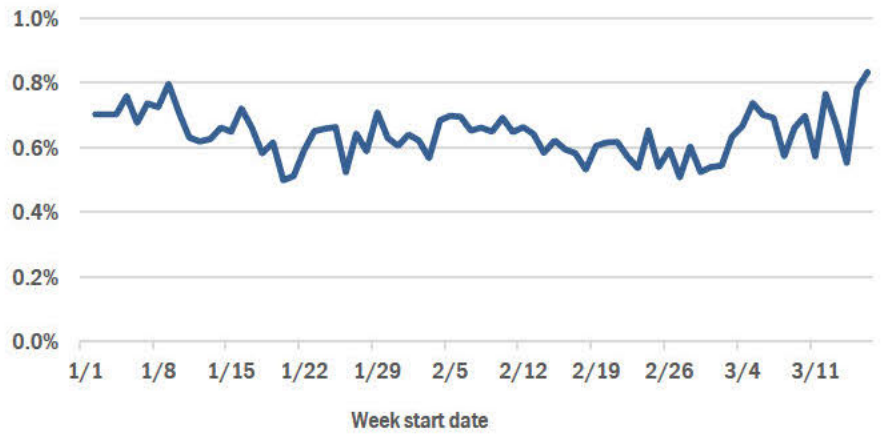
Coronavirus: additional surveillance information

Mar 17, 2020 at 5:11 PM

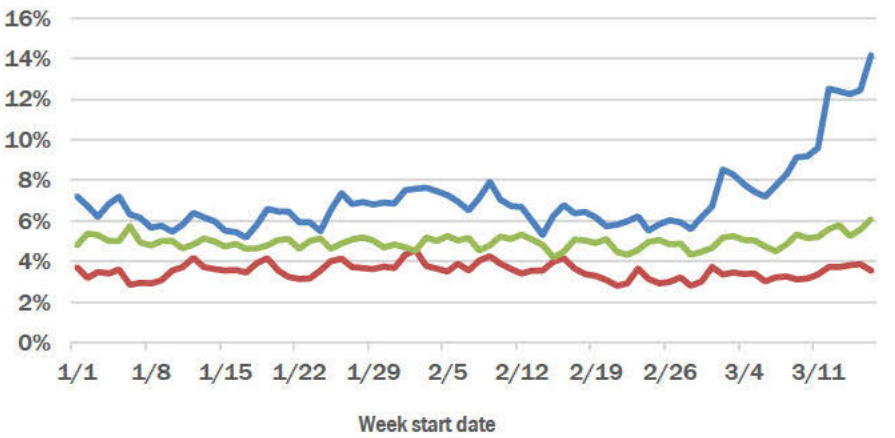
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

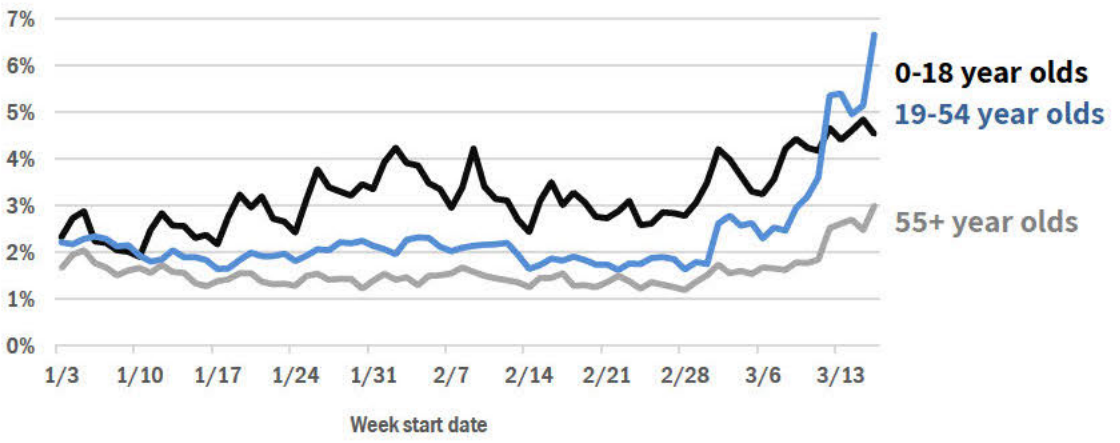
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has increased steadily over the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

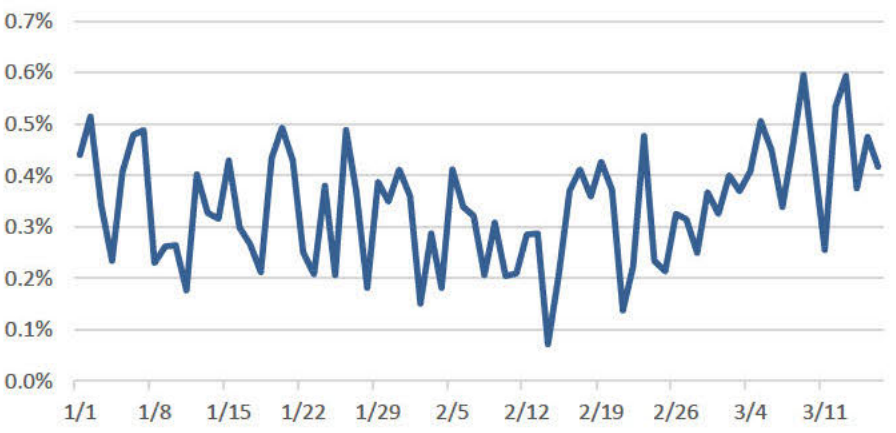


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

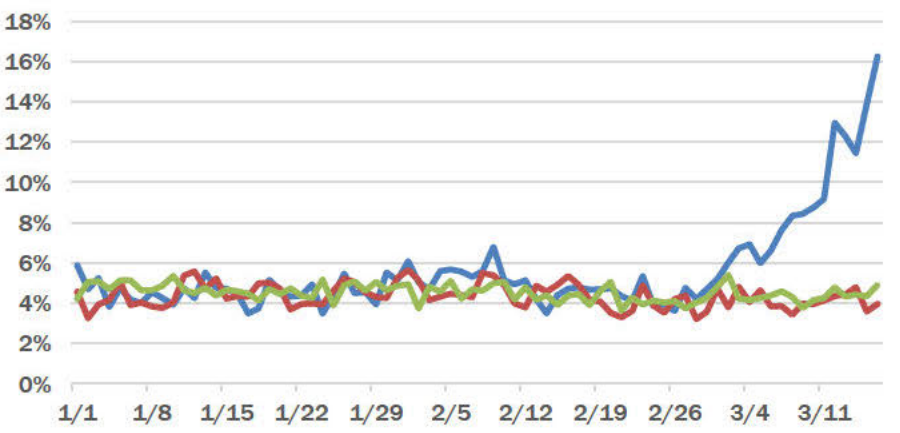


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has increased sharpley the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

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Coronavirus: PUI testing by county

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	226	225	55	11%	506
Dade	166	137	44	13%	347
Palm Beach	17	27	13	23%	57
Duval	31	24	10	15%	65
Hillsborough	21	32	9	15%	62
Volusia	9	21	9	23%	39
Collier	58	32	7	7%	97
Lee	22	28	7	12%	57
Manatee	11	18	7	19%	36
Orange	13	18	7	18%	38
Osceola	37	14	7	12%	58
Alachua	54	38	6	6%	98
Clay	4	7	4	27%	15
Pinellas	106	34	4	3%	144
Sarasota	53	121	4	2%	178
Seminole	24	8	4	11%	36
Okaloosa	5	22	3	10%	30
St. Johns	36	40	3	4%	79
Citrus	3	1	2	33%	6
Pasco	16	19	2	5%	37
Brevard	1	6	1	13%	8
Charlotte	5	4	1	10%	10
Escambia	4	11	1	6%	16
Gadsden	0	0	1	100%	1
Lake	2	7	1	10%	10
Leon	3	4	1	13%	8
Nassau	2	6	1	11%	9
Polk	10	15	1	4%	26
Santa Rosa	4	10	1	7%	15
Baker	1	3	0	0%	4
Bay	2	3	0	0%	5
Bradford	1	3	0	0%	4
Columbia	2	6	0	0%	8
Desoto	0	4	0	0%	4
Dixie	0	2	0	0%	2
Flagler	3	6	0	0%	9
Franklin	2	0	0	0%	2
Gulf	0	1	0	0%	1
Hardee	0	1	0	0%	1
Hendry	1	1	0	0%	2
Hernando	16	0	0	0%	16
Indian River	6	8	0	0%	14
Jackson	4	1	0	0%	5
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	11	13	0	0%	24
Martin	8	0	0	0%	8
Monroe	21	5	0	0%	26
Okeechobee	3	3	0	0%	6
Putnam	2	8	0	0%	10
St. Lucie	2	3	0	0%	5
Sumter	19	10	0	0%	29
Suwannee	1	2	0	0%	3

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 17, 2020 at 5:11 PM

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County	No result	Negative	Positive	Percent positive	Total
Union	1	1	0	0%	2
Unknown	2	0	0	0%	2
Walton	9	1	0	0%	10
Washington	1	0	0	0%	1
Total	1,061	1,017	216	9%	2,294

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Coronavirus: testing by laboratory

Mar 17, 2020 at 5:11 PM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	569	85	13%	654
LABORATORY CORPORATION OF AMERICA	328	19	5%	347
DOH-JACKSONVILLE	312	32	9%	344
DOH-TAMPA (SPECTRUM BLVD)	305	24	7%	329
ADVENT HEALTH LAB	283	19	6%	302
MEMORIAL REGIONAL HOSPITAL SOUTH	238	15	6%	253
QUEST DIAGNOSTICS - TAMPA	203	8	4%	211
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	53	0	0%	53
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	24	1	4%	25
CDC	17	7	29%	24
UNIVERSITY OF MIAMI HOSPITAL	13	8	38%	21
FLORIDA HOSPITAL WATERMAN LABORATORY	15	0	0%	15
VIRACOR-EUROFINS LABORATORIES	10	0	0%	10
WESTSIDE REGIONAL MED CTR	4	5	56%	9
CLEVELAND CLINIC HOSPITAL LAB	7	1	13%	8
TAMPA GENERAL HOSPITAL	0	5	100%	5
TENNESSEE DOH - NASHVILLE	2	2	50%	4
LAKEWOOD RANCH MEDICAL CENTER	3	1	25%	4
NORTHWEST MEDICAL CENTER	3	1	25%	4
FLORIDA HOSPITAL FISH MEMORIAL	4	0	0%	4
LABCORP BURLINGTON (ELR)	2	1	33%	3
MANATEE MEMORIAL HOSPITAL	3	0	0%	3
JFK MEDICAL CENTER LAB	1	2	67%	3
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
QUEST DIAGNOSTICS	2	0	0%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
ADVENTHEALTH DAYTONA BEACH	2	0	0%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
LABCORP BURLINGTON (LPP)	0	1	100%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
UNIVERSITY HOSPITAL AND MEDICAL CENTER	0	1	100%	1
FLORIDA HOSPITAL FLAGLER	0	1	100%	1
LAB CORP	0	1	100%	1
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
PLANTATION GENERAL HOSPITAL	1	0	0%	1
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
MHS LAB	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 17, 2020 at 5:11 PM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
1	Palm Beach	19	Unknown	Unknown	FL resident			03/17/20
2	Duval	27	Male	Unknown	FL resident			03/17/20
3	Hillsborough	23	Male	Unknown	FL resident		Yes	03/17/20
4	Dade	57	Female	Unknown	FL resident			03/17/20
5	Clay	66	Female	Unknown	FL resident		Yes	03/17/20
6	Orange	28	Female	Unknown	FL resident			03/17/20
7	Broward	19	Female	No	FL resident		Yes	03/17/20
8	Broward	46	Female	No	FL resident		Unknown	03/17/20
9	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
10	Osceola	29	Male	Unknown	FL resident			03/17/20
11	Broward	19	Female	Yes	FL resident	SPAIN	No	03/17/20
12	Broward	79	Female	Yes	FL resident	CO; FL	No	03/17/20
13	Dade	19	Female	Unknown	FL resident			03/17/20
14	Dade	35	Male	Yes	FL resident	EGYPT	Yes	03/17/20
15	Dade	57	Male	Unknown	FL resident			03/17/20
16	Dade	61	Female	Unknown	FL resident			03/17/20
17	Dade	33	Male	Unknown	FL resident			03/17/20
18	Alachua	21	Female	Unknown	FL resident			03/17/20
19	Palm Beach	69	Male	Unknown	FL resident			03/17/20
20	Dade	45	Male	Unknown	FL resident			03/17/20
21	Alachua	22	Male	Unknown	FL resident			03/17/20
22	Citrus	64	Male	No	FL resident		Yes	03/17/20
23	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	Unknown	03/17/20
24	Duval	25	Female	Unknown	FL resident			03/17/20
25	Polk	44	Female	No	FL resident		Unknown	03/17/20
26	Duval	74	Male	Unknown	FL resident			03/17/20
27	Duval	44	Male	Unknown	FL resident			03/17/20
28	Dade	52	Male	Unknown	FL resident			03/17/20
29	Hillsborough	30	Male	Unknown	FL resident			03/17/20
30	Broward	57	Female	No	FL resident		Yes	03/17/20
31	Palm Beach	38	Male	Unknown	FL resident			03/17/20
32	Manatee	71	Male	Unknown	FL resident			03/17/20
33	Dade	28	Female	Yes	FL resident	IRELAND		03/17/20
34	Dade	37	Male	Unknown	FL resident			03/17/20
35	Duval	84	Male	Unknown	FL resident			03/17/20
36	Osceola	20	Female	Yes	FL resident	SPAIN	No	03/17/20
37	Dade	37	Female	Yes	FL resident	AZ; SPAIN		03/17/20
38	Dade	80	Female	Unknown	FL resident			03/17/20
39	Broward	53	Male	Yes	FL resident	GA; NC	No	03/17/20
40	Dade	45	Female	Yes	FL resident	NY	No	03/17/20
41	Manatee	75	Male	Unknown	FL resident			03/17/20
42	Broward	70	Male	No	FL resident		Yes	03/17/20
43	Dade	44	Male	Yes	FL resident	France	No	03/17/20
44	Volusia	60	Female	No	FL resident		Yes	03/17/20
45	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
46	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
47	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
48	Pinellas	58	Male	Unknown	FL resident		No	03/16/20
49	Broward	65	Male	No	FL resident		Yes	03/16/20
50	St. Johns	49	Male	Yes	FL resident	EUROPE	No	03/16/20
51	Alachua	64	Female	Yes	FL resident	FL; NY		03/16/20
52	Sarasota	87	Male	No	FL resident		No	03/16/20
53	Volusia	37	Female	No	FL resident		Yes	03/16/20
54	Palm Beach	66	Male	Unknown	FL resident		Unknown	03/16/20
55	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
56	Dade	66	Male	Unknown	FL resident			03/16/20
57	Duval	91	Female	No	FL resident		Yes	03/16/20
58	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
59	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
60	Broward	51	Female	Yes	FL resident	COLOMBIA	Yes	03/16/20
61	Osceola	47	Female	No	FL resident		No	03/16/20
62	Palm Beach	25	Male	Unknown	FL resident			03/16/20
63	Dade	30	Female	Unknown	FL resident			03/16/20
64	Orange	40	Female	No	FL resident		Unknown	03/16/20
65	Manatee	70	Male	No	FL resident		No	03/16/20
66	Dade	43	Female	Yes	FL resident	UT	Yes	03/16/20
67	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
68	Dade	56	Male	Unknown	FL resident			03/16/20
69	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20
70	Collier	49	Female	No	FL resident		No	03/16/20
71	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
72	Orange	51	Male	No	FL resident		No	03/16/20
73	Dade	67	Female	Yes	FL resident	EGYPT	Yes	03/16/20
74	Broward	54	Female	No	FL resident		No	03/16/20
75	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
76	Dade	62	Male	Yes	FL resident	FL; NY	Unknown	03/15/20
77	Orange	79	Female	Unknown	FL resident		No	03/15/20
78	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
79	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
80	Broward	74	Male	No	FL resident		Yes	03/15/20
81	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
82	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
83	Broward	60	Male	No	FL resident		Yes	03/15/20
84	Dade	28	Male	No	FL resident		Yes	03/15/20
85	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
86	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
87	Dade	66	Female	Unknown	FL resident			03/15/20
88	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
89	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
90	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20
91	Duval	88	Male	No	FL resident		Yes	03/15/20
92	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
93	Duval	66	Male	No	FL resident		Yes	03/15/20
94	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
95	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
96	Broward	66	Male	No	FL resident		Yes	03/15/20
97	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
98	Dade	58	Female	Yes	FL resident	ITALY; SPAIN		03/15/20
99	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
100	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
101	Dade	39	Male	Unknown	FL resident			03/15/20
102	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
103	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
104	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
105	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
106	Dade	20	Male	Yes	FL resident	Spain	Yes	03/14/20
107	Volusia	89	Female	No	FL resident		Yes	03/14/20
108	Clay	70	Male	No	FL resident		Yes	03/14/20
109	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
110	Seminole	47	Male	Unknown	FL resident			03/14/20
111	Clay	55	Female	No	FL resident		Yes	03/14/20
112	Broward	83	Female	No	FL resident		Yes	03/14/20
113	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
114	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
115	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
116	Dade	18	Male	Unknown	FL resident		Yes	03/14/20
117	Manatee	67	Female	No	FL resident		Unknown	03/14/20
118	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
119	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
120	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
121	St. Johns	64	Female	No	FL resident		No	03/14/20
122	Dade	77	Female	Yes	FL resident	EGYPT; IRAN (ISLAMIC REP. OF); UNITED A	No	03/14/20
123	Broward	58	Male	No	FL resident		Yes	03/14/20
124	Seminole	43	Female	No	FL resident		No	03/14/20
125	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
126	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
127	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20
128	Dade	42	Male	Yes	FL resident	FRANCE	Yes	03/14/20
129	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
130	Dade	73	Male	No	FL resident		Unknown	03/14/20
131	Broward	63	Male	No	FL resident		Yes	03/14/20
132	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
133	Dade	42	Female	Unknown	FL resident			03/14/20
134	Osceola	48	Male	Yes	FL resident	SWITZERLAND	No	03/14/20
135	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20
136	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
137	Broward	59	Male	No	FL resident		Yes	03/14/20
138	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
139	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
140	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
141	Manatee	62	Female	No	FL resident		Yes	03/14/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
142	Hillsborough	17	Male	No	FL resident		No	03/14/20
143	Broward	27	Female	No	FL resident		Yes	03/13/20
144	Orange	41	Male	No	FL resident		Yes	03/13/20
145	Dade	51	Male	No	FL resident		Unknown	03/13/20
146	Lee	77	Male	No	FL resident		Unknown	03/13/20
147	Broward	68	Female	No	FL resident		Yes	03/13/20
148	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
149	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
150	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
151	Osceola	54	Male	No	FL resident		No	03/13/20
152	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
153	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
154	Orange	48	Female	No	FL resident		Yes	03/13/20
155	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/13/20
156	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
157	Palm Beach	73	Male	Yes	FL resident	Egypt; Germany	No	03/13/20
158	Broward	36	Male	No	FL resident		Yes	03/13/20
159	Dade	45	Female	No	FL resident		Yes	03/13/20
160	Clay	57	Male	No	FL resident		Yes	03/13/20
161	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
162	Duval	83	Male	No	FL resident		Yes	03/13/20
163	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
164	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
165	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
166	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
167	Dade	56	Male	Yes	FL resident	IRAN (ISLAMIC REP. OF)	Yes	03/12/20
168	Broward	65	Male	No	FL resident		Yes	03/12/20
169	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
170	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
171	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
172	Pasco	46	Male	No	FL resident		Yes	03/11/20
173	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
174	Pinellas	64	Male	Yes	FL resident	EGYPT	Yes	03/11/20
175	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
176	Broward	68	Female	No	FL resident		Yes	03/10/20
177	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
178	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
179	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
180	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
181	Broward	67	Male	No	FL resident		Yes	03/09/20
182	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20
183	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
184	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
185	Broward	75	Male	No	FL resident		Yes	03/07/20
186	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
187	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
188	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 5:11 PM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
189	Manatee	63	Male	No	FL resident		Yes	03/02/20
190	Dade	51	Male	Unknown	Non-FL resident			03/17/20
191	Hillsborough	28	Male	Unknown	Non-FL resident			03/17/20
192	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
193	Sarasota	80	Male	No	Non-FL resident		No	03/16/20
194	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
195	Lee	65	Female	Unknown	Non-FL resident			03/15/20
196	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
197	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
198	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
199	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
200	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
201	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
202	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
203	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
204	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
205	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
206	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
207	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
208	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
209	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
210	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
211	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
212	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
213	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
214	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
215	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
216	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20

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From:	Coppola, Courtney
To:	Lukis, Adrian; Strum, Shane; Kopelousos, Stephanie; Clark, David; Moulton, Diane; Beaubien, Beau; Gambineri, Mara; Ferre, Helen; Beatrice, Meredith M.; Wagner, Maureen
Date:	Tuesday, March 17, 2020 10:32:21 AM
Attachments:	COVID-19 Data - Daily Report 2020-03-17 0959.pdf

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health|4052 Bald Cypress Way|Tallahassee, FL 32399





Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored, persons under investigation, and cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,792
Total persons of high, medium, or unknown risk	1,322
High/medium/unknown risk still being monitored	558

Persons under investigation (PUI):
people who meet laboratory testing criteria based on symptoms and exposure

Total identified	2,004
Tested positive	192
Tested negative	940
Currently awaiting testing	872

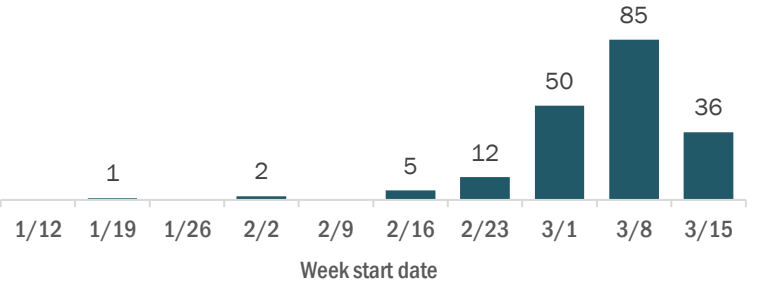
Confirmed cases

Confirmed cases in Florida residents	173
Confirmed by BPHL/CDC	119
Positive by commercial/hospital lab	54
Characteristics of Florida resident cases	
Not exposed/infectious in Florida	6
Deaths	5
Cases in non-Florida residents	19
Confirmed by BPHL/CDC	18
Positive by commercial/hospital lab	1
Total cases	192
Traveled	51
Contact with confirmed case	39
Traveled and contact with confirmed case	53
Neither	49
Travel is unknown*	34
Contact is unknown*	10
Contact is pending*	27

*Travel can be unknown and contact can be unknown or pending for the same case, these numbers will sum to more than the "neither" total.

10-week trend by event date

Event date is the earliest date associated with a case



AMERICAN OVERSIGHT

Coronavirus: characteristics of 192 cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Tables below include cases in non-Florida residents and Florida residents diagnosed and isolated outside Florida.

29 counties have confirmed cases:

County	FL resident	Percent	Not diagnosed/ isolated in FL	Non-FL resident	Total
Broward	43	22%	0	8	51
Dade	32	17%	1	2	35
Palm Beach	9	5%	1	0	10
Volusia	9	5%	0	0	9
Hillsborough	7	4%	0	1	8
Collier	6	3%	0	1	7
Lee	5	3%	0	2	7
Osceola	6	3%	0	1	7
Alachua	4	2%	0	2	6
Duval	6	3%	0	0	6
Manatee	6	3%	0	0	6
Orange	5	3%	1	0	6
Clay	4	2%	0	0	4
Pinellas	4	2%	0	0	4
Sarasota	3	2%	0	1	4
Seminole	4	2%	0	0	4
Okaloosa	2	1%	1	0	3
St. Johns	2	1%	0	1	3
Citrus	2	1%	0	0	2
Pasco	2	1%	0	0	2
Brevard	1	1%	0	0	1
Charlotte	1	1%	0	0	1
Escambia	1	1%	0	0	1
Gadsden	0		1	0	1
Lake	1	1%	0	0	1
Leon	0		1	0	1
Nassau	1	1%	0	0	1
Santa Rosa	1	1%	0	0	1
Total	167		6	19	192

Gender	Count	Percent
Male	106	55%
Female	85	44%
	1	1%

Age group	Count	Percent
10-19 years	9	5%
20-29 years	25	13%
30-39 years	12	6%
40-49 years	27	14%
50-59 years	27	14%
60-69 years	52	27%
70-79 years	29	15%
80+ years	11	6%

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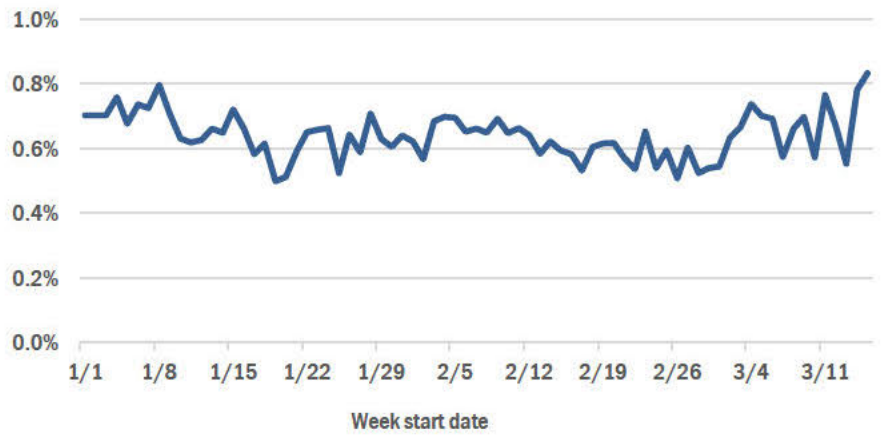
Coronavirus: additional surveillance information

Mar 17, 2020 at 9:59 AM

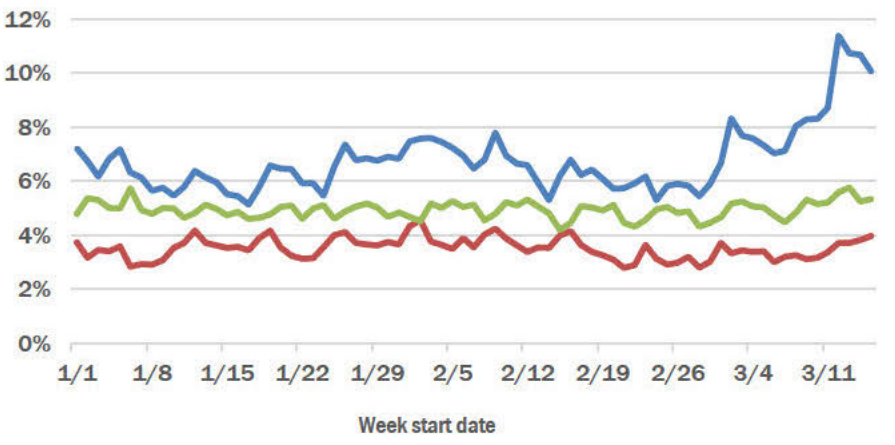
Data in this report are provisional and subject to change.

Statewide emergency department (ED) chief complaint and admission data

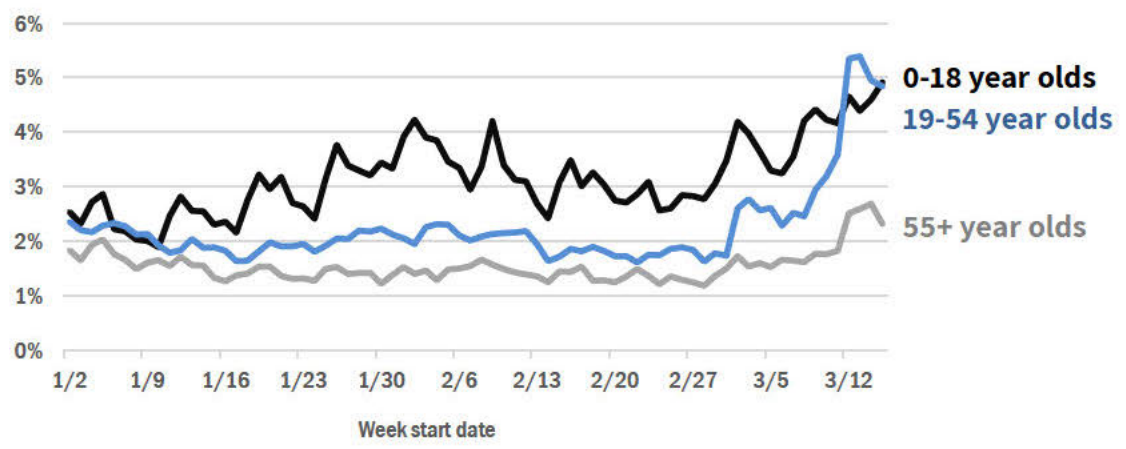
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

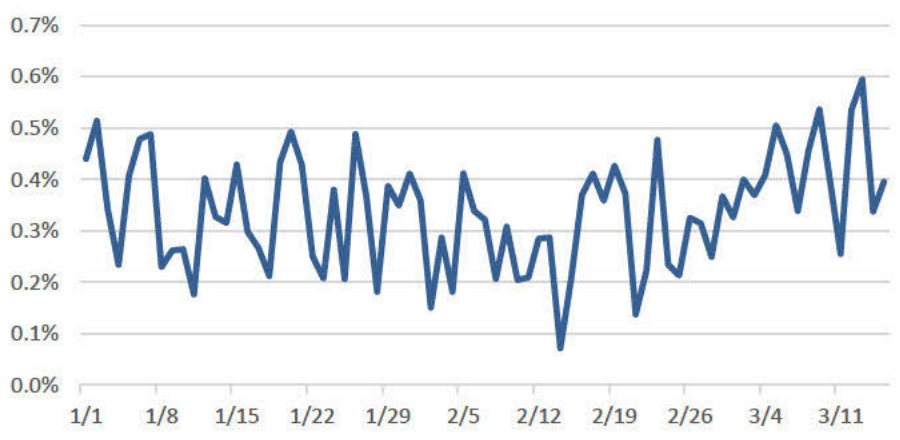


The daily percent of ED visits statewide that mention cough has been elevated for the past 2 weeks for all age groups, particularly **19-54 year olds.**

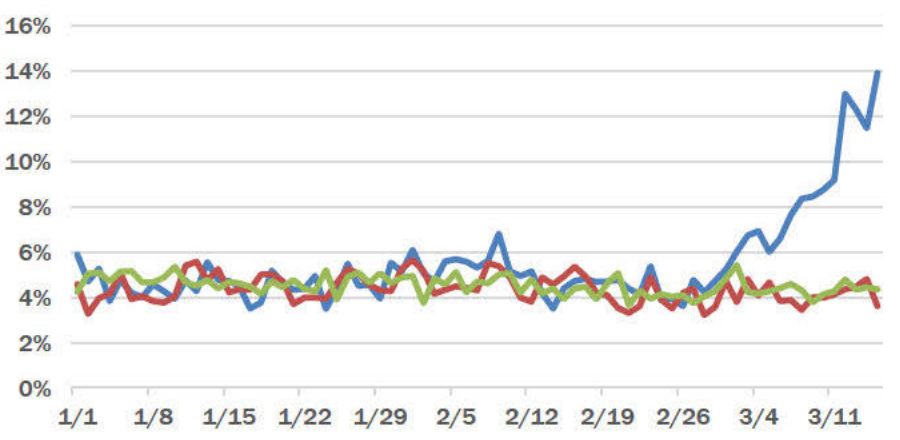


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past 2 weeks. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Broward	231	183	51	11%	465
Dade	168	114	35	11%	317
Palm Beach	15	25	10	20%	50
Volusia	6	21	9	25%	36
Hillsborough	20	32	8	13%	60
Collier	43	32	7	9%	82
Lee	16	28	7	14%	51
Osceola	27	14	7	15%	48
Alachua	36	38	6	8%	80
Duval	28	23	6	11%	57
Manatee	6	18	6	20%	30
Orange	6	17	6	21%	29
Clay	3	7	4	29%	14
Pinellas	77	34	4	3%	115
Sarasota	28	120	4	3%	152
Seminole	20	8	4	13%	32
Okaloosa	6	20	3	10%	29
St. Johns	21	40	3	5%	64
Citrus	2	1	2	40%	5
Pasco	10	18	2	7%	30
Brevard	1	6	1	13%	8
Charlotte	5	4	1	10%	10
Escambia	4	11	1	6%	16
Gadsden	0	0	1	100%	1
Lake	1	7	1	11%	9
Leon	2	4	1	14%	7
Nassau	1	6	1	13%	8
Santa Rosa	3	10	1	7%	14
Baker	0	3	0	0%	3
Bay	1	3	0	0%	4
Bradford	1	3	0	0%	4
Columbia	2	5	0	0%	7
Desoto	0	4	0	0%	4
Dixie	0	2	0	0%	2
Flagler	3	6	0	0%	9
Franklin	1	0	0	0%	1
Gulf	0	1	0	0%	1
Hardee	0	1	0	0%	1
Hendry	1	1	0	0%	2
Hernando	4	0	0	0%	4
Indian River	5	7	0	0%	12
Jackson	3	1	0	0%	4
Lafayette	0	1	0	0%	1
Levy	0	2	0	0%	2
Marion	11	13	0	0%	24
Martin	2	0	0	0%	2
Monroe	16	5	0	0%	21
Okeechobee	3	3	0	0%	6
Polk	9	15	0	0%	24
Putnam	2	8	0	0%	10
St. Lucie	3	2	0	0%	5
Sumter	12	9	0	0%	21
Suwannee	1	2	0	0%	3

AMERICAN OVERSIGHT

Coronavirus: PUI testing by county

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

County	No result	Negative	Positive	Percent positive	Total
Union	1	1	0	0%	2
Unknown	2	0	0	0%	2
Walton	2	1	0	0%	3
Washington	1	0	0	0%	1
Total	872	940	192	**10%**	2,004

AMERICAN OVERSIGHT

Coronavirus: testing by laboratory

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
DOH-MIAMI	483	75	13%	558
DOH-JACKSONVILLE	312	33	10%	345
DOH-TAMPA (SPECTRUM BLVD)	305	24	7%	329
ADVENT HEALTH LAB	283	19	6%	302
MEMORIAL REGIONAL HOSPITAL SOUTH	238	15	6%	253
LABORATORY CORPORATION OF AMERICA	214	8	4%	222
QUEST DIAGNOSTICS - TAMPA	203	8	4%	211
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.	53	0	0%	53
CDC	17	7	29%	24
FLORIDA HOSPITAL WATERMAN LABORATORY	15	0	0%	15
QUEST DIAGNOSTICS NICHOLS INSTITUTE - SJC (ELR)	12	1	8%	13
VIRACOR-EUROFINS LABORATORIES	9	0	0%	9
WESTSIDE REGIONAL MED CTR	3	5	63%	8
CLEVELAND CLINIC HOSPITAL LAB	7	1	13%	8
UNIVERSITY OF MIAMI HOSPITAL	0	5	100%	5
TAMPA GENERAL HOSPITAL	0	5	100%	5
FLORIDA HOSPITAL FISH MEMORIAL	4	0	0%	4
JFK MEDICAL CENTER LAB	1	2	67%	3
TENNESSEE DOH - NASHVILLE	2	1	33%	3
QUEST DIAGNOSTICS	2	0	0%	2
ADVENTHEALTH DAYTONA BEACH	2	0	0%	2
FLORIDA HOSPITAL DELAND	1	1	50%	2
MEMORIAL REGIONAL HOSPITAL CLINICAL LABORATORY	0	2	100%	2
NEW YORK STATE ELR - NEW YORK HOSPITAL LABORATORIES	1	1	50%	2
FLORIDA HOSPITAL ZEPHYRHILLS	2	0	0%	2
FLORIDA HOSPITAL WESLEY CHAPEL	2	0	0%	2
LABCORP BURLINGTON (ELR)	2	0	0%	2
QUEST DIAGNOSTICS - ATLANTA	1	0	0%	1
PLANTATION GENERAL HOSPITAL	1	0	0%	1
LABCORP BURLINGTON (LPP)	0	1	100%	1
UNIVERSITY HOSPITAL AND MEDICAL CENTER	0	1	100%	1
SOUTH LAKE HOSPITAL	0	1	100%	1
CALIFORNIA PUBLIC HEALTH LABORATORY	0	1	100%	1
BUREAU OF CLINICAL LABORATORIES	1	0	0%	1
ORLANDO VAMC	1	0	0%	1
FLORIDA HOSPITAL OF CARROLLWOOD	1	0	0%	1
LAB CORP	0	1	100%	1
FLORIDA HOSPITAL - TAMPA	1	0	0%	1
FLORIDA HOSPITAL FLAGLER	0	1	100%	1
FLORIDA HOSPITAL HEARTLAND MED CTR CLINICAL LAB	1	0	0%	1
FLORIDA HOSPITAL NORTH PINELLAS	1	0	0%	1
LAKEWOOD RANCH MEDICAL CENTER	1	0	0%	1
NEW YORK STATE ELR - DEPARTMENT OF CLINICAL LABS	1	0	0%	1
NEW YORK STATE ELR - NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL	1	0	0%	1
NORTHWEST MEDICAL CENTER	1	0	0%	1
MANATEE MEMORIAL HOSPITAL	1	0	0%	1
ENGLEWOOD COMMUNITY HOSPITAL	0	1	100%	1

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Coronavirus: testing by laboratory

Mar 17, 2020 at 9:59 AM

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The numbers in the table below represent the number of people tested. A person can be tested by more than one laboratory and can have both positive and negative results. **Therefore, the sum of the numbers in each column will be larger than the total number of people tested.**

Laboratory	Negative	Positive	Percent positive	Total
MHS LAB	1	0	0%	1

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
1	Volusia	60	Female	No	FL resident		Yes	03/17/20
2	Dade	45	Male	Unknown	FL resident			03/17/20
3	Duval	84	Male	Unknown	FL resident			03/17/20
4	Alachua	22	Male	Unknown	FL resident			03/17/20
5	Dade	80	Female	Unknown	FL resident			03/17/20
6	Manatee	75	Male	Unknown	FL resident			03/17/20
7	Hillsborough	28	Male	Unknown	FL resident			03/17/20
8	Osceola	20	Female	Yes	FL resident	SPAIN	No	03/17/20
9	Citrus	64	Male	No	FL resident		Yes	03/17/20
10	Dade	44	Male	Yes	FL resident	France	No	03/17/20
11	Broward	53	Male	Unknown	FL resident			03/17/20
12	Clay	66	Female	Unknown	FL resident		Yes	03/17/20
13	Osceola	29	Male	Unknown	FL resident			03/17/20
14	Brevard	76	Female	Yes	FL resident	NY	Yes	03/17/20
15	Okaloosa	78	Female	Yes	FL resident	FL; ITALY	Unknown	03/17/20
16	Alachua	21	Female	Unknown	FL resident			03/17/20
17	Hillsborough	24		Unknown	FL resident			03/17/20
18	Broward	46	Female	Unknown	FL resident			03/17/20
19	Dade	57	Female	Unknown	FL resident			03/17/20
20	Broward	19	Female	Unknown	FL resident			03/17/20
21	Dade	57	Male	Unknown	FL resident			03/17/20
22	Dade	52	Male	Unknown	FL resident			03/17/20
23	Volusia	37	Female	No	FL resident		Yes	03/16/20
24	Sarasota	87	Male	No	FL resident		No	03/16/20
25	Dade	43	Female	Unknown	FL resident		Yes	03/16/20
26	Palm Beach	66	Male	Unknown	FL resident		Unknown	03/16/20
27	Pinellas	58	Male	Yes	FL resident	CO		03/16/20
28	Broward	65	Male	No	FL resident		Yes	03/16/20
29	Manatee	70	Male	Unknown	FL resident		No	03/16/20
30	Alachua	64	Female	Yes	FL resident	FL; NY		03/16/20
31	Lee	66	Male	Yes	FL resident	COLOMBIA; ECUADOR	Unknown	03/16/20
32	Palm Beach	76	Female	Yes	FL resident	FRANCE	Unknown	03/16/20
33	Dade	66	Male	Unknown	FL resident			03/16/20
34	Pinellas	58	Male	Unknown	FL resident		No	03/16/20
35	Dade	67	Female	Unknown	FL resident			03/16/20
36	Collier	49	Female	No	FL resident		No	03/16/20
37	Sarasota	80	Male	No	FL resident		No	03/16/20
38	St. Johns	49	Male	Yes	FL resident	EUROPE	No	03/16/20
39	Broward	60	Male	Yes	FL resident	SPAIN		03/16/20
40	Dade	30	Female	Unknown	FL resident			03/16/20
41	Escambia	53	Male	Yes	FL resident	France	No	03/16/20
42	Broward	51	Female	Yes	FL resident	COLOMBIA	Yes	03/16/20
43	Orange	51	Male	Unknown	FL resident			03/16/20
44	Broward	76	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Unknown	03/16/20
45	Dade	56	Male	Unknown	FL resident			03/16/20
46	Duval	91	Female	No	FL resident		Yes	03/16/20
47	Broward	77	Male	Unknown	FL resident		Unknown	03/16/20

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Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

Data in this report are provisional and subject to change.

Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
48	Palm Beach	62	Male	Yes	FL resident	UNITED KINGDOM	Yes	03/16/20
49	Broward	54	Female	No	FL resident		No	03/16/20
50	Orange	40	Female	No	FL resident		Unknown	03/16/20
51	Osceola	47	Female	No	FL resident		No	03/16/20
52	Dade	42	Male	Yes	FL resident	NC	No	03/16/20
53	Palm Beach	25	Male	Unknown	FL resident			03/16/20
54	Broward	52	Female	Yes	FL resident	FRANCE	Yes	03/15/20
55	Duval	88	Male	No	FL resident		Yes	03/15/20
56	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
57	Dade	62	Male	No	FL resident		Unknown	03/15/20
58	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
59	Broward	39	Male	Yes	FL resident	UNITED ARAB EMIRATES	Yes	03/15/20
60	Duval	57	Male	Yes	FL resident	FL; UNKNOWN	Unknown	03/15/20
61	Dade	43	Male	Yes	FL resident	UT	Yes	03/15/20
62	Broward	66	Male	No	FL resident		Yes	03/15/20
63	Dade	66	Female	Unknown	FL resident			03/15/20
64	Broward	63	Female	Unknown	FL resident		Unknown	03/15/20
65	Volusia	48	Female	Yes	FL resident	DC; FL	No	03/15/20
66	Dade	25	Female	Yes	FL resident	SPAIN		03/15/20
67	Duval	66	Male	No	FL resident		Yes	03/15/20
68	Dade	28	Male	No	FL resident		Yes	03/15/20
69	Dade	39	Male	Unknown	FL resident			03/15/20
70	Broward	83	Male	Unknown	FL resident		Yes	03/15/20
71	Broward	30	Male	Yes	FL resident	FL; GA	Yes	03/15/20
72	Orange	79	Female	Unknown	FL resident		No	03/15/20
73	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
74	Broward	60	Male	No	FL resident		Yes	03/15/20
75	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/15/20
76	Broward	19	Female	Yes	FL resident	IRELAND	Yes	03/15/20
77	Collier	28	Male	Yes	FL resident	ITALY	Unknown	03/15/20
78	Dade	58	Female	Yes	FL resident	ITALY; SPAIN		03/15/20
79	Broward	74	Male	No	FL resident		Yes	03/15/20
80	Broward	65	Male	Yes	FL resident	DC	Unknown	03/15/20
81	Collier	76	Male	Yes	FL resident	NY	Yes	03/15/20
82	Citrus	60	Female	Yes	FL resident	FL; SWITZERLAND	No	03/15/20
83	Seminole	68	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
84	Broward	63	Male	No	FL resident		Yes	03/14/20
85	Dade	37	Male	Yes	FL resident	EL SALVADOR; FL; MEXICO; SPAIN	Unknown	03/14/20
86	Palm Beach	37	Male	Yes	FL resident	NY	Yes	03/14/20
87	Clay	70	Male	No	FL resident		Yes	03/14/20
88	Manatee	62	Female	No	FL resident		Yes	03/14/20
89	Pasco	67	Male	Yes	FL resident	FL; NY	Yes	03/14/20
90	Osceola	48	Male	Yes	FL resident	SWITZERLAND	No	03/14/20
91	Hillsborough	47	Male	Yes	FL resident	CO	Unknown	03/14/20
92	Broward	83	Female	No	FL resident		Yes	03/14/20
93	Dade	77	Female	Yes	FL resident	EGYPT; IRAN (ISLAMIC REP. OF); UNITED A	No	03/14/20
94	Broward	22	Female	Yes	FL resident	IRELAND	Yes	03/14/20

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Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
95	Volusia	39	Male	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/14/20
96	Seminole	47	Male	Unknown	FL resident			03/14/20
97	Hillsborough	32	Female	Yes	FL resident	CO	Yes	03/14/20
98	Broward	58	Male	No	FL resident		Yes	03/14/20
99	Dade	20	Male	Yes	FL resident	SPAIN	Yes	03/14/20
100	Dade	42	Male	Yes	FL resident	SPAIN	No	03/14/20
101	Hillsborough	17	Male	No	FL resident		No	03/14/20
102	Dade	39	Female	Yes	FL resident	FL; NY	No	03/14/20
103	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
104	Dade	18	Male	Unknown	FL resident		Yes	03/14/20
105	Volusia	71	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/14/20
106	Dade	29	Male	Yes	FL resident	MA	No	03/14/20
107	Clay	55	Female	No	FL resident		Yes	03/14/20
108	St. Johns	64	Female	No	FL resident		No	03/14/20
109	Lee	72	Female	Unknown	FL resident		Yes	03/14/20
110	Dade	42	Female	Unknown	FL resident			03/14/20
111	Dade	73	Male	No	FL resident		Unknown	03/14/20
112	Palm Beach	59	Female	Yes	FL resident	NY	Yes	03/14/20
113	Broward	59	Male	No	FL resident		Yes	03/14/20
114	Seminole	43	Female	Unknown	FL resident			03/14/20
115	Broward	21	Male	Yes	FL resident	ITALY; SPAIN	No	03/14/20
116	Dade	42	Male	Yes	FL resident	FRANCE	Yes	03/14/20
117	Manatee	67	Female	No	FL resident		Unknown	03/14/20
118	Broward	64	Male	Yes	FL resident	FRANCE; GA; NC; SPAIN	Yes	03/14/20
119	Broward	20	Female	Yes	FL resident	IRELAND	Yes	03/14/20
120	Volusia	89	Female	No	FL resident		Yes	03/14/20
121	Palm Beach	65	Male	Yes	FL resident	NY	Yes	03/14/20
122	Clay	57	Male	No	FL resident		Yes	03/13/20
123	Hillsborough	49	Female	Yes	FL resident	FL; IRELAND	Yes	03/13/20
124	Orange	48	Female	No	FL resident		Yes	03/13/20
125	Broward	27	Female	No	FL resident		Yes	03/13/20
126	Dade	45	Female	No	FL resident		Yes	03/13/20
127	Osceola	31	Male	Yes	FL resident	BRAZIL	No	03/13/20
128	Broward	26	Female	Yes	FL resident	TRINIDAD AND TOBAGO	Yes	03/13/20
129	Palm Beach	74	Male	Yes	FL resident	BELGIUM; FL	No	03/13/20
130	Lee	77	Male	No	FL resident		Unknown	03/13/20
131	Alachua	24	Male	Yes	FL resident	PORTUGAL	No	03/13/20
132	Orange	41	Male	No	FL resident		Yes	03/13/20
133	Palm Beach	73	Male	Yes	FL resident	Egypt; Germany	No	03/13/20
134	Lake	75	Female	Yes	FL resident	FL; NY	Yes	03/13/20
135	Broward	68	Female	No	FL resident		Yes	03/13/20
136	Dade	51	Male	No	FL resident		Unknown	03/13/20
137	Sarasota	50	Female	Yes	FL resident	NY	No	03/13/20
138	Volusia	70	Female	Yes	FL resident	EGYPT; JORDAN	Yes	03/13/20
139	Duval	83	Male	No	FL resident		Yes	03/13/20
140	Osceola	54	Male	No	FL resident		No	03/13/20
141	Broward	36	Male	No	FL resident		Yes	03/13/20

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Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
142	Broward	70	Male	Unknown	FL resident		Unknown	03/12/20
143	Broward	65	Male	No	FL resident		Yes	03/12/20
144	Dade	56	Male	Yes	FL resident	IRAN (ISLAMIC REP. OF)	Yes	03/12/20
145	Broward	61	Male	Yes	FL resident	ITALY	Unknown	03/12/20
146	Seminole	68	Male	Yes	FL resident	EGYPT; JORDAN	Yes	03/12/20
147	Collier	73	Male	Yes	FL resident	EGYPT	Unknown	03/11/20
148	Pinellas	67	Male	Yes	FL resident	EGYPT	Yes	03/11/20
149	Pinellas	64	Male	Yes	FL resident	EGYPT	Yes	03/11/20
150	Collier	68	Female	Yes	FL resident	EGYPT	Yes	03/11/20
151	Pasco	46	Male	No	FL resident		Yes	03/11/20
152	Collier	64	Female	Yes	FL resident	EGYPT	Unknown	03/11/20
153	Broward	68	Female	No	FL resident		Yes	03/10/20
154	Nassau	68	Male	Yes	FL resident	GERMANY; MA	Yes	03/10/20
155	Manatee	81	Female	Yes	FL resident	EGYPT	Yes	03/09/20
156	Charlotte	54	Female	Yes	FL resident	EGYPT; ISRAEL	Unknown	03/09/20
157	Volusia	60	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/09/20
158	Broward	67	Male	No	FL resident		Yes	03/09/20
159	Okaloosa	61	Female	Yes	FL resident	CA; FL; MEXICO	Yes	03/09/20
160	Volusia	66	Female	Yes	FL resident	EGYPT; GERMANY; ISRAEL	Yes	03/08/20
161	Lee	77	Female	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
162	Lee	77	Male	Yes	FL resident	DOMINICAN REPUBLIC	Yes	03/07/20
163	Broward	65	Male	Yes	FL resident	CAYMAN ISLANDS	No	03/07/20
164	Broward	75	Male	No	FL resident		Yes	03/07/20
165	Santa Rosa	71	Male	Yes	FL resident	EGYPT; ISRAEL; JORDAN	No	03/05/20
166	Manatee	63	Male	No	FL resident		Yes	03/02/20
167	Hillsborough	29	Female	Yes	FL resident	ITALY	Yes	03/02/20
168	Dade	69	Female	Unknown	Non-FL resident		Yes	03/16/20
169	Lee	65	Female	Unknown	Non-FL resident			03/15/20
170	Broward	20	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
171	Dade	42	Male	Yes	Non-FL resident	BRAZIL; FL; TX	No	03/15/20
172	Broward	48	Female	Yes	Non-FL resident	FRANCE; IL; NY; TX	Unknown	03/15/20
173	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/15/20
174	Broward	19	Male	Yes	Non-FL resident	Ireland	Yes	03/14/20
175	Broward	48	Male	Yes	Non-FL resident	GA		03/14/20
176	Broward	19	Female	Yes	Non-FL resident	IRELAND	Yes	03/14/20
177	Broward	41	Male	Yes	Non-FL resident	SPAIN	Unknown	03/14/20
178	Alachua	69	Male	Yes	Non-FL resident	SWEDEN	No	03/14/20
179	Collier	79	Female	Yes	Non-FL resident	CT	No	03/14/20
180	Osceola	65	Male	Yes	Non-FL resident	CANADA	No	03/13/20
181	Sarasota	70	Male	No	Non-FL resident		No	03/13/20
182	Broward	20	Female	Yes	Non-FL resident	Ireland	Yes	03/13/20
183	St. Johns	63	Male	Yes	Non-FL resident	NY	No	03/12/20
184	Lee	57	Male	Yes	Non-FL resident	FL; FRANCE; UNITED KINGDOM	Unknown	03/12/20
185	Alachua	68	Female	Yes	Non-FL resident	GA	No	03/10/20
186	Hillsborough	22	Female	Yes	Non-FL resident	ITALY	Yes	03/03/20
187	Orange	68	Female	Yes	Not diagnosed/isolated in FL	PHILIPPINES; SOUTH KOREA		03/13/20
188	Palm Beach	71	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20

AMERICAN OVERSIGHT

Coronavirus: line list of cases

Mar 17, 2020 at 9:59 AM

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Case	County	Age	Gender	Travel related	Jurisdiction	Travel detail	Contact with a confirmed case	Date case counted
189	Leon	59	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/04/20
190	Dade	64	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
191	Okaloosa	66	Female	Yes	Not diagnosed/isolated in FL	JAPAN	Yes	03/04/20
192	Gadsden	54	Male	Yes	Not diagnosed/isolated in FL	JAPAN	Unknown	03/03/20

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From:	Coppola, Courtney
To:	Lukis, Adrian; Wagner, Maureen; Kopelousos, Stephanie; Clark, David; Ferre, Helen; Beatrice, Meredith M.; McCloud, Cody; Gambineri, Mara
Date:	Thursday, March 12, 2020 8:01:47 AM
Attachments:	EMT COVID Rollup 031120 PM.docx Confidential COVID Case Rollup 031120.docx COVID-19 Data - Daily Report 2020-03-12 0730.pdf

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Wednesday, March 11, 2020 at 11:00 p.m.

CASES TO DATE

- 577 persons under investigation
- 392 negatives
- 34 total cases reported
    - 31 in Florida residents
        - 26 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 3 confirmed positive (non-Florida resident)
- 2 deaths
- 151 tests in state results pending
- 1287 people monitored to date
- 324 of that 1287 are currently being monitored

Of the six new cases identified today (3) were in Broward, (1) Lee, (1) Miami-Dade, and (1) New York resident hospitalized in St. Johns county.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

DRAFT

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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AMERICAN OVERSIGHT

Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
- Sent an e-blast on CDC infection prevention and control guidelines to hospitals across the state.
- AHCA Secretary Mayhew is visiting nursing homes and hospital facilities in Jacksonville and Orlando today to discuss COVID-19 preparations and response and respond to any concerns and questions from local partners.
- Verified ESS data dashboards is in production
- Shared contact e-mail with local health department for communication to providers (AHCA asked to be copied on communication)
- Allowed for early refills of prescription drugs in Medicaid
- Provided guidance to Medicaid health plans on coding and billing for COVID-19

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

AMERICAN OVERSIGHT

- Visitor Screening Criteria has been implemented at APD-owned facilities in Marianna and Gainesville
- Agency is developing visitor questionnaires for Adult Day Training facilities and group homes
- Examining telework capacity/ability
- Meeting with AHCA regarding rule waivers/exemptions for APD clients living in residential facilities
- Working to procure cleaning supplies and/or services for APD buildings.
- Facility in Gainesville has cancelled community events on campus and is cancelling large trips for residents going off-site.
- Started twice-weekly conferences with the Superintendents of APD-owned facilities to discuss coronavirus updates and needs.
- Forensic Facility in Chattahoochee needs guidance on admitting individuals who have been court-ordered to reside at this facility.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Agriculture and Consumer Services

- Press Conference on Gas Pump Skimmers & Coronavirus with Deputy Commissioner Mary Barzee Flores.
- Communique about Guidance on COVID-19 Food Safety for Consumers, Food Establishments
- Provided food establishments, Florida Retail Federation and Petroleum Marketers Association (convenience stores) with an email blast regarding shopping cart sanitation and sharing, and providing hand sanitizer.

Department of Business and Professional Regulation

- Incorporating informational comments on all on-site inspection reports issued to public lodging, public food service, and alcohol and tobacco license holders that will promote situational awareness of the current public health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related to prevention best practices.
- Copies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute when interacting with managers of these premises

Department of Children & Families

- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.

AMERICAN OVERSIGHT

- Provided update to DCF Leadership and Communications team on International Travel amplifying Department of Health messaging applying guidance to persons who have travelled anywhere internationally or on a cruise.
- DCF is working with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work directly with Florida's elderly population and have a higher risk of being exposed to COVID-19.

Department of Citrus

- Memo sent to staff on March 5th, 2020
- Availability to telework for sick individuals

Department of Corrections

- Hosted conference calls with institutional and community corrections regional leadership to discuss COVID-19:
- Reiterated the importance of personal hygiene best practices and enhanced cleaning efforts
- Actively monitoring staff for symptoms as well as proactively send inmates to medical for assessment.
- All wardens and community corrections leaders have been in contact with their local health department to make sure open lines of communications exist in the event of a potential case in their area.
- Private prison partners have aligned their response to COVID-19 to the Department's response
- Medical services contractor, Centurion, was directed to allow inmates initiating a medical visit due to symptoms relating to a potential communicable disease, such as influenza, not be charged a co-payment.
- Institutional medical staff have been instructed to notify DOH if a single inmate presents with symptoms, discontinuing the former procedure of cluster reporting.
- Centurion will stage a minimum of 25 PPE's at each facility; supplies should be delivered Friday, March 13th. Excess supplies will be staged at the regional offices for redistribution as needed. Access to additional supplies is being coordinated through CDC, should this become necessary.
- H/R is drafting an essential staffing message as it relates to CDC/DOH "Stop the Spread" campaign.
- Office of Institutions staff participated in a webinar with the American Correctional Association (ACA) titled "Coronavirus COVID-19: Impact on Corrections."
- Considering canceling visitation and volunteer programs at institutions with highest risk populations.
- Considering relaxing the entry and exit procedure as it relates to alcohol-based hand sanitizer for individual staff.
- Considering suspending recruitment events at public locations.
- Informed visitors and volunteers if you are feeling sick with a fever, persistent cough, or find it difficult to breathe – please do not enter a correctional institution.
- Restrict inmate transfers to mission critical needs
- New commitments will remain at reception centers at least 14-days prior to transfer. quarantine dorm at reception centers for.
- Initiating screening process.
- Staff are temporarily permitted to enter secured perimeters with alcohol-based hand sanitizer.

AMERICAN OVERSIGHT

- Tracking staff who report flu-like symptoms and their work availability.
- Established a trigger matrix for presumptive positive & positive COVID-19 inmates.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.
- Distributed the Policy for Diagnostic Testing to the Board of Governors.
- 11:00 AM – Superintendents call regarding emergency workflows and concerns (Commissioner and DOE Leadership involved)

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.
- Pushed out messaging on social media focused toward caregivers and family, urging them to think about COVID-19 before visiting seniors or elderly loved ones
- Provide guidance from the Florida Department of Health's website to Statewide CARES offices, Area Agencies on Aging and lead agencies on how to protect clients and staff

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.

AMERICAN OVERSIGHT

- On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.
- On March 9, all Florida State Parks and DEP social media accounts began sharing Department of Elder Affairs social content and continues to share real-time EOG and DOH guidance on social channels.
- Deputy Secretary Adam Blalock sent an email to Ecosystems Recreation staff regarding the use of disposable gloves and masks as personal protective equipment at aquatic preserves and National Estuarine Research Reserves. The message includes resources for DOH and CDC guidance to be posted at sites for visitors and employees.

Department of Financial Services and Office of Financial Regulation

- OFR - prepared draft proclamations for external stakeholders on proper notice to the Office regarding office closures of financial institutions
- Authorized purchase of hand sanitizer and disinfecting wipes for all offices
- Informed employees of proper procedures for workspace cleanliness/mitigation of spread of illnesses
- Monitoring guidance from DMS regarding office closures; annual leave, sick leave, admin. Leave policies
- Pulling back on out-of-state travel and minimizing in-state travel for employees
- Social distancing

Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.
- Updated its Pandemic annex for the department's Continuity of Operation Plan.
- FHP has provided FDLE COVID-19 Florida Law Enforcement Guide and FDOH Public Safety Answering Points guidance to all FHP personnel.

Department of Juvenile Justice

- Juvenile Justice's Office of Health Services is developing a protocol and messaging, including a process matrix, for each of our programs' designated health authorities and medical staff on what to do if a youth is suspected to have contracted COVID-19.

AMERICAN OVERSIGHT

- Staff at our residential commitment programs and detention centers are reaching out to their local health departments to ensure a clear line of communication and what the process will be if a youth is suspected to have contracted COVID-19.
- Evaluating visitation policy and procedures to determine necessary screening measures to ensure both the safety of the youth and staff in our programs and uninterrupted visitation schedules.
- DJJ will begin to review and modify if necessary our continuity of operations planning (COOP) in response to COVID-19.
- Evaluating procedures and any necessary precautions related to youth taken into custody by law enforcement who are brought to our juvenile assessment centers.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "
- Reviewing COOP and expanded modified staffing opportunities
- FDLE has attended National Governor's Association / Homeland Security Administration / Center for Disease Control conference calls
- RDSTF meetings
- State partners providing immediate needs list to ESF-16 in reference to PPE

Department of Lottery

- Terminal messages have been sent to all of the Florida Lottery's more than 13,000 retailers detailing how to properly clean and disinfect highly touched areas like Lottery touchscreen terminals and vending machines.
- Lottery sales representatives are reiterating the safety tips provided by the Department of Health to retailers and encouraging retailers who may have additional questions visit the COVID-19 website.

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.

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- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.
- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.
- DMS has identified 500 ventilators; awaiting approval

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"
- Information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19.

Department of Transportation

AMERICAN OVERSIGHT

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.
- Beginning on Tuesday, 10 March 2020, FDOT is hosting two weekly teleconferences, one with passenger seaports and the other with public use airports, to provide a briefing and take questions.
- Secretary Thibault facilitated a conference call on Thursday, 05 March 2020 with Governor DeSantis and State Surgeon General Rivkees to advise seaports and public use airports regarding COVID-19 efforts.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.

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- I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"

- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.
- The Secretary of State, Assistant Secretary/Chief of Staff, Director of Elections and ECO held a call with the Director of Emergency Management and Chief of Staff to discuss preparation efforts that may be needed. The Director of Elections has surveyed all SOEs to ask what polling locations they have in assisted living facilities and if those polling locations are open to the public or residents only.

Department of Veteran Affairs

- Florida Department of Veterans' Affairs (FDVA) resources are currently focused on our network of state veterans' homes. FDVA operates state veterans' homes in Panama City, Lake City, St. Augustine, Daytona Beach, Pembroke Pines, Port Charlotte and Land O' Lakes.
- Effective March 11, 2020, the Florida Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and Domiciliary until further notice, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care.
- The U.S. Department of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living center facilities to only essential visitors until further notice.
- All VA Medical Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics are also implementing enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional time for the screening process.
- Veterans who are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. The service is available at no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
- All FDVA and VA facilities remain fully operational.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Office of Attorney General

- Activated the Price Gougin Hotline is response

AMERICAN OVERSIGHT

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"
- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "
- VF is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

AMERICAN OVERSIGHT

	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

AMERICAN OVERSIGHT

March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

AMERICAN OVERSIGHT

	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

AMERICAN OVERSIGHT

March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates. • Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices. • Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7. • Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.
March 9, 2020	• Governor conducted press conference with agency heads to provide an update to the public on the state's response • Attended Community Health Center call • Conducted county call with all case counties • Updated the testing algorithm • Provided guidance to county health departments on public safety answering points • Conducted call for the Congressional Delegation • Conducted call the Florida State Legislature • Provided coordination for seaports call

AMERICAN OVERSIGHT

March 10, 2020	• Disseminated Enhance Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) and Clinician Screening Tool • Coordinated with County Health Departments on how to prepare for planning a response one their county has a case of COVID-19. • Continue to coordinate efforts on call center to transfer to Poison Control contract. • Coordinated with the Division of Emergency Management to order resources.
March 11, 2020	• MCM Coordinator discussed Point of Collection contingency plan strategies with her workgroup • Supporting 3 missions • Coordinated contingency planning for nursing home PUI • ASPR notified ESF8 there will be a portion of requested cache delivered • Coordinated with Dr. Schepke on validation of resource request • Put out (Samantha fill in lab guidance verbiage) •

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AMERICAN OVERSIGHT

Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 12, 2020 at 7:20 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1,287
CDC notifications	815
Other notifications*	472
Type of exposure	
Travel exposure	910
Airline/vessel contact	105
Close contact with case	248
Unknown	24

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	34
Medium	754	93
Unknown (not contacted yet)	27	7
Low/no identified risk**	258	114
Total persons of high, medium, or unknown risk	781	134
Still being monitored	220	104
Contacted in person	32	9
Persons still monitored by top 10 counties		
Sarasota	7	40
Broward	37	9
Dade	31	2
Orange	25	0
Lee	5	16
Hillsborough	11	7
Pinellas	15	0
Palm Beach	14	1
Volusia	8	6
Escambia	3	5

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	577
Tested positive	34
Tested negative	392
Currently awaiting testing	151

Confirmed cases

Cases in Florida residents	31
Confirmed	26
Deaths	2
Repatriated confirmed cases	5
Cases in non-Florida residents	3
Confirmed	3

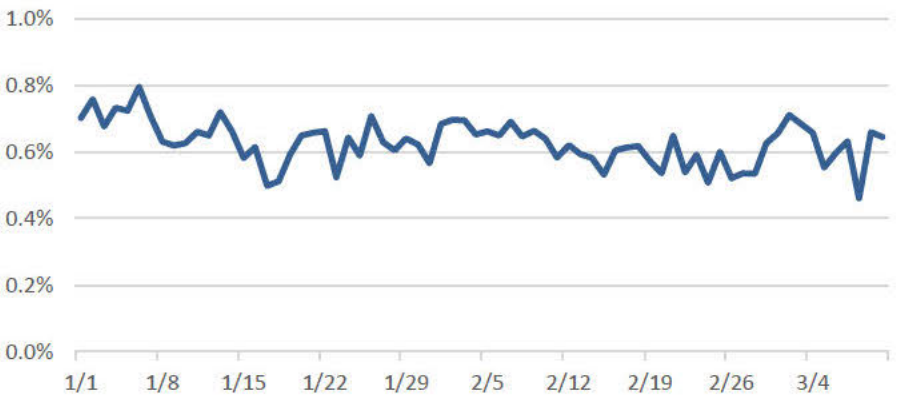
AMERICAN OVERSIGHT

Coronavirus: additional surveillance information (confidential)

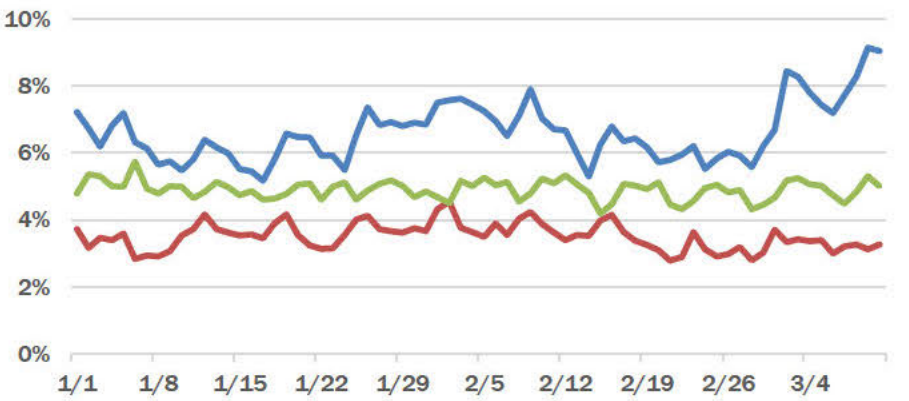
Mar 12, 2020 at 7:20 AM

Statewide emergency department (ED) chief complaint and admission data

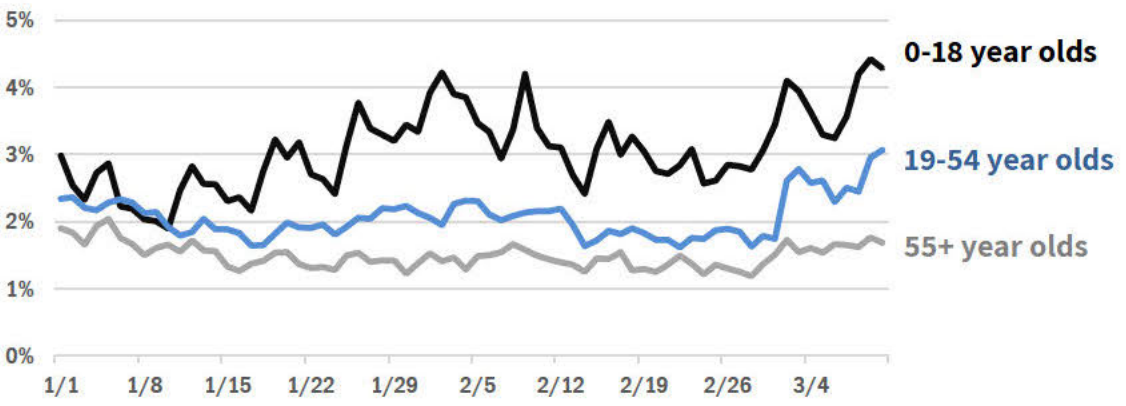
The daily percent of ED visits statewide that result in **cough-associated admissions** remains within expected levels.



The daily percent of ED visits statewide that mention **cough** has been elevated for the past week. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.

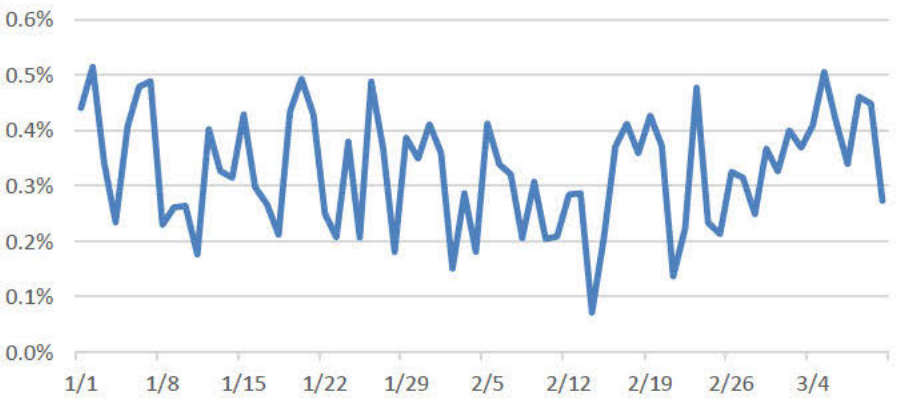


The daily percent of ED visits statewide that mention cough has been elevated for the past week for **0-18 year olds** and **19-54 year olds**, and remains above expected levels for this time of year.

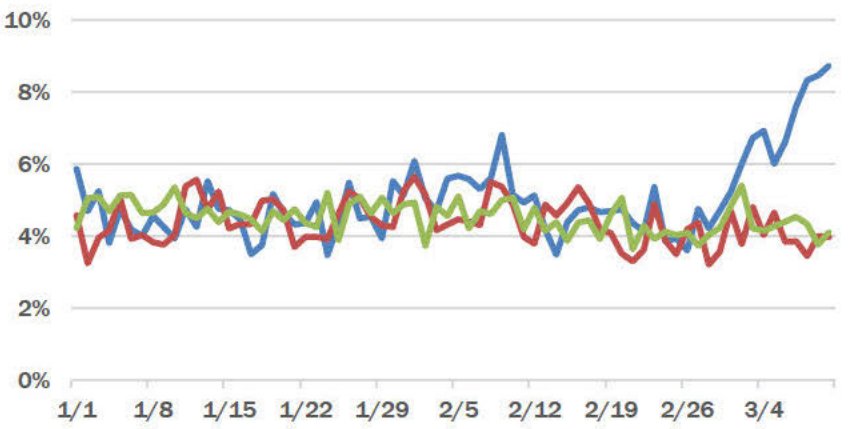


Broward County ED chief complaint and admission data

The daily percent of ED visits that result in **cough-associated admissions** in Broward County remains within expected levels.



The daily percent of ED visits that mention **cough** in Broward County has been elevated for the past week. **Shortness of breath** and **fever** are stable and within expected levels for this time of year.



The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) includes chief complaint data from 215 of 216 Florida EDs. Data are transmitted electronically to ESSENCE-FL daily or hourly.

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From: Coppola, Courtney
To: Gambineri, Mara
Date: Saturday, March 7, 2020 9:43:12 AM
Attachments: COVID-19 Data - Daily Report 2020-03-07 800AM Saturday.pdf
Confidential COVID Case Rollup 030720 AM.docx
EMT COVID Rollup 030720 AM.docx

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Coronavirus: summary of persons being monitored and persons under investigation (confidential)

Mar 7, 2020 at 8:10 AM

Monitored persons: people the Florida Department of Health was notified of for possible monitoring because they are a contact of a case, traveled from China, or were identified by the Centers for Disease Control and Prevention (CDC) as a part of a airline/ship contact investigation

Total reports	1018
CDC notifications	740
Other notifications*	278
Type of exposure	
Travel exposure	832
Airline/vessel contact	85
Close contact with case	97
Unknown	4

Exposure risk cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html	**Travel/airline/ vessel/unknown**	**Contact with case**
High	0	22
Medium	672	50
Unknown (not contacted yet)	8	4
Low/no identified risk**	241	21
Total persons of high, medium, or unknown risk	680	76
Still being monitored	204	74
Contacted in person	66	5
Persons still monitored by top 10 counties		
Sarasota	5	49
Broward	47	2
Dade	27	1
Hillsborough	12	7
Manatee	6	12
Orange	18	0
Duval	12	0
Pinellas	12	0
Palm Beach	11	0
Osceola	8	0

* Other notifications: persons who self-report, persons identified during monitoring of another person, etc.

**People with low or no risk identified through case investigations are not routinely being managed in the surveillance system, so are not reflected in this number.

Persons under investigation (PUI): people who meet laboratory testing criteria based on symptoms and exposure

Total identified	207
Tested positive	13
Tested negative	107
Currently awaiting testing	87

Confirmed and probable cases

Cases in Florida residents	12
Confirmed	7
Repatriated confirmed cases	5
Cases in non-Florida residents	1
Confirmed	1

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Saturday, March 7, 2020 at 9.22 a.m
CORRECTED

CASES TO DATE

- 207 persons under investigation
- 107 negatives
- 13 total cases reported
    - 12 in Florida residents
        - 7 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 87 tests in state results pending
- 1018 people monitored to date
- 278 of that 1018 are currently being monitored

New Lee County cases added.

Cases reported today in Broward and Lee county are awaiting confirmation from CDC.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Incident Management

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- E

Disease Control - COMPLETED

- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

Disease Control – IN PROGRESS

- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.

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- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.

Pandemic Preparedness - COMPLETED

- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:
    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Disseminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.

Pandemic Preparedness – IN PROGRESS

- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.

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- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19.
March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight.

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March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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From: Gambineri, Mara
To: McCloud, Cody
Date: Thursday, March 5, 2020 7:57:00 PM
Attachments: 3.6 Forum Club of Southwest Florida TPs.docx

Mara Gambineri
Director of External Affairs
Governor Ron DeSantis
407-575-4966
Mara.Gambineri@EOG.myflorida.com

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Forum Club of Southwest Florida, Inc.

Speaking Order

1. Joe Fogg
2. **Governor DeSantis**

Talking Points

[Introduction]

- Thank you for inviting me to speak at the Forum Club today.

- This organization provides a great service to the community by bringing in speakers from a wide range of backgrounds: Supreme Court justices, business leaders, former governors—the list is long and distinguished.

- As Governor, I am excited to share with you the great things we are doing in Florida to that will bring about a brighter future for all Floridians.

[COVID-19]

- Before I get into some of my initiatives and policy priorities, I will briefly address the state's response to COVID-19.

- On the first of this month, I issued an Executive Order directing the Department of Health to declare a public health emergency to better equip our state with the resources needed to handle this threat.

- I also asked the state legislature and federal government for additional funds to ensure the state has the means to test for COVID-19 as quickly as possible and ability to effectively communicate with the public about how to stay healthy.

- Our state Surgeon General, Dr. Scott Rivkees and his public health team have been working with our local County Health Departments and the CDC to ensure we are doing all we can to mitigate any spread of the virus.

- I've also met with Vice President Pence and he has assured me that we have the full support of the federal government.

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- While we're doing everything we can to prepare, the public should know that the virus still poses a low threat to the United States.

[Economy]

- **Aside from the COVID-19 distraction, Florida is a state on the ascent.**

- Florida's recent job reports give us a snapshot of a strong economy:

    - **Our unemployment rate recently dropped to 3.0 percent – the lowest recorded unemployment in Florida's history; and**

    - **The state's annual private-sector job growth rate of 2.5 percent continues to outpace the national job growth rate of 1.5 percent.**

[Business Recruitment]

- Florida is attracting people and companies from around the country and world.

- And my administration is assisting companies with their move.

- In particular, we are selling Florida to major companies dealing with the inhospitable politics and high taxes. So far, I've made three economic development trips--two to New York and one to Chicago—and look forward to more in the near future.

- For me, the sales pitch for Florida is easy, and for companies, the decision to relocate is even easier:

    - Low taxes vs high taxes;

    - Low cost of living vs high cost of living;

    - Good weather vs bad weather;

    - An education system focused on the student vs an education system focused on the administrator;

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- A healthy environment vs. a polluted environment.

- And they're taking us up on it. It seems like every day I am announcing a new company is relocating to or expanding in Florida.

- Two industries in particular are worth highlighting for their recent growth.

[Commercial Space]

- The first is the commercial space industry.

- Just recently, I announced that a company called "Made In Space," which is on the cutting edge of aerospace manufacturing and innovation, decided to relocate their corporate headquarters and satellite manufacturing operations from the highly-taxed, highly-regulated state of California, to the business friendly environment of Florida.

- Made In Space's move just builds on other exciting announcements in the aerospace industry I've been able to make since taking office.

- **Last year:**

  - **Firefly Aerospace Inc.** announced a multi-year, $52 million launch and development project that is expected to generate over 200 jobs;

  - **Boeing** announced that it is moving its Space and Launch Headquarters from Arlington, Va. to Titusville;

  - **Lockheed Martin** announced the establishment of its new Fleet Ballistic Missile Program Headquarters on the Space Coast; **and**

  - **One Web Satellites** opened the doors to its new 105,500 square foot production facility, which has two production lines capable of producing two satellites a day, creating 250 new high-tech jobs and 3,000 indirect jobs through the supply chain.

- And mega companies like Space X and Blue Origin continue to grow their footprints in Florida.

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- To assist the industry, I am constantly looking for areas to make infrastructure and workforce investments though my Job Growth Grant Fund. **So far:**

    - I made significant infrastructure investments in both the **Melbourne Airport and Pensacola Airport**.

    - Both airports will now be able to attract and support major new developments. The **Pensacola airport** will be the site of one of the biggest maintenance overhaul and repair operations in the world.

- I will continue to look for ways to support commercial space; I think Florida is just beginning to scratch the surface of our potential in this very exciting industry.

[Financial Industry and FinTech]

- The second industry I'd like to highlight is the financial services industry.

- Banks and private equity funds, hedge funds and venture capital firms are all moving to Florida in droves to escape the high taxes and political demagoguery of the northeast.

- My administration has placed a priority on supporting the financial industry because it offers high paying jobs, fuels innovation and attracts growth.

- To that end, in 2019, I announced my initiative to grow and recruit the future of financial technology in Florida by creating a FinTech regulatory sandbox.

- In the past, state regulatory structures have impeded transformative and innovative technology development.

- The "regulatory sandbox" will ease regulatory burdens for innovators in the financial services technology sector in ways that are not contemplated in our current regulations and provide them with the ability to test a product's market viability without extensive regulatory hurdles.

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- To complement that initiative, I also announced my objective to create "FinTech" academies at our state colleges and technical centers through the award of grants from the Florida Job Growth Grant Fund.

- FinTech academies will offer students the ability to grow with the continuously evolving world of technology and its intersection with finance.

- I was proud to announce the first Fin Tech academy in Jacksonville just a few weeks ago.

[*Legislative session: Budget, Environment, Education*]

- Beyond diversifying our economy and supporting new and exciting industries, we are nearing the end of our Legislative Session, where I think we will be able to put a lot of wins on the board for Floridians.

- **Three areas in particular are worth noting.**

[Budget]

- **First**, Florida is constitutionally required to pass a balanced budget. My Bolder, Brighter, Better Future budget called on the Legislature to place **$5.6 billion be in reserves and** provide Floridians with **$300 million** in tax relief.

- I'm confident the Legislature will deliver a fiscally sound product, but I look forward to closely reviewing each line with my veto pen to make sure of it.

[Environment]

- **Second**, I am hoping to build on my administration's efforts to protect and preserve Florida's environment.

- In my first year as Governor, with the help of the Florida Legislature, we were able to make significant progress for the environment.

    - In my first budget as Governor I secured well over $625 million for Everglades restoration and the protection of our water resources.

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- This $625 million not only gave us an encouraging start to achieve our goal of $2.5 billion over four years, it also included the largest investment in the Everglades in a single year in Florida's history.

- This session, I'm asking the Legislature to make the $625 million recurring for the next three years to ensure we meet the $2.5 billion goal.

- Additionally, I appointed the state's first Chief Science Officer, Dr. Thomas Frazer, to help ensure the state adheres to science when determining how to best utilize the state's limited resources on water quality and other initiatives.

- I created the Blue Green Algae Task Force and re-established the Red Tide Task Force to help address the terrible algal blooms that plagued communities around the state in 2017 and 2018, including the Indian River Lagoon.

- We also recently reached an agreement to purchase **20,000 acres of critical wetlands in the heart of the Everglades**.

    - **The purchase will permanently save the land from oil drilling, which was the landowner's plan. The purchase will also be the largest wetland acquisition in a decade.**

- Further, we continue to work closely with the Army Corps of Engineers to limit harmful discharges from Lake Okeechobee to the east and west.

- So far, the Corps has significantly limited discharges compared to previous years, and estuaries are largely algae-free.

- I also worked with President Trump to confirm he would include $250 million for South Florida Ecosystem Restoration in his 2021 budget – one of the biggest requests for Everglades funding by any president.

- The $250 million follows his previous request of $200 million and would fulfill the Army Corps' maximum capacity for restoration projects.

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- To complement all of these efforts, we're spending the last days of session pushing for **two** more major pieces of legislation in addition to my ask for continued funding:

    - comprehensive water quality legislation that incorporates recommendations from the Blue-Green Algae Task force;

    - and a bill that will increase fines associated with environmental penalties by 50 percent across the board.

- I feel confident on both fronts and hope to have them on my desk soon.

[Education]

- **Lastly**, like last session, I am pursuing a bold education agenda.

- In 2019 for K-12, my administration secured the highest ever per pupil spending at $7,672, and by creating the Family Empowerment Scholarship and securing $147 million for the Gardiner Scholarship, we accomplished more for school choice than has been accomplished in decades.

- **This year on K-12:**

    - We're seeking to increase the minimum salary for public school teachers to $47,500, bringing Florida from the bottom half to number 2 in the nation;

    - We're continuing record investments in educational choice programs so parents, particularly low-income parents, can place their child in a good school;

    - We're measuring results through accountability by replacing Common Core with the B.E.S.T. Standards; and

    - We're placing a renewed emphasis on American Civics education.

- On the higher education front, U.S. News and World Report has-- for the third year in the row-- ranked Florida as having the best public higher education system in the country:

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- UF is ranked 7th, heading for the top 5;
- FSU is ranked 18th, heading for the top 15; and
- USF is ranked 44th, heading for the top 25.

- I will continue to support our universities, but I am also leaning in on career and technical education.
- A four-year degree from a brick and ivy university is not for everyone. Some students are far better off learning a trade than incurring insurmountable debt for a useless degree.
- We are pursuing additional funds for workforce development to continue on our path to making Florida the number one state in the nation for career and technical training programs by 2030.
- There is a large and growing demand for jobs in education, health services, trade, transportation and technology, and Florida's education options should be able to match it.

[Close]

- From COVID-19 to education and everything in between, my administration will continue moving aggressively to serve the people of this great state.
- Thank you all for having me here at the Forum Club.
- I look forward to returning to see you all again soon.
- Thank you.

AMERICAN OVERSIGHT

From:	St Laurent, Louise R
To:	Gambineri, Mara
Date:	Sunday, March 1, 2020 8:12:24 PM
Attachments:	Declaration of Public Health Emergency COVID-19 3.1.20.pdf

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
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Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.
R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please note:
Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.
Please consider the environment before printing this e-mail.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that appears to occur through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of February 29, 2020, COVID-19 has spread throughout China and to 67 other countries and territories, including 62 cases within the United States; and

WHEREAS, the Centers for Disease Control and Prevention recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

WHEREAS, on January 30, 2020, the World Health Organization declared a public health emergency of international concern related to COVID-19; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services declared that a public health emergency exists nationwide as a result of confirmed cases of COVID-19 in the United States; and

WHEREAS, one Hillsborough County resident and one Manatee County resident have tested presumptively positive for COVID-19; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order 20-51, declaring that appropriate measures to control the spread of COVID-19 in the state of Florida are necessary, and therefore directed that a Public Health Emergency be declared in the state of Florida; and

WHEREAS, implementation of basic precautions of infection control and prevention, including staying at home when ill and practicing respiratory and hand hygiene are necessary to slow or prevent the spread of COVID-19; and

WHEREAS, COVID-19 is a communicable disease with significant morbidity and mortality, and presents a severe danger to public health; and

WHEREAS, COVID-19 is a threat to public health in Florida.

NOW, THEREFORE, I, Scott A. Rivkees, M.D., State Surgeon General and State Health Officer, by virtue of Executive Order Number 20-51 issued by Governor Ron DeSantis, the authority vested in me by section 381.00315, Florida Statutes, and after consultation with

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Governor Ron DeSantis and public health officials within the Department of Health, do hereby declare that a public health emergency exists in the State of Florida. In order to respond to this emergency, the following shall commence:

Section 1. In order to protect public health, I find it is necessary for the Florida Department of Health to request assistance from the Centers for Disease Control and Prevention to address this public health emergency.

Section 2. In order to protect public health, I find it is necessary to advise individuals in the state of Florida that have traveled to an area that the Centers for Disease Control and Prevention has issued a Warning Level 3 or Alert Level 2 Travel Health Notice, or have been in close contact with an individual that has traveled to such an area, that develop symptoms of fever, cough, shortness of breath, or difficulty breathing within 14 days of such travel or close contact should immediately contact the Florida Department of Health in their current county and self-isolate until cleared by the Florida Department of Health.

Section 3. In order to protect public health, I find it is necessary to advise any individuals who believe they may have been exposed to COVID-19 to contact their local county health department **prior to** travelling to any physician's office, emergency department, hospital, or urgent care center, to ensure proper protective measures are taken to prevent further risk of spread to others.

Section 4. In order to protect public health, I find it is necessary to remind health care providers, hospitals, and labs that they are required to immediately report all suspected cases of COVID-19 to the local county health department to ensure a prompt public health response to prevent disease among close contacts.

Section 5. In order to protect public health, the Florida Department of Health will maintain an Incident Management Team to coordinate the public health response for the State of Florida.

Section 6. In order to protect public health, the Florida Department of Health, at such time when necessary, may take actions to protect the public health, pursuant to the authority of section 381.00315, Florida Statutes, including quarantine, isolation and other interventions.

Issued this 1st day of March 2020, in Department of Health offices, Tallahassee, Leon County, Florida.

Scott A. Rivkees, M.D.
State Surgeon General

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From: Coppola, Courtney
To: Gambineri, Mara
Date: Monday, March 9, 2020 2:45:16 PM
Attachments: EMT COVID Rollup 030820 PM.docx

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COVID-19 Incident Management Team
Activities Roll-up for Executive Management
As of Sunday, March 8, 2020 at 8 p.m.

CASES TO DATE

- 273 persons under investigation
- 140 negatives
- 18 total cases reported
    - 17 in Florida residents
        - 12 diagnosed in Florida
        - 5 diagnosed and isolated in another state
    - 1 confirmed positive (non-Florida resident)
- 2 deaths
- 115 tests in state results pending
- 1104 people monitored to date
- 302 of that 1104 are currently being monitored

New case in Broward county identified today.

Call Center hotline hours are 24 hours a day, seven days a week

CURRENT OPERATIONAL OBJECTIVES

1. **Contain the spread of the virus in Florida** through rapid identification and isolation of suspect cases, active monitoring and limited movement of travelers with increased risks during the incubation period.
2. **Implement laboratory testing** capability in Florida public health laboratories.
3. **Provide guidance and information to healthcare providers** in Florida regarding reporting suspect cases, infection control procedures, and clinical care.
4. **Disseminate coordinated public health messaging** to the public, healthcare stakeholders and partner agencies.
5. **Support county health department (CHD) operations** for epidemiological investigations, monitoring, public messaging and preparedness through resources, staffing and technical guidance.
6. **Prepare for the possibility that coronavirus becomes a global pandemic** by ensuring plans, resources and capabilities are in place to respond to a widespread outbreak and lessen the impacts on communities in Florida.
7. Monitor Florida hospitals for increased patient volume and support **strategies for medical surge.**

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KEY ACTIVITIES

Department of Health

- Established an incident management team to coordinate response operations.
- Defined a high-level phased response strategy for COVID-19 as depicted in the updated Florida's Response to Emerging Infectious Disease infographic.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls.
- Established a public call-center for questions regarding COVID-19. Call center launched Monday, March 2nd.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Presumptive positive cases of residents in Manatee and Hillsborough announced via press release.
- Governor DeSantis issued an Executive Order directing the SSG to declare a public health emergency.
- SSG Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Activated Joint Information Center in coordination with the Division of Emergency Management.
- Developed and implemented protocols for investigation, surviellance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments.
- Approved updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19).
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs.
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
- Developing a laboratory surge plan.
- Developing a clinician level briefing for medical audiences.
- Close contacts of presumptive cases have been identified and are being monitored for 14 days. Any close contacts with symptoms will be tested.
- Developing plans for implementation of private lab testing.
- Procured a personal protective equipment cache of 169,200 N95 respirators with fit testing kits.
- Disseminated pandemic planning guidance as follows:

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    - Department of Health (DOH) Infographic: Florida's Response to Emerging Infectious Diseases
    - CDC Long-Term Care Facility Pandemic Preparedness Checklist provided to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions (HCC).
    - Journal Publication: Community Mitigation Guidelines to Prevent Pandemic Influenza to County Health Departments and Health Care Coalitions.
    - CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions
    - Disseminated CDC Guidance: Strategies for Optimizing the Supply of N95 Respirators to CHDs and HCCs.
- Advised to CHDs and HCCs to keep any expired personal protective equipment until further guidance is received regarding potential extended use.
- Conducted two meetings with the Division of Emergency Management (DEM) regarding inter-agency coordination for pandemic planning and established on-going weekly coordination meetings.
- Conducted a pandemic planning meeting with select state agencies to further develop tactical implementation plans. Those agencies include:
    - Agency for Health Care Administration
    - Department of Education
    - Department of Management Services
    - Division of Emergency Management
    - Florida National Guard
- Dissiminated a landscape assessment to healthcare system partners to gauge personal protective equipment supply level and gaps among Florida's healthcare providers.
- Continued development of public information documents for the public.
- Developing infographics for first responders (fire, law enforcement and EMS) regarding infection control and personal protection for COVID-19.
- Developing infographics for the general public and community partners regarding non-pharmaceutical interventions and how they are applied during a pandemic.
- Developing protocols for Public Safety Answering Points and Emergency Medical Service providers to prioritize transports and support home health activities.
- Developing guidance for healthcare facilities on decompressing the emergency departments.
- Developing alternate care site support packages with tents and temporary facilities, that could be deployed to hospitals to support the triage and treatment of cases prior to entering the emergency department.
- Developing guidance and allocations strategies for the distribution and dispensing of medical countermeasures to include personal protective equipment and vaccine (for when it becomes available).
- Developing protocols for CHDs in the protection of their staff and clinic activities through the development of safety and health guidance.
- Developing logistical capabilities to support a large quarantine if necessary.
- Requested additional N-95 masks from the federal stockpile.

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Agency for Health Care Administration

- Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- Hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- Hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.
- Hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.

Agency for Persons with Disabilities

- Distributed DOH and CDC guidance to Florida Association of Rehabilitative Services, Arc of Florida, Family Care Council of Florida and Florida Developmental Disabilities Council.
- Added COVID-19 information to APD website.

Board of Governors for the State University System

- Participate in multiple statewide calls for situational awareness.
- The Chancellors Office has advised our 12 state university partners to continue to follow the guidance of the CDC and Florida Dept. of Health
- Posted the DOH Link on the Board webpage
- Posted information on each universities COVD-29 response on our webpage https://www.flbog.edu/2020/03/05/university-information-on-covid-19/

Department of Children & Families

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- Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage.

Department of Education

- Distributed guidance from the CDC and the Florida Department of Health concerning care and cleaning of schools, returning students from foreign trips, quarantining in college or university dorms.
- Coordinated with pandemic planning activities.
- Participated in statewide call for educational entities.

Department of Elder Affairs

- Provided guidance to Area Agencies on Aging on how to protect clients and staff and no resources have been requested at this time.
- Guidance from the Florida Department of Health and CDC Websites have been provided to all DOEA Staff in an email from the Secretary.
- Provide guidance from the Florida Department of Health's website to Area Agencies on Aging and lead agencies on how to protect clients and staff.
- Added a link to the Florida Department of Health Coronavirus site on the Department of Elder Affairs website page.

Department of Environmental Protection

- Both Florida State Parks and DEP have been sharing DOH and EOG guidance on all social media platforms.
- On March 5, a message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication.
- On March 5, the DOH banner graphic was placed on the DEP website.
- Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment.
- On March 6, DEP provided verbal response guidance and FAQs to Florida State Park field staff and Public Services to prepare for inquiries from the public.
- On March 7, all Florida State Parks and DEP accounts began posting direct content.
- DEP has reviewed the agency's Continuity of Operations Plan's pandemic protocols to make sure it is up- to-date and reflects most recent DOH and CDC guidance.
- DEP continues to coordinate with the Governor's Office and Department of Health on emerging case-specific issues.
- DEP Leadership continues to communicate hand washing and safety protocols.
- Extra hand sanitizing stations have been placed in the Bob Martinez, Douglas and Carr buildings in Tallahassee.
- • On March 5, guidance was sent to all Land and Recreation employees on the appropriate use of disposable gloves and masks as personal protective equipment.
- • DEP's Division of Recreation and Parks continues to evaluate and procure necessary personal protective equipment and sanitation supplies to ensure the health and safety of employees, volunteers and visitors at state parks.

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Department of Highway Safety & Motor Vehicles

- Providing to all its employees FDOH and CDC guidance, resources and materials on best practices to prevent illness.
- Created an internal SharePoint webpage where all pertinent FDOH and CDC COVID-19 updates, resources and guidance are being stored for department employees to access.
- Increasing sanitation efforts at its facilities with a focus on high-traffic areas and frequently contacted surfaces, such as elevators, door handles, water fountains, etc.
- Working to ensure it has an adequate supply of sanitation products for its facilities as well as its public-facing personnel, such as driver license office staff and members of the Florida Highway Patrol.
- Exploring the feasibility and technical requirements, should it become necessary, of telework and modified staffing at certain locations.

Department of Law Enforcement

- FDLE Commissioner has distributed a message to FDLE members about COVID19 prevention and precautions.
- Acquiring safety equipment and some PPE equipment.
- Provided legal reference kit to law enforcement statewide (ESF-16)
- Distributed "Law Enforcement Guidance" flyer to agencies statewide (ESF-16)
- Attended meetings with DEM/DOH/FHP and ESF-16 members
- Continue regular meetings with headquarters and state-wide leadership. "

Department of Management Services

- Reached out to multiple vendors for quotes for hand sanitizer and wipes for Supervisor of Elections.
- Searching for buildings that could host affected people in a quarantine type setting. Looking for isolation rooms as well as exploring state parks for camping room settings.
- Ordered and are delivering roughly 300 standing hand sanitizer dispensers and 160 gallons of gel hand sanitizer to facilities.
- Increased daily sanitation efforts of state buildings and distributed guidance to facility managers to increase efforts to sanitize office spaces.
- Contacted several environmental vendors that can be pre-positioned to mobilize in the event of a viricidal cleaning at a state-maintained facility.
- DMS' Division of Retirement Call Center and PeopleFirst Call Center personnel were provided boilerplate messaging to direct callers to DOH COVID-19 webpage or dedicated call center/email for latest updates.
- Human Resource Management provided guidance to HR Directors on leave policies.
- Provided guidance to all SPS employees on preventive actions in the workplace, reporting symptoms, use of leave and utilizing health insurance benefits.
- Prepared employee telework guidance and workforce planning information for HR Directors specific to COVID-19.
- Division of State Technology is researching quotes for additional VPN services as needed to support employees teleworking.
- DMS has placed web banners on People First, MFMP, FRS portal, mybenefits.com, myflorida.com, and Travel system websites directing them to the DOH COVID-19 site for official updates.

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- Created best practices/preventative guidance to provide to agencies working with landlords in lease-based facilities. Contains list of recommended agency contracts a resource for additional cleaning services. Memo was sent to agency leasing contacts and communication offices.
- The Division of Human Resource Management is finalizing updates to their section of the DOH Pandemic Plan.
- Division public safety personnel continues to coordinate with the Statewide Law Enforcement Radio System (SLERS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
- Public safety communications personnel continue to coordinate with state 911/public safety communications personnel on their plans to ensure emergency communications systems are not impacted by a reduction in staffing resources.
- DMS' Division of Real Estate Development and Management held a call with Facility Managers to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Email was sent follow-up with resources.
- DMS' Division of Real Estate Development and Management held a call with Capitol facility manager, Sergeant of Arms, and Capitol Police to provide CDC guidance for cleaning, posters on handwashing to post in common areas, and directions to building occupants and managers on steps to take to prevent workplace contamination. Division also held a call with Earley's Kitchen on the same. Email was sent follow-up with resources.

Department of Revenue

- Distributed information to employees related to the Department's response to COVID 19 and select material from the Department of Health and the Centers for Disease Control and Prevention on steps people can take to limit the spread of COVID 19. "
- Guidance has been posted in public areas of the Department's CCOC building for visitors and meeting attendees in the building"

Department of Transportation

- Hosted call for seaports and airports on COVID-19
- Sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees.

Department of State

- The Florida Department of State has provided guidance and information to all 67 Florida Supervisors of Elections on how to prepare for COVID-19 at their polling locations for the March 17 Presidential Preference Primary.
- The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.

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- The Florida Department of State is using its social media platforms to encourage voters who are concerned about COVID-19 to make themselves aware of voting options and ways to protect themselves and their families.
- Social Media Messages-
    - #Florida voters concerned about Coronavirus Disease 2019 (COVID-19) should make themselves aware of ways to protect themselves and their family. Learn more about #COVID19 and ways to prevent the virus using resources from @HealthyFla here: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of Vote-By-Mail ballots. The deadline to request a vote-by-mail ballot to be mailed to you is Saturday, March 7. More information: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - The Florida Department of State encourages voters concerned about #COVID19 to take advantage of early voting sites. To see when and where early voting is available in your county visit: https://dos.myflorida.com/media/702721/2020-early-voting-locations-and-times-master-20200302.pdf.
    - Voters exhibiting symptoms of #COVID19 can designate someone to pick up their vote-by-mail ballot for them as late as 7:00 pm on Election Day by filling out affidavits for that designee. More information at: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/
    - I always encourage #Florida voters to be informed about voting and what we are doing to protect their vote; that won't change.
    - I also want to ensure that voters inform themselves about #COVID19 & learn ways to protect themselves & their family. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Prevention.html"
- DOS also has an upcoming Supervisor of Elections call scheduled for Thursday, 3/12/20 at 10:00 A.M., in which DEM and DOH have been requested to attend.
- DOS is currently working on our telework policy. We have also increased hand sanitizer and sent an agency-wide communication to our members in order to provide employee guidance related to COVID-19.

Fish and Wildlife Conservation Commission

- Information regarding awareness, precautions, and reporting has been disseminated agency wide.
- Participated in a briefing from the Department of Homeland Security's Senior Medical Officer was shared with ESF-16 partners and FDLE personnel.
- Guidance has been issued for taking appropriate precautions to mitigate risk from COVID-19 agency wide.
- Accounted for all agency issued personal protective equipment.

Volunteer Florida

- Volunteer Florida has passed CDC guidance on COVID-19 to employees and our Florida VOAD Partners"

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- "Volunteer Florida conducted an initial meeting with the FLVOAD to discuss additional actions including a FLVOAD call to be conducted this week to ensure all member organizations and partners are aware of CDC guidance. "

Water Management Districts

- Reviewing continuity of operations and telework plans.
- Increasing cleaning and sanitation of failities.

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TIMELINE OF SIGNIFICANT ACTIVITIES

Time Line	Key Activities
January 21, 2020	• DOH Website updated with novel coronavirus as a trending topic. • CDC Health Alert Network Advisories on surveillance, testing, and infection control of novel coronavirus disseminated through the Health Alert Network.
January 29, 2020	• Distributed reporting and preparedness guidance document for health care providers (HCPs) and laboratories to stakeholders through Medical Quality Assurance and County Health Department/Health Officers.
January 30, 2020	• World Health Organization declared the outbreak a public health emergency of international concern.
January 31, 2020	• Public Health Emergency was declared in the U.S. • U.S. government suspended entry of persons posing a risk of transmitting the virus in the U.S. • Distributed update CHD guidance document and health care provider letter with new patient under investigation criteria sent by CDC.
February 5, 2020	• Florida Department of Health began receiving notifications of persons entering Florida from outside the U.S. with potential exposure to monitor during the incubation period. • Conducted update call with Florida Hospital Association partners.
February 6, 2020	• Developed and distributed guidance on CHD implementation of CDCs guidance on risk assessment and monitoring of travelers to county health directors and epidemiologists.
February 12, 2020	• Conducted first Public Health & Healthcare Stakeholders Conference Call.
February 13, 2020	• Expanded activation of Incident Management Team to include Divisions of Disease Control, Bureau of Preparedness and Response, Office of Communications, Office of the Gneral Counsel and Office of County Health Systems.
February 19, 2020	• Conducted briefing with Executive Office of the Governor.
February 20, 2020	• Distributed CDC Healthcare Providers Preparedness Checklist & Hospital Preparedness Tool to Florida Hospital Association and Health Care Coalitions. • Distributed Long-Term Care Guidance to Agency for Health Care Administration, Florida Health Care Association and Health Care Coalitions.
February 26, 2020	• Conducted briefing with Executive Office of the Governor. • Activated emergency duty policy to mobilize Department staff as needed to support the incident response.
February 27, 2020	• Distributed Personal Protective Equipment landscape assessment.
February 28, 2020	• Coducted press conference with Governor, Lieutenant Governor, State Surgeon General (SSG) and Deputy Scretary for Health regardign State Response to COVID-19. • Conducted Agency Emergency Coordination Officer Pandemic Preparedness Plannign Meeting in coordination with the Division of Emergency Management.

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	• Participated in meeting with Vice President Mike Pence, Gov. Ron DeSantis, Florida Lt. Gov. Jeanette Núñez, the U.S. Surgeon General and the Florida Surgeon General • Publically announced persons under investigation and monitoring numbers.
February 29, 2020	• Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, HCCs and CHDs • Implemented testing at the State Public Health Laboraties.
March 1, 2020	• Presumtive positive cases of residents in Manatee and Hillsborough announced via press release. • Governor DeSantis issued an Executive Order directing the SSG to declare a poublic health emergency. • SSG Rivkees declared a public health emergency for the novel coronavirus in Florida. • Distributed updated CDC guidance for schools to CHDs and the Deaprtment of Education. • Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories
March 2, 2020	• DOH public call center for COVID-19 opened. • CDC confirmed two cases of COVID-19. • DOT Secretary Thibault sent out an all staff and consultant email on Monday, March 2, addressing all talking points provided from DOH from hand washing, hand sanitizers, telework, vigilance on symptoms, workplace safety and employee welfare. A follow-up email was also sent to all employees from FDOT HR on Q&A for telework, leave rules and use, supervisor roles in encountering symptomatic employees. • DCF's Office of Child Welfare sent communication about COVID-19 specifically to licensed child care providers, directing them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). This information was also posted prominently on DCF's Child Care webpage. • DCF General Services staff throughout the state were directed to work with lessors and janitorial contractors to increase sanitizing measures in office buildings, especially restrooms and common areas. They also began taking inventory of sanitizing supplies (disinfecting wipes, Lysol spray, hand-sanitizer, etc.) and ordering more as needed.

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March 3, 2020	• Conducted call with Florida Healthcare Association for nursing homes. • Conducted call with Assisted Living Facilities and other residential treatment facilities. • Conducted call with Florida Medical Association • Scheduled twice meeting with county emergency mangement officials in coordination with the Division of Emergency Managemet. • Scheduled State Agency briefing. • Extened call center hours to 8pm EST (7pm CST) • Conducted call with Florida's federal legislative delegation. • DCF initiated status update calls with both internal leadership and leadership from external contracted partners. For the time being, these calls will take place twice weekly, every Tuesday and Friday. • DCF Secretary Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (including child care providers) about COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates. • DCF established strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the South Florida mental health facilities run by Wellpath Recovery Solutions, a contracted partner. They will be reporting weekly with updates and to ensure compliance with virus prevention.
March 4, 2020	• Participated in the Florida Association of District School Superintendents call with Governor DeSantis, Lt. Governor Nunez, and Commissioner Corcoran. • Conducted weekly conference call with all public health & healthcare stakeholders hosted by the Florida Department of Health. • Conducted conference Call with Florida Hospitals hosted by the Florida Hospital Association. • Sustained healthcare call center. • Activated Joint Information Center with the Division of Emergency Management. • Extended public information call center hours to midnight. • The University Chancellors as well as university staff have participated in various statewide calls hosted by the SERT, including this past Wednesday's call on 03/4/2020 for all superintendents with the Governor and Surgeon General. • A poster detailing preventative actions was sent to Florida's 175 state parks and GTM Research Reserve, Rookery Bay Aquatic Preserve, and Apalachicola National Estuarine Research Reserve.
March 5, 2020	• Announced new presumptive positive case in a Florida resident from Sarasota County. • Requested 1.5 million N-95 masks from the federal stockpile. • Distributed screening guidance to public safety answering points. • Conducted a teleconference for the seaports and public airports. The call was hosted by the Florida Department of Transportation. • Received notification from CDC that Florida has been awarded $500,000 through the Public Health Emergency Response Cooperative Agreement.

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	• Secretary Thibault from the Department of Transportation facilitated a conference call with the Governor, Florida Surgeon General to advise on seaports and public use airports regarding COVID-19 efforts. • DCF distributed guidance from Centers for Medicare & Medicaid Services for hospitals and nursing homes was distributed for immediate implementation at both the State-operated and private Mental Health Treatment Facilities. The Chief Medical Officer of Florida State Mental Health Treatment Facilities is in the lead to oversee compliance and provide weekly reporting. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • A message from DEP Secretary Noah Valenstein was sent to all employees relaying Department of Health guidance and links and contacts information for DOH resources. Preventative actions and FAQs were included in this communication. • DOH banner graphic was placed on the DEP website. • Message was sent to Land and Recreation employees by Deputy Secretary Shawn Hamilton on the appropriate use of disposable gloves and masks as personal protective equipment. • The Florida Department of State met with Supervisors of Elections via Conference Call on March 5, 2020, to discuss Governor Ron DeSantis' #2020-51 Executive Order establishing coronavirus response protocols and ways to prepare and protect voters and pollworkers for the March 17 Presidential Preference Primary.
March 6, 2020	• Extended call center hours to Monday – Friday for 24 hours a day. • Identified vendor for shipping container and assessed the supply chain quantities available for future needs. • Continues compiling Alternate Care Site supplies and tactics. • Continue to assess N95 supply chain. • Coordinated with the Florida Poison Control Information Network for transition of COVID-19 information line for long term sustainment. • Continue to pilot strategies including texting and video conferencing for monitoring persons under investigation. • Provided situational update on the Florida Health Care Association conference call. There were 524 call participants. • Participated in a conference call with the members of the Florida Association of Health Plans. • Participated in a conference call with Leading Age. There were 228 participants. • Provided a situational update on the Florida Hospital Association hosted conference call for hospitals. • Conducted a briefing for State Agency Emergency Coordination Officers on COVID-19 response actions and activities other agencies can take to assist with the coordinated statewide response.

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March 7, 2020	• Governor did press conference in Fort Lauderdale with Vice President Pence • Activated State Emergency Operations Center and is currently at a level two • Conducted notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • Coordinated with AHCA to provide hospital guidance on masks through email blast. • Coordinated group notification to ACTRIMS conference attendees. • Identified resource plan for Alternate Care Site for hospital augmentation • Coordinated with DEM to gain knowledge of PPE resources through other state agencies.
March 8, 2020	• Conducted contingency planning for large scale quarantine for cruise ships. • Continuation of notification calls to travelers recently traveled on tours to Egypt, Israel, and Jordan between Feb 4-18 may have been exposed to coronavirus disease 2019 (COVID-19). • AHCA roll-up information o **Opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.** o **Sent e-blast to all AHCA licensed health care providers sharing key guidance including CDC and DOH information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.** o **Expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.** o **Preparing e-blasts for DOH call meeting notices on Tuesday, March 10; one e-blast for long-term care facilities and one e-blast for hospitals.**

DRAFT

AMERICAN OVERSIGHT

From:	Beatrice, Meredith M.
To:	Moscoso, Alberto; Ferre, Helen
Cc:	Mahon, Jason; Vause, Tiffany; Gambineri, Mara; Coppola, Courtney; Lukis, Adrian; Ash, Ryan; McCloud, Cody
Subject:	RE:
Date:	Monday, March 9, 2020 11:24:23 AM
Attachments:	COVID_PR 3.8.2020_1mb.docx Daily Talking Points - 3.8.20_1mb.docx

Final approved versions attached; see edits in yellow highlight.

Please proof read one final time for accuracy/typos and send before noon.

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
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Address: 400 S Monroe St, Tallahassee, FL 32399

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Sunday, March 8, 2020 10:01 PM
To: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Cc: Mahon, Jason <Jason.Mahon@em.myflorida.com>; Vause, Tiffany <Tiffany.Vause@DEO.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Coppola, Courtney <Courtney.coppola@flhealth.gov>
Subject:

.@HealthyFla has updated Florida's #COVID19 information page. Please see FloridaHealth.gov/COVID-19/ for the latest information.

.@HealthyFla is responding to #COVID19. To keep Florida residents and visitors safe and aware regarding the status of #COVID19, the Department is issuing daily updates. View today's update here- [LINK]

Alberto Moscoso
Communications Director
Florida Department of Health
(850) 408-7687

AMERICAN OVERSIGHT

March 9, 2020

Department of Health COVID-19 Update

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

TALLAHASSEE — The Florida Department of Health is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aware about the status of the virus, the Department is issuing regular updates as information becomes available. The Department will be sending this press release update every morning, seven days per week.

International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to self-isolate for 14 days following their date of return to the United States.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two positive cases in Florida.

COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	**Age**	**Sex**	**Known History of International Travel**
1	**Manatee**	**63**	**Male**	**No**
2	**Hillsborough**	**29**	**Female**	**Yes**
3	**Santa Rosa**	**71**	**Male**	**Yes**
4	**Broward**	**75**	**Male**	**No**
5	**Broward**	**65**	**Male**	**No**
6	**Lee**	**77**	**Female**	**Yes**

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7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No

COVID-19 Testing Results

- 18 Florida cases (17 Florida residents)
    - 12 diagnosed in Florida
    - 5 diagnosed and isolated in another state
    - 1 confirmed positive non-Florida resident isolated in Florida.
- 115 tests in state results pending
- 140 negatives
- 1,104 people monitored to date
- 302 of 1,104 are currently being monitored

People who have tested positive for COVID-19 will remain in isolation until they test negative.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121. The Call Center is available 24 hours a day**. Inquiries may also be emailed to **COVID-19@flhealth.gov**.

Department Activities

- Governor Ron DeSantis issued an Executive Order directing the State Surgeon General to declare a public health emergency.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Established an incident management team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and

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guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities, and hospitals.
- Established a public call-center for questions regarding COVID-19.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, Health Care Coalitions (HCCs) and County Health Departments (CHD).
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;

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- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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COVID-19 Daily Talking Points
March 9, 2020

The Florida Department of Health's highest priority at this time is controlling the spread of COVID-19 and ensuring anyone who is likely to spread it is appropriately identified, treated and isolated.

The Department will be sending a press release update every morning, seven days per week, to keep the public informed.

The Department is advising all individuals who have traveled internationally to self-isolate for 14 days following their date of return to the United States.

The Department is urging residents to stay informed on how to protect themselves and their communities from COVID-19.

The Department encourages everyone to seek medical attention and diagnosis if they suspect they have contracted COVID-19 or come into contact with someone who has COVID-19.

The Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19 remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

Governor DeSantis is working closely with state agencies and the Department to monitor, prepare and prevent the spread of this virus.

The Department of Health updates Florida's COVID-19 information page daily. Please visit FloridaHealth.gov/ COVID-19/ for the latest information.

Yesterday, the Department announced one new positive Florida COVID-19 case in Broward County. That individual is isolated and being appropriately cared for.

Florida Residents Diagnosed in Florida				
	County	Age	Sex	Recent History of International Travel
1	Manatee	63	Male	No
2	Hillsborough	29	Female	Yes
3	Santa Rosa	71	Male	Yes
4	Broward	75	Male	No
5	Broward	65	Male	No
6	Lee	77	Female	Yes
7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes

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9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No

Below is a complete summary of COVID-19 in Florida:

- 115 tests in state results pending
- 140 negatives
- 18 Florida cases (17 Florida residents)
    - 12 diagnosed in Florida
    - 5 diagnosed and isolated in another state
    - 1 confirmed positive non-Florida resident isolated in Florida.
- 1,104 people monitored to date
- 302 of 1,104 are currently being monitored

The Florida Department of Health is actively involved in enhanced surveillance for respiratory illness that may be COVID-19. Epidemiologists will follow up on any suspected cases that meet criteria for COVID-19 to arrange for testing when needed and monitor contacts of any confirmed cases, if they occur.

The Department will communicate regularly with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

Everyone plays a part in lowering the impact within our communities and workplaces – taking every day preventative actions helps to impede the spread of respiratory diseases such as COVID-19. Preventative actions include:

- **Washing your hands frequently with soap and water for at least 20 seconds**, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- **Avoiding close contact** with people who are sick.
- **Staying home when you are sick**. **This message cannot be emphasized enough.**
- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- **Before traveling take certain steps**:
    - Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel.
    - Employees who become sick while traveling must understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

The Department of Health has set up a dedicated COVID-19 Call Center for questions about this virus. Anyone with questions may call **1-(866) 779-6121** or email **COVID-19@flhealth.gov**. **The Call Center is available 24 hours a day, seven days a week.**

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If Asked:

"What is the Department doing about the cruise ships near Florida that could be carrying individuals infected with COVID-19?"

-The Department of Health has been notified that two cruise ships off the coast of Miami may have cases of COVID-19.

Although this issue falls under federal jurisdiction, since being notified, DOH has been working closely with the cruise industry, CDC, Coast Guard and other partners to ensure every effort is made to keep the Floridians on board safe, while also protecting Florida residents across the state. Over the coming days, we will continue to work with these partners to provide testing support and resolve this situation as quickly as possible.

"What is the number of patients tested in my county?"

-We appreciate the desire to understand how many Floridians in each community have been tested, received a negative test or are under public health monitoring as a result of suspicion they may have COVID-19 or has been in contact with someone who have COVID-19. Balancing the privacy of the individuals being tested and monitored and the confidentiality of the epidemiological investigations with the responsibility to Floridians to disclose information to protect the public is a vital role of the Florida Department of Health. Due to the nature of a unique virus, such as COVID-19, to share how many people in each community that have been tested or are under public health monitoring could potentially release identifying information, especially in Florida's smaller communities.

As such, in order to protect personally identifiable health information (PHI) of Floridians, the Florida Department of Health is unable to break down the number of individuals who have received a negative test, have pending test results or are under public health monitoring by community.

Floridians can view the aggregate state level information at www.FLHealth.gov/COVID-19. This information is updated daily.

Additionally, the Florida Department of Health is encouraging all Floridians to be aware. Floridians should practice good hand hygiene and wash their hands with soap and water for a minimum of 20 seconds, use a tissue when they sneeze or cough and immediately dispose of it in the trash and stay home if they are sick."

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From:	Beatrice, Meredith M.
To:	Moscoso, Alberto; Ferre, Helen
Cc:	Mahon, Jason; Vause, Tiffany; Gambineri, Mara; Coppola, Courtney; Lukis, Adrian; Ash, Ryan; McCloud, Cody; Ernst, Colleen
Subject:	RE:
Date:	Monday, March 9, 2020 2:01:15 PM
Attachments:	COVID_PR 3.8.2020_1mb.docx

Updated attached

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Beatrice, Meredith M.
Sent: Monday, March 9, 2020 11:24 AM
To: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>
Cc: Mahon, Jason <Jason.Mahon@em.myflorida.com>; Vause, Tiffany <Tiffany.Vause@deo.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Coppola, Courtney <Courtney.coppola@flhealth.gov>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>
Subject: RE:

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Address: 400 S Monroe St, Tallahassee, FL 32399

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Sunday, March 8, 2020 10:01 PM
To: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>

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Cc: Mahon, Jason <Jason.Mahon@em.myflorida.com>; Vause, Tiffany <Tiffany.Vause@DEO.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Coppola, Courtney <Courtney.coppola@flhealth.gov>
Subject:

.@HealthyFla has updated Florida's #COVID19 information page. Please see FloridaHealth.gov/COVID-19/ for the latest information.

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Alberto Moscoso
Communications Director
Florida Department of Health
(850) 408-7687

AMERICAN OVERSIGHT

March 9, 2020

UPDATE REGARDING INTERNATIONAL TRAVEL: Department of Health COVID-19 Update

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

TALLAHASSEE — The Florida Department of Health is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aware about the status of the virus, the Department is issuing regular updates as information becomes available. The Department will be sending this press release update every morning, seven days per week.

International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to follow the **new CDC guidelines**, summarized below:

- **Level 3:** Mandatory 14-day self-isolation and practice social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- **Level 2 and Cruises:** Monitor your health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two positive cases in Florida.

COVID-19 Cases

Florida Residents Diagnosed in Florida

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	County	Age	Sex	Known History of International Travel
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Department Activities

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- Activated a dedicated incident command post for on-site response activities.
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- Participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities, and hospitals.
- Established a public call-center for questions regarding COVID-19.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, Health Care Coalitions (HCCs) and County Health Departments (CHD).
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What you Should Know

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Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

About the Florida Department of Health

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The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

###

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From:	Fenske, Taryn
To:	Coppola, Courtney; Moscoso, Alberto; Mahon, Jason; Gambineri, Mara; Ferre, Helen; Beatrice, Meredith M.
Subject:	RE: 3.8.20 Draft COVID-19 FAQ
Date:	Sunday, March 8, 2020 5:07:26 PM
Attachments:	3.8.20 Draft COVID-19 FAQ.docx

Updated the Q&A after speaking with Alberto. Strengthened the international travel questions.

Attached above.

From: Fenske, Taryn
Sent: Sunday, March 8, 2020 4:30 PM
To: Coppola, Courtney <Courtney.Coppola@flhealth.gov>; Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Mahon, Jason <Jason.Mahon@em.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Ferre, Helen <Helen.ferre@eog.myflorida.com>; Meredith.M.Beatrice@eog.myflorida.com
Subject: 3.8.20 Draft COVID-19 FAQ

HI Team –

Updated the DOH FAQ regarding COVID-19. Sending to all, but Courtney is getting it to the epidemiologists for review.

Thanks,

Taryn

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Who is at a higher risk to contract COVID-19?

Older adults and people who have serious chronic medical conditions including heart disease, diabetes, and lung disease have a higher risk of contracting COVID-19.

If you are at higher risk for serious illness from COVID-19 because of your age or because you have a serious long-term health problem, it is extra important for you to take actions to reduce your risk of getting sick with the disease.

What should I do if I am an older adult with higher risk of contracting the COVID-19 virus?

If you are at higher risk of getting very sick from COVID-19, you should:

- Stock up on supplies
- Take everyday precautions to keep space between yourself and others
- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- Avoid crowds as much as possible

During a COVID-19 outbreak in your community, stay home as much as possible.

What is COVID-19?

COVID-19 is caused by a previously unrecognized coronavirus, called COVID-19.

For more information about COVID-19 please visit the Center for Disease Control (CDC) website, and the World Health Organization (WHO) website.

What is the status of the COVID-19 outbreak in Florida?

For the latest situation report in Florida, please visit the Florida Department of Health's website.

How many cases of COVID-19 have been reported to the Florida Department of Health?

AMERICAN OVERSIGHT

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What is the Florida Department of Health doing to address COVID-19?

The Florida Department of Health (FDOH) is actively educating the community about how to prevent the spread and working with those infected to ensure their safety as well as the safety of those in their community. FDOH Epidemiologists are conducting tests in the three laboratories throughout Florida, in Miami, Jacksonville, and Tampa. They are also monitoring and conducting investigations on suspected cases that meet criteria for COVID-19, and are following up on these cases. Epidemiologic consultation is available 24/7 through the county health departments and Bureau of Epidemiology at 850-245-4401.

The Florida Department of Health will continue to communicate regularly with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

What are the symptoms and signs of COVID-19?

Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Difficulty breathing

Read about COVID-19 Symptoms.

How does the virus spread?

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

What should I do if I think I (or someone in my family) might have COVID-19?

- Contact your county health department (CHD).

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- Consult a health-care provider as soon as possible. Call ahead and tell them before you visit that you think you may have COVID-19 so they can take precautions to prevent exposing other people.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- If you have a surgical mask, wear it during close contact with other people. A mask can reduce the number of droplets coughed into the air.
- Remember, very few respiratory infections will be COVID-19.
- **Review your signs, symptoms and travel history thoroughly with your physician.**
- 24/7 Consultation is available to physicians through contacting their county health department and the Florida Department of Health Bureau of Epidemiology at (850) 245-4401.

If I were exposed to COVID-19, how long would it take for me to become sick?

The time between exposure to the COVID-19 virus and onset of symptoms is called the "incubation period." The incubation period for COVID-19 is typically 2 to 14 days, although in some cases it may be longer.

Is it safe to take a cruise?

If you are an older adult and therefore have a higher risk of contracting COVID-19, no, it is recommended not to take cruise at this time.

Is it safe to travel internationally?

The Florida Department of Health is recommending that Floridians avoid any international travel. The CDC has issued its most severe threat-level warning for China, South Korea, Italy, and Iran, and strongly recommending that US citizens avoid traveling to those countries. The CDC has also issued a level 2 warning for Japan. Please visit the CDC website to see the most updated travel notices.

What if I recently travelled internationally and got sick?

If you have traveled to any international destination within 14 days and have developed a fever, cough, or have difficulty breathing, you should:

- Call your local county health department.
- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.

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- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.
- CDC does have additional specific guidance for travelers available online.

How can I protect myself?

There are some common-sense precautions that you can take that apply to many infectious diseases.

- The most important precaution is frequent hand washing with soap and water and the use of 60% alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unclean hands.
- Encourage people around you to cover their nose and mouth with a tissue when coughing or sneezing.

Helpful prevention and treatment guidelines can be found on the CDC's website: Prevention and Treatment and Guidelines for Hand Hygiene

Why is the novel coronavirus (2019-nCoV) now being called COVID-19?

The World Health Organization made an announcement Feb. 11 that the official name for the illness caused by the new coronavirus (previously known as 2019 Novel Coronavirus or 2019-nCoV) is now COVID-19.

What are coronaviruses?

Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. These viruses are a common cause of mild to moderate upper respiratory illness in humans and are associated with respiratory, gastrointestinal, liver and neurologic disease in animals.

If coronaviruses usually cause mild illness in humans, how could this new coronavirus be responsible for a potentially life-threatening disease such as COVID-19?

There is not enough information about the new virus to determine the full range of illness that it might cause. Coronaviruses have occasionally been linked to pneumonia

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in humans, especially people with weakened immune systems. The viruses also can cause severe disease in animals, including cats, dogs, pigs, mice, and birds.

How long can COVID-19 survive in the environment?

The length of time that the virus survives likely depends on a number of factors. These factors could include the type of material or body fluid containing the virus and various environmental conditions such as temperature or humidity. Researchers at the Centers for Disease Control and Prevention and other institutions are designing standardized experiments to measure how long COVID-19 can survive in situations that simulate natural environmental conditions.

Are there disinfectants available that can inactivate (kill) COVID-19?

Right now, there are no disinfectant products registered by the U.S. Environmental Protection Agency for use on environmental surfaces that are specifically listed as having the ability to kill COVID-19. However, related viruses that have similar physical and biochemical properties can be killed with bleach, ammonia or alcohol, or cleaning agents containing any of these disinfectants. Cleaning agents should be used according to the manufacturer's instructions.

Where can I get more information about COVID-19?

Please call the Florida Department of Health's COVID Call Center at **1 (866) 779-6121** or email COVID-19@flhealth.gov.**The Call Center is available 24/7.**

For Florida specific information, please visit The Florida Department of Health website.

The Centers for Disease Control and Prevention and World Health Organization are excellent sources of information about this evolving outbreak. You can access their websites here:

CDC COVID-19 Website

World Health Organization (WHO) Website

What should I do if I had close contact with someone who has COVID-19?

If you have come in contact with an individual that has recently traveled anywhere internationally, and feel sick with fever, cough, or difficulty breathing, you should:

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- Call your local county health department.
- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.
- CDC does have additional specific guidance for travelers available online.

Is there a vaccine?

Currently, there is no vaccine available to protect against COVID-19.

What are the treatments?

There is no specific antiviral treatment recommended for COVID-19 infection. People infected with COVID-19 should receive supportive care to help relieve symptoms. Learn more about COVID-19 Treatment.

Should I be tested for COVID-19?

If you develop a fever and symptoms of respiratory illness, such as cough or shortness of breath, **within 14 days of any international travel**, you should call your county health department in your area to coordinate testing with a local healthcare provider.

If you have had close contact with someone showing these symptoms who has recently traveled **anywhere** internationally, you should call your county health department to coordinate testing with a local healthcare provider.

Your healthcare provider will work with your county health department, and they will coordinate with the Florida Department of Health and CDC to determine if you need to be tested for COVID-19.

How do you test a person for COVID-19?

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Your healthcare professional will work with your county health department to determine if you need to be tested for COVID-19.

A person who is tested will have three specimens taken: oral, nasal, and saliva. The samples will be given to the county health department, who will then either ship or deliver them to the closest state laboratory. If a specimen is tested positive, it will be identified as 'presumptive positive' until the result is confirmed at the Centers for Disease Control and Prevention (CDC).

For more information on COVID-19 testing see CDC Tests for COVID-19.

Is COVID-19 the same as the MERS-CoV or SARS virus?

No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged COVID-19 is not the same as the coronavirus that causes Middle East Respiratory Syndrome (MERS) or the coronavirus that caused Severe Acute Respiratory Syndrome (SARS) in 2003. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

Should I be concerned about pets or other animals and COVID-19?

While this virus seems to have emerged from an animal source, it is now spreading from person-to-person. The Florida Department of Health and CDC recommend that people traveling to China avoid animals both alive and dead, but there is no reason to think that any animals or pets in the United States might be a source of infection with this new coronavirus.

What about animals or animal products imported from China?

CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading COVID-19 in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The United States Department of Agriculture regulates the importation of animals and animal products, and CDC regulates the importation of animals and animal products capable of spreading human disease.

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To: Coppola, Courtney; Moscoso, Alberto; Mahon, Jason; Gambineri, Mara; Ferre, Helen; Beatrice, Meredith M.
Subject: RE: 3.8.20 Draft COVID-19 FAQ
Date: Sunday, March 8, 2020 5:23:46 PM
Attachments: 3.8.20 Draft COVID-19 FAQ.docx

Added CDC cruise info.

From: Fenske, Taryn
Sent: Sunday, March 8, 2020 5:07 PM
To: Coppola, Courtney <Courtney.Coppola@flhealth.gov>; Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Mahon, Jason <Jason.Mahon@em.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Ferre, Helen <Helen.ferre@eog.myflorida.com>; Meredith.M.Beatrice@eog.myflorida.com
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AMERICAN OVERSIGHT

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Is it safe to take a cruise?

U.S. citizens, particularly travelers with underlying health conditions, should not travel by cruise ship. CDC notes increased risk of infection of COVID-19 in a cruise ship environment. In order to curb the spread of COVID-19, many countries have implemented strict screening procedures that have denied port entry rights to ships and prevented passengers from disembarking. In some cases, local authorities have permitted disembarkation but subjected passengers to local quarantine procedures. While the U.S. government has evacuated some cruise ship passengers in recent weeks, repatriation flights should not be relied upon as an option for U.S. citizens under the potential risk of quarantine by local authorities.

This is a fluid situation. CDC notes that older adults and travelers with underlying health issues should avoid situations that put them at increased risk for more severe disease. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships. Passengers with plans to travel by cruise ship should contact their cruise line companies directly for further information and continue to monitor the Travel.state.gov website and see the latest information from the CDC: https://www.cdc.gov/quarantine/cruise/index.html.

Is it safe to travel internationally?

The Florida Department of Health is recommending that Floridians avoid any international travel. The CDC has issued its most severe threat-level warning for

AMERICAN OVERSIGHT

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While this virus seems to have emerged from an animal source, it is now spreading from person-to-person. The Florida Department of Health and CDC recommend that people traveling to China avoid animals both alive and dead, but there is no reason to think that any animals or pets in the United States might be a source of infection with this new coronavirus.

What about animals or animal products imported from China?

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Treadwell, Ray
To: Primrose, Nicholas; Kopelousos, Stephanie
Cc: Uthmeier, James; Jacquot, Joe; Lukis, Adrian; Beshears, Halsey; Philpot, Thomas
Subject: RE: Another question, re: servers
Date: Wednesday, March 18, 2020 8:13:30 AM
Attachments: image002.png
image003.png
image004.png
image005.png

There is no such license for restaurant delivery persons. Only the restaurant itself needs a license.

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Primrose, Nicholas [mailto:Nicholas.Primrose@eog.myflorida.com]
Sent: Tuesday, March 17, 2020 7:50 PM
To: Kopelousos, Stephanie
Cc: Treadwell, Ray; Uthmeier, James; Jacquot, Joe; Lukis, Adrian
Subject: Re: Another question, re: servers

Looping in DBPR to see if that's true, that delivery drivers need a specific license and/or insurance. When I was 16-18, I delivered pizza in Ohio and didn't need anything specific because you were covered under the business policy.

If that is a requirement, we should discuss further how we can increase delivery options.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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From: Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>

AMERICAN OVERSIGHT

Sent: Tuesday, March 17, 2020 7:46:51 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: FW: Another question, re: servers

Thoughts?

From: Eskamani, Anna <Anna.Eskamani@myfloridahouse.gov>
Sent: Tuesday, March 17, 2020 6:15 PM
To: Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Russell, Tyler <Tyler.Russell@eog.myflorida.com>
Subject: Another question, re: servers

I have a restaurant client that will likely lay off servers because I'm assuming a complete dining room closure is coming soon. Would the Gov be able to allow servers to be delivery drivers without a specific license for delivery? Also, they have in the past had to get an insurance policy. He would move them from server pay to hourly employee as well.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Castellanos, Silvia; Meiner, Drew; Aaron, Chelsea
Subject: RE: Briefs for Tomorrow
Date: Monday, March 2, 2020 11:38:00 AM

Congresswoman Frederica Wilson just confirmed.

From: Gambineri, Mara
Sent: Monday, March 2, 2020 11:21 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Miami Brief updated with additional RSVPs

From: Gambineri, Mara
Sent: Monday, March 2, 2020 8:55 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>;

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Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Tampa Brief updated with additional RSVPs.

From: Gambineri, Mara
Sent: Sunday, March 1, 2020 11:29 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

- Agency Heads Meeting
- Tampa Press Conference
- VPOTUS
- Miami Press Conference

NOTE: The press conference briefs will be updated in the morning when we get additional RSVPs.

Thank you,
Mara

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From:	Gambineri, Mara
To:	Meiner, Drew; Thorpe, Amanda; Ash, Ryan; Ferre, Helen; Beatrice, Meredith M.; Mons, Robert; Aaron, Chelsea; Himrod, LeAnna; Henderson, Olivia; Tweed, Christina; Jones, Morgan; Kopelousos, Stephanie; Lukis, Adrian; Clark, David; Moulton, Diane; Spencer, Chris; McCloud, Cody; Marquez, Jonas; Saccio, Steven; Wonsock, Kiersten M.; Castellanos, Silvia; Ash, Ryan
Cc:	Schmitt, Christina; Wagner, Maureen
Subject:	RE: Briefs for Tomorrow
Date:	Monday, March 2, 2020 11:21:00 AM
Attachments:	03022020 COVID MIAMI.docx

Miami Brief updated with additional RSVPs

From: Gambineri, Mara
Sent: Monday, March 2, 2020 8:55 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
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<Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

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- Tampa Press Conference
- VPOTUS
- Miami Press Conference

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Thank you,
Mara

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Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

EVENT POC/STAFFERS

EOG Regional Representative: Chelsea Aaron, (954) 328-2047, Silvia Castellanos, (786) 531-9842
EOG Communications: Cody McCloud, (850) 241-3728
DOH-Miami Dade Contact: Olga Connor, (305) 926-5960

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	County Health Department
Attire:	Business
Podium:	Yes
Weather:	76°F / Partly Cloudy - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Health, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*
5. Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*
6. Mark Racicot, *CEO, North Shore Medical Center*
7. Esteban Bovo, *Commissioner, Miami-Dade County Commission*
8. Rebecca Sosa, *Commissioner, Miami-Dade County Commission*
9. Roberto Martell, *Mayor, Medley*
10. Cliff Bauer, *Vice President of Government Relations, Miami Jewish Health*
11. Steven Sonenreich, *President and CEO, Mount Sinai Medical Center*
12. Matt Love, *Interim President and CEO, Nicklaus Children's Hospital*
13. Jose Pepe, *Commissioner, Miami-Dade County Commission*
14. Rodolfo Garcia, *CEO, Westchester General Hospital*
15. Emmanuel Louis, *Chief, Hialeah Fire Department*
16. Armando Rojas, *Emergency Manager, City of Hialeah*

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17. Jonathan Martinez, *Executive Officer, City of Hialeah Mayor's Office*
18. Carlos A. Gimenez, *Mayor, Miami-Dade County*
19. Chief Rowan Taylor, *Division Chief, Miami-Dade County Fire/EMS*

TIMELINE:

2:00 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health in Miami-Dade County **Met by:** Dr. Yesenia Villalta, Administrator, Florida Department of Health in Miami-Dade County
2:01 p.m.	**Governor DeSantis** and the group move to the Podium
2:02 p.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
2:09 p.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
2:14 p.m.	State Surgeon General Dr. Rivkees delivers remarks
2:21 p.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
2:30 p.m.	**Governor DeSantis** concludes Press Conference
2:31 p.m.	**Governor DeSantis** and group moves to Roundtable
2:32 p.m.	**Governor DeSantis** opens roundtable discussion
3:02 p.m.	**Governor DeSantis** concludes roundtable and departs for Lab Tour
3:05 p.m.	**Governor DeSantis** and group transition to Lab location **Met by**: Dr. Stephen White
3:07 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Stephen White leads tour
3:30 p.m.	Lab tour concludes; **Governor DeSantis** and group depart

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Press Conference Regarding COVID-19

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BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

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During his career, Dr. Rivkees has been named as "One of America's Best Doctors," "One of America's Top Pediatricians" and "One of New York's Best Doctors." He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

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Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*

Stephen serves as the bioterrorism defense coordinator for the Florida Department of Health. He has held this position for nearly four years. He previously served in the same role from August 2011 to June 2015.

Stephen has a PhD in public health from Florida International Univiersity as well as bachelors and masters degrees from Texas Tech University in clinical laboratory science and practice management.

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Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*

Dr. Villalta was born in Miami, Florida. After graduating from Coral Gables High School, she attended Miami-Dade College, where she majored in chemistry. Dr. Villalta is a three-time graduate of the University of Miami School of Nursing, where she earned a Bachelors and Masters of Science in Nursing as well as a Doctor of Nursing Practice degree. Upon graduation, she worked in the private sector and then made a change to public health.

Dr. Villalta has nearly 13 years of experience in a variety of public health functions and 19 years in the field of nursing. She started her career with public health in 2005, at DOH-Miami-Dade as an Advanced Practice Registered Nurse. Dr. Villalta also served as Assistant Director of Nursing in 2007, until being appointed Executive Community Health Nursing Director in 2014.



Mark Racicot, *CEO, North Shore Medical Center*

Prior to his appointment to North Shore Medical Center Racicot was the chief executive officer at Florida Medical Center and he also served as the chief operating officer at Palmetto General Hospital where he was also the lead COO for Tenet's Miami-Dade Group hospitals. Under his leadership of Broward and Miami-Dade, Racicot implemented processes to improve standardization and efficiency across the five hospitals. He also helped create a regional capital plan to refurbish patient rooms over a three year period across the ten hospitals in Florida. At Palmetto, Racicot oversaw the design and construction of the hospital's new 31-bed clinical decision unit. He also managed a variety of projects including a new CT unit and MRI replacement in the imaging department and telemetry system upgrades on three nursing units. A known relationship builder, Racicot was also responsible for leading ancillary and support teams to significantly improve throughout and patient experience. He previously worked in healthcare in New England.

Racicot holds a Bachelor of Science degree in Civil Engineering from WPI and is a registered engineer. In addition, he has a Master of Business Administration from Fitchburg State University.

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Press Conference Regarding COVID-19

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Esteban Bovo, *Commissioner, Miami-Dade County Commission*

Esteban L. Bovo, Jr. was elected in 2011 to serve as the Miami-Dade County Commissioner representing District 13, which includes Hialeah, Miami Lakes, Palm Springs North, and neighboring areas of unincorporated Miami-Dade. On December 6th, 2016 Commissioner Bovo was elected Chairman of the Board of County Commissioners for the 2017-2018 term.

Bovo commenced his public service when he was appointed Councilman for the City of Hialeah in 1998. After being re-elected twice, Chairman Bovo's colleagues selected him as President of the Hialeah City Council and he remained in that capacity throughout his term. As Councilman, Bovo sponsored the anti-predator legislation and focused on improving the city for the residents.

In November 2008, Bovo was elected as State Representative for District 110 and was re-elected without opposition in 2010. During his tenure in the Florida Legislature, Bovo was an outspoken advocate for the historic Hialeah Park and worked diligently towards its re-opening. Throughout the 2009 legislative session, he also sponsored a resolution naming May as "A Safe Haven for Newborns Month," in recognition of the Gloria M. Silveiro Foundation. Additionally, he designated April 17, 2009 as "Bay of Pigs Memorial Day" in commendation of the Museum and Library for 2506 Assault Brigade, where historic memorabilia is preserved.

Bovo continued to focus his legislative agenda on the betterment and safety of our community by sponsoring the Ashley Nicole Valdes Act, which requires defendants who have been arrested for leaving the scene of a fatal accident to be held in custody until a judge ruling. Due to his tenacity and dedication to public service, his colleagues in the Florida Legislature nominated him as Chairman of the Hispanic Legislative Caucus and was subsequently chosen to chair the Committee of Business Regulation in Tallahassee.

Bovo as Chairman of the County Commission has restructured the commission committee system and established a Chairman's Policy Council to address several key issues facing our community. The Policy Council has been tasked with developing recommendations to address issues such as mass transit expansion funding, courthouse and jail infrastructure funding, sea level rise, housing affordability, and gun violence epidemic. As a County Commissioner, Esteban Bovo, Jr. maintains an open-door policy and continues his commitment to improving our quality of life in Miami-Dade County.

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Esteban L. Bovo, Jr. was born on June 12, 1962 in Queens, New York to Marilyn and Esteban Bovo-Carás.. Esteban Bovo has been a proud resident of Miami-Dade County for over 47 years and holds a Bachelor's degree in Political Science from Florida International University. He is married to Viviana and has five children; Oscar, Bianca, Esteban, Sofia, and Alessandro.



Rebecca Sosa, *Commissioner, Miami-Dade County Commission*

Rebeca Sosa has served on the Miami-Dade County Commission as District 6 commissioner since June 2001. She has been re-elected four times - most recently in 2014 without opposition- to represent the residents of the City of Miami, Coral Gables, West Miami, Hialeah and Miami Springs and the unincorporated communities of Schenley Park, Coral Villas, Red Bird, Coral Terrace, Little Gables and Fontainebleau.

On Nov. 20, 2012, she was elected by her colleagues as Chairwoman of the County Commission where she served a two-year term.

Commissioner Sosa was born in Camaguey, Cuba. She received her Bachelor Degree in Secondary Education from the University of Puerto Rico and a Bachelor Degree in Elementary Education from Saint Thomas University where she graduated Summa Cum Laude. She holds certifications both in elementary education and as an instructor for English for Speakers of Other Languages (ESOL). Commissioner Sosa has been an educator for more than 30 years and is currently a teacher-trainer for Miami-Dade County Public Schools.

Prior to joining Miami-Dade County, Commissioner Sosa served as mayor of the City of West Miami from 1994 to 2001 where her leadership resulted in the city's recovery from a 52 percent budget deficit, thus removing it from the Governor's Emergency List.



Roberto Martell, *Mayor, Town of Medley*

As Mayor of the Town of Medley, Roberto Martell is committed to serving his community. Mayor Roberto Martell began his public service in 2008 after being elected to the seat of Councilperson. In 2012, he was elected as Mayor of the Town of Medley, and in 2016 was re-elected for his second term as Mayor. Mayor Martell always puts forth the best interests of the residents, staff and business which make Medley what it is

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today.

Establishing his construction company, Martell Construction in 1987, Roberto Martell always excelled beyond the highest levels of expertise and honesty in the industry. Prior to beginning his company, Roberto Martell oversaw construction work on the Metro Rail, as well as drew up plans for new, turn-key properties. Inhis business, Martell believed in being straightforward and facilitating the construction process for his clients, including addressing any concerns regarding the before and during the construction, adhering to a strict construction timetable, and making sure work was completed in the most time and cost-effective way possible.

In March of 2016, Mayor Roberto Martell was appointed by Florida Governor Rick Scott to the Metropolitan Planning Organization of Miami-Dade County. Mayor Martell also proudly serve's on the following committee's: South Florida Regional Planning Council, MPO's Executive Policy Committee and the MPO's Fiscal Priorities Committee. Through his hard work and dedication, Mayor Martell continues to strive to bring economic growth and development to his Town.



Cliff Bauer, *Vice President of Government Relations, Miami Jewish Health*

Cliff Bauer oversees and represents Miami Jewish Health's PACE program and other public health programs and services to state and federal government agencies and regulators. He has more than 40 years of experience in healthcare management and has consulted for and guided healthcare associations on Medicare Advantage HMO programs and public health department grant programs.

Bauer is on the board of directors for the National PACE Association, Greater Miami Chamber of Commerce and Our Florida Promise, and is an adjunct professor at Florida International University.

He holds a Bachelor of Arts in biology from the University of Missouri and a master's degree in health administration from St. Louis University.

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Steven Sonenreich, *President & CEO, Mount Sinai Medical Center*

Steven D. Sonenreich's 35-year career in healthcare began at Mount Sinai Medical Center in 1976.

In 1996, Steve left Mount Sinai for the opportunity to become chief executive officer of Cedars Medical Center in Miami. Under his direction, Cedars won several awards for customer service and overall performance. The Mount Sinai Medical Center Board of Trustees recruited Steve back to the hospital in his current position in late October 2001.

Under Sonenreich's leadership, Mount Sinai has been designated one of America's Top Hospitals for the last five consecutive years by U.S. News & World Report. In addition, Sonenreich helped expand Mount Sinai's operations over six South Florida locations to include the region's only freestanding emergency department and multiple outpatient physician offices. He has been honored as 2012 Citizen of the Year by the Miami Beach Chamber of Commerce and he received an award from The South Florida Business Journal as one of the ten Miami Ultimate CEOs in 2012.

He earned his Bachelor of Arts degree from the State University of New York at Binghamton and a Master of Business Administration and Certification in Healthcare Administration from the University of Miami.



Matthew A. Love, *President and CEO, Nicklaus Children's Health System*

Matthew A. Love has accepted the permanent role of president and chief executive officer (CEO) at Nicklaus Children's Health System (NCHS) in January 2020. Love, who joined the health system as chief financial officer in October 2018, was appointed interim president and CEO by the NCHS board of directors in July 2019.

Love has more than 20 years of experience in financial and operational oversight in both adult and pediatric healthcare systems. Prior to joining NCHS, he served as senior vice president and chief financial officer of Regions for Mercy Health System in Ohio, where he led a team of seven regional chief financial officers.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125



Jose Pepe, *Commissioner, Miami-Dade County Commission*

Commissioner Jose "Pepe" Diaz serves as the Commissioner for District 12, which includes the cities of Doral, Hialeah, Hialeah Gardens, Medley, Sweetwater, Virginia Gardens, and a large portion of unincorporated Miami-Dade County. He was first elected as commissioner in September 2002 and was re-elected to a fifth term in 2018. He also served as the Vice-Chairman of the Miami-Dade Board of County Commissioners from 2009-2010.

Commissioner Diaz has served in various capacities on different committees of the County Commission. Currently, he serves on the Health Care and County Operations Committee, the Public Safety and Rehabilitation Committee and the Parks, Recreation and Cultural Affairs Committee. He also serves as the Chairman of the Miami-Dade Value Adjustment Board and is a member of the South Florida Regional Planning Council. Additionally, Commissioner Diaz, who proudly served as a member of the U.S. Marine Corps, was appointed as Miami-Dade County's Military Liaison and also serves as the Chairman of Miami-Dade County's Military Affairs Board.

On the international level, Commissioner Diaz serves as Chairman of the International Trade Consortium Board and is an advocate for trade and forging partnerships with other nations. In March 2010, Commissioner Diaz was appointed by U.S. Trade Representative Ron Kirk to serve on the Intergovernmental Policy Advisory Committee on Trade (IGPAC), and proudly served until April 2018. In this capacity, Commissioner Diaz advised, consulted with, and made recommendations to the U.S. Trade Representative from the perspective of local governments. He also serves as Chairman of the Jay Malina International Trade Consortium (ITC), where he has been instrumental in making profitable connections for businesses on behalf of Miami-Dade County with the Caribbean and Latin America. He toured several Asian cities in 2005 (Tianjin, Hong Kong and Shanghai), met with government officials and business organizations to promote trade partnerships, and participated in a ceremony to mark a joint venture between Florida International University and Tianjin University of Commerce. The commissioner and the Asian delegation also secured a cooperative agreement for the County with Tianjin's Municipal People's Government.

Before joining the Commission, Commissioner Diaz worked to resolve the ongoing flooding issues throughout Miami-Dade County as Mayor of Sweetwater.

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Commissioner Jose "Pepe" Diaz is married and has three daughters. He was born in Pinar del Rio, Cuba and has lived in Sweetwater, Fla., for more than 30 years. In 1979, Commissioner Diaz enlisted in the U.S. Marine Corps and was honorably discharged in December 1984. In 1986, he began his career in public service as Chairman of the City of Sweetwater Police Retirement Trust Fund Board. For the next seven years, he served on the City of Sweetwater Commission and was elected Mayor of Sweetwater in May 1999.



Rodolfo Garcia, *CEO, Westchester General Hospital*

Rodolfo "Rudy" Garcia (born April 15, 1963) was a Republican member of the Florida Senate, representing the 40th District since 2001. Previously he was a member of the Florida House of Representatives from 1985 through 2000. He ran for Mayor of Hialeah, Florida in 2011, but lost. Garcia has ben the CEO of Westchester General Hospital since 2017.

Jonathan Martinez, *Executive Officer, City of Hialeah Mayor's Office*

Jonathan Martinez is the Mayor's Executive Officer in the City of Hialeah. He has served in this position for over two years. Prior to this, Martinez worked for the City of Hialeah for nearly thirteen years as a Community Development Administrative Officer and the Mayor's Liaison to Community Development. He is also a Trust Member at Citizen Independent Transportation Trust. Martinez attended Barry University.

AMERICAN OVERSIGHT

From:	Gambineri, Mara
To:	Meiner, Drew; Thorpe, Amanda; Ash, Ryan; Ferre, Helen; Beatrice, Meredith M.; Mons, Robert; Aaron, Chelsea; Himrod, LeAnna; Henderson, Olivia; Tweed, Christina; Jones, Morgan; Kopelousos, Stephanie; Lukis, Adrian; Clark, David; Moulton, Diane; Spencer, Chris; McCloud, Cody; Marquez, Jonas; Saccio, Steven; Wonsock, Kiersten M.; Castellanos, Silvia; Ash, Ryan
Subject:	RE: Briefs for Tomorrow
Date:	Saturday, March 7, 2020 9:16:00 AM
Attachments:	03072020 VPOTUS COVID19.docx

Updated brief for the VPOTUS meeting

From: Gambineri, Mara
Sent: Friday, March 6, 2020 4:58 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

- FSU
- Meeting with Vice President Pence

Thank you,
Mara

AMERICAN OVERSIGHT

Vice President Michael Pence Meeting Regarding COVID-19

Saturday, March 7, 2020, 2:30 p.m. – 3:30 p.m.
Port Everglades Administration Building, 1850 Eller Drive, Fort Lauderdale, FL 33316

EXTERNAL ACTIVITY TYPE

☒ **Meeting** ☐ **Lunch** ☐ **Dinner**

☐ **Call** ☐ **Photo-op** ☐ **Other**

EOG POINT OF CONTACT

Silvia Castellanos, (786) 531-9842

PURPOSE

Governor DeSantis will participate in a roundtable discussion on Coronavirus (COVID-19) with United States Vice President Michael Pence and cruise line industry leadership.

EVENT INFORMATION

Principals:	**THE GOVERNOR**
Format:	Meeting
Time:	2:30 p.m. – 3:30 p.m.
Location:	Port Administration Building
Press:	Spray at the Bottom; Closed Meeting
Attire:	Business

CONFIRMED PARTICIPANTS

1. Michael Pence, *Vice President, United States of America*
2. Chad Wolf, *Acting Secretary of Homeland Security*
3. Dale Holness, *Mayor, Broward County*
4. Carlos Gimenez, *Mayor, Miami-Dade County*
5. Dr. Stephen Redd, *CDC*
6. Ambassador Debbie Birx, *White House (T)*
7. Adam Goldstein, *Chairman, Cruise Line International Association*
8. Richard Fain, *Chairman, Royal Caribbean International Ltd.*
9. Arnold Donald, *CEO, Carnival Corporation*
10. Frank Del Rio, *CEO Norwegian Cruise Line Holdings*
11. Richard Sasso, *Chairman, MSC Cruises USA*
12. Kelly Craighead, *President & CEO, Cruise Line International Association*
13. Juan Kuryla, *Port Director & CEO, Port Miami*
14. Captain John Murray, *Port Director & CEO, Port Canaveral*
15. Glenn Wiltshire, *Acting Port Director & CEO, Port Everglades*

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BIOGRAPHIES



Chad Wolf, *Secretary, Department of Homeland Security*

On November 13, 2019, Chad F. Wolf was designated as the Acting Secretary of Homeland Security by President Donald J. Trump and was also confirmed as the first Under Secretary of the U.S. Department of Homeland Security's (DHS) Office of Strategy, Policy, and Plans (PLCY). Previously, he served as the Acting Under Secretary.

As the senior official for PLCY, Mr. Wolf leads the Department's policymaking process to develop and coordinate strategies and policies that advance the homeland security mission and protect the American public.

Since his selection by the President, Mr. Wolf has advanced many of the Administration's critical priorities across the entire homeland security mission. Mr. Wolf oversaw the completion of the recently released DHS Strategic Plan, which establishes the Department's long-term strategic goals and objectives to inform key leadership decisions. Additionally, he led several significant initiatives to counter international and domestic terrorism, prevent terrorist travel, safeguard the U.S. electoral process, and protect American trade interests. As part of his duties, Mr. Wolf led and coordinated the Department's engagement with international partners to protect American homeland security interests at home and abroad.

During his tenure, Mr. Wolf has made significant progress to strengthen U.S. border security, address the humanitarian crisis on the U.S. Southwest Border, and improve the integrity of the U.S. immigration system. As a result of these efforts, Mr. Wolf and his staff have implemented policies that protect American communities from transnational criminal organizations and safeguard American workers.

With over 20 years of policy development and management experience in both the public and private sectors, Mr. Wolf is an effective leader and policymaker on a variety of complex issues. During the Trump Administration, he served as the Chief of Staff for the Transportation Security Administration (TSA), Deputy Chief of Staff and Chief of Staff for the Department. For his leadership and management of complex national issues, Mr. Wolf received the U.S. Secretary of Homeland Security Distinguished Service Medal. Shortly after the terrorist attack on September 11, 2001, Mr. Wolf served as the Assistant Administrator of Transportation Security Policy in which he played a leading role in establishing the Transportation Security Administration.

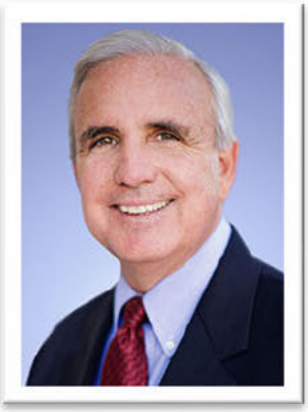
Beyond his service in the executive branch, Mr. Wolf served as Vice President and Senior Director at Wexler & Walker, a bipartisan public policy consultancy, and held staff positions in the U.S. Senate.

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Mr. Wolf earned his Bachelor of Arts in History from Southern Methodist University, and holds a Master's Certificate in Government Contract Management from Villanova University.



Carlos Gimenez, *Mayor, Miami-Dade County*

Carlos A. Gimenez is the Mayor of Miami-Dade – Florida's most populous county. He is Miami-Dade's highest-ranking elected official and chief administrator, who oversees a metropolitan government with 28,417 employees, an annual budget of approximately $8.9 billion, and serving 2.7 million residents.

Mayor Giménez is a Cuban American (naturalized in January 1975) retired firefighter and Mayor of Miami-Dade County, Florida, elected to office June 28, 2011 in a special election. He previously served as a Miami-Dade County Commissioner from 2003 through 2011, and the Fire Chief of the City of Miami Fire Department. He is a member of the Republican Party, but his position of mayor of Miami-Dade County is a nonpartisan one.

Mayor Gimenez has continued to consistently hold the line on tax increases and to date, the average homeowner has saved approximately $1,400 in property taxes. He championed and secured approval for the largest tax cut in County history six years ago, and collectively Miami-Dade taxpayers have saved approximately $2 billion during his tenure.

Gimenez was re-elected as Mayor in 2012 and again in 2016 for two consecutive four-year terms. He brings with him over 40 years of public service experience.



Dale V.C Holness, *Mayor, Broward County*

Mr. Holness is the first Jamaican-American to hold the position, received a unanimous vote from the Broward County Commission which is required by charter to elect a mayor and vice mayor each year in November.

Mr. Holness previously served as vice mayor.

He was first elected in 2010 to represent residents of Broward County's District 9, which includes a population in excess of 200,000 and covers more than eight municipalities in Broward County.

Prior to being elected a Broward County commissioner, he served as a City of Lauderhill commissioner from 2004 to 2010. During his terms in office he served as vice mayor

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twice — 2007 and 2010 — started the Lauderhill Chamber of Commerce and established the Lauderhill Business Incubator.

A practicing real estate broker for more than 30 years, he is the president and CEO of All Broward Realty. He is a well-known advocate for small, minority and women-owned businesses, fair wages for workers, improving and providing economic development opportunities for all, and homeownership.

His global advocacy includes positioning Broward County as the center for international trade with the recent success of the annual Florida International Trade and Cultural Expo held October 9-10, 2019 with representation from 60 countries and nearly 2,000 people in attendance, the largest to date.



Dr. Stephen Redd, *Deputy Director for Public Health Service and Implementation Science, CDC*

RADM Stephen C. Redd is the Deputy Director for Public Health Service and Implementation Science at the Centers for Disease Control and Prevention (CDC). Dr. Redd currently oversees the Center for Preparedness and Response; the Center for Global Health; the Center for State, Tribal, Local, and Territorial Support; and the Office of Minority Health and Health Equity. In his deputy director role, he focused on the adoption of implementation science principles at CDC. In collaboration with multiple groups, he is working to understand how public health can most effectively address social determinants of health in various sectors.

Dr. Redd became Director for CDC's Center for Preparedness and Response while CDC responded to the 2014 West Africa Ebola outbreak, when he helped to ensure that congressional stakeholders were kept up-to-date on the evolving outbreak. He worked across the agency to prepare for the possibility of additional Ebola cases in the United States. Since then, he has engaged in the agency's responses to the Zika virus and multiple hurricanes.

Previously, Dr. Redd served as incident commander for the 2009 H1N1 pandemic response, which was the longest activation of CDC's Emergency Operations Center at the time. As the leader of the response, involving more than 3,000 CDC staff, he aided in the effort to vaccinate 81 million people against H1N1 in the United States. Dr. Redd has participated in many disease outbreak investigations and responses, including Legionnaires' disease, strategic development for the control of malaria, and the elimination of measles in the United States.

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Dr. Redd is board certified in internal medicine, a Fellow in the American College of Physicians, and a member of the Commissioned Officers Association. He received his baccalaureate degree in history from Princeton University and his medical degree with honors from the Emory University School of Medicine. He trained in medicine at the Johns Hopkins Hospital before completing CDC's two-year Epidemic Intelligence Service training program.

Honored with numerous awards for his work—among them the USPHS Distinguished Service Medal and the Meritorious Service Medal—Dr. Redd is a three-time nominee and winner of CDC's prestigious Charles C. Shepard Science Award for outstanding scientific publication at CDC.



Ambassador Debbie Birx, M.D., *White House (T)*

Ambassador-at-Large, Deborah L. Birx, M.D., is the Coordinator of the United States Government Activities to Combat HIV/AIDS and U.S. Special Representative for Global Health Diplomacy. Ambassador Birx is a world-renowned medical expert and leader in the field of HIV/AIDS. Her three-decade-long career has focused on HIV/AIDS immunology, vaccine research, and global health. As the U.S. Global AIDS Coordinator, Ambassador Birx oversees the implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the largest commitment by any nation to combat a single disease in history, as well as all U.S. Government engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria. Serving as the U.S. Special Representative for Global Health Diplomacy, she aligns the U.S. Government's diplomacy with foreign assistance programs that address global health challenges and accelerate progress toward: achieving an AIDS-free generation; ending preventable child and maternal deaths; and preventing, detecting, and responding to infectious disease threats.

In 1985, Ambassador Birx began her career with the Department of Defense (DoD) as a military-trained clinician in immunology, focusing on HIV/AIDS vaccine research. From 1985-1989, she served as an Assistant Chief of the Hospital Immunology Service at Walter Reed Army Medical Center. Through her professionalism and leadership in the field, she progressed to serve as the Director of the U.S. Military HIV Research Program (USMHRP) at the Walter Reed Army Institute of Research from 1996-2005. Ambassador Birx helped lead one of the most influential HIV vaccine trials in history (known as RV 144 or the Thai trial), which provided the first supporting evidence of any vaccine's potential effectiveness in preventing HIV infection. During this time, she also rose to the rank of Colonel, bringing together the Navy, Army, and Air Force in a new model of cooperation – increasing the

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efficiency and effectiveness of the U.S. Military's HIV/AIDS efforts through inter- and intra-agency collaboration. Then known as Colonel Birx, she was awarded two prestigious U.S. Meritorious Service Medals and the Legion of Merit Award for her groundbreaking research, leadership, and management skills during her tenure at DOD.

From 2005-2014, Ambassador Birx served successfully as the Director of CDC's Division of Global HIV/AIDS (DGHA), which is part of the agency's Center for Global Health. As DGHA Director, she utilized her leadership ability, superior technical skills, and infectious passion to achieve tremendous public health impact. She successfully led the implementation of CDC's PEPFAR programs around the world and managed an annual budget of more than $1.5 billion. Ambassador Birx was responsible for all of the agency's global HIV/AIDS activities, including providing oversight to more than 400 staff at headquarters, over 1,500 staff in the field, and more than 45 country and regional offices in Africa, Asia, Caribbean, and Latin America. Recognized for her distinguished and dedicated commitment to building local capacity and strengthening quality laboratory health services and systems in Africa, in 2011, Ambassador Birx received a Lifetime Achievement Award from the African Society for Laboratory Medicine. In 2014, CDC honored her leadership in advancing the agency's HIV/AIDS response with the highly prestigious William C. Watson, Jr. Medal of Excellence.

Ambassador Birx has published over 220 manuscripts in peer-reviewed journals, authored nearly a dozen chapters in scientific publications, as well as developed and patented vaccines. She received her medical degree from the Hershey School of Medicine, Pennsylvania State University, and beginning in 1980 she trained in internal medicine and basic and clinical immunology at the Walter Reed Army Medical Center and the National Institutes of Health. Ambassador Birx is board certified in internal medicine, allergy and immunology, and diagnostic and clinical laboratory immunology.



Adam Goldstein, Chairman, Cruise Line International Association

Adam Goldstein was appointed chairman of the Cruise Line International Association on January 1, 2019. Goldstein previously served as CLIA Global Chair in 2015 and 2016 and has remained on the CLIA Global Executive Committee for the past two years. In addition to his more than 30-year tenure with RCL, he most recently served as the Florida-Caribbean Cruise Association Charmain, CLIA's sister association.

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Richard Fain, *Chairman, Royal Caribbean International Ltd.*

Richard D. Fain is chairman and chief executive officer of Royal Caribbean Cruises Ltd. (NYSE: RCL). RCL owns and operates Royal Caribbean International, Celebrity Cruises, Azamara, and recently acquired two-thirds ownership of Silversea Cruises. Additionally, RCL is part of joint ventures that operate TUI Cruises and Pullmantur Cruceros. The company's 63 ships carry more than 6 million guests a year to ports on all seven continents.

Since taking the helm of RCL in 1988, Fain has guided the company's growth to its current place on the S&P 500, as well as its repeat listing by the Ethisphere Institute as a World's Most Ethical Company. For the second year running, Barron's recently named him one of the World's 30 Best CEOs for his vision and changing the course of the industry.

Fain serves on the University of Miami Board of Trustees and is also a member of the Posse Foundation board and the World Travel and Tourism Council's executive committee. He has been recognized with the Federal Maritime Commission's Earth Day Award, the Travel Weekly Lifetime Achievement Award, the South Florida Business Journal Ultimate CEO Award, the Ellis Island Medal of Honor, and membership in the South Florida Business Hall of Fame. The French government honored Fain as a Chevalier de la Legion d'Honneur, while the Finnish government named him a Commander, First Class, of the Order of the Lion.

Fain holds a B.S. degree in economics from the University of California at Berkeley and an M.B.A. from the Wharton School of Business at the University of Pennsylvania. He and his wife Colleen have four children and seven grandchildren.

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Arnold Donald, *CEO, Carnival Corporation*

Donald has been president and CEO of Carnival Corporation, the world's largest leisure travel company with 10 global cruise line brands, including Carnival Cruise Line, Holland America Line and Princess Cruises, since July 2013. He has also been a director of Carnival Corporation since 2001 and a director of Carnival plc since 2003.

Donald was president and CEO of The Executive Leadership Council, a professional network of African-American executives of major U.S. companies, from 2010 to June 2012. He previously served as president and CEO of Juvenile Diabetes Research Foundation International from 2006 to 2008. From 2000 to 2005, Donald was Chairman of the Board of Merisant Company, a manufacturer and marketer of tabletop sweetener products, including the Equal® and Canderel® brands. From 2000 to 2003, he was also CEO of Merisant Company. From 1998 to 2000, he was a senior vice president of Monsanto Company, which develops agricultural products and consumer goods, and president of its nutrition and consumer sector. Prior to that, he was president of Monsanto Company's agricultural sector.

He has been a member of the boards of directors of Bank of America Corporation since January 2013 and Crown Holdings, Inc. since July 1999. He was a member of the board of The Laclede Group, Inc. from January 2003 to January 2014, Oil-Dri Corporation of America from December 1997 to January 2013 and The Scotts Company from March 2000 to January 2009. He is also principal of AWDPLC LLC, a private investment company.

Ashford serves as president of Holland America Line, leading the award-winning cruise line's brand and business, including its fleet of 14 premium vessels — including the new 2,650-guest ms Koningsdam to launch in April — carrying approximately 850,000 guests annually to all seven continents. He oversees Holland America Line's sales and marketing, revenue management, deployment and itinerary planning, public relations, hotel operations and strategy.

Ashford is on the board of directors for global manufacturing company ITT Corp. He was named to the "Directorship 100" of the National Association of Corporate Directors in 2013 and 2014, and is a Purdue University School of Technology Distinguished Alumnus. An active community supporter, he is on the board of directors of the Executive Leadership Council, the preeminent membership organization for the development of global black leaders; and for Streetwise Partners, which brings together low-income individuals and volunteer business professionals to develop workplace skills and employment networks. Ashford holds a Bachelor of Science degree and Master of Science degree in Organizational Leadership and Industrial Technology from Purdue University.

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Donald and Ashford were both recognized in Savoy Magazine's 2014 "Top Most Influential Blacks in Corporate America." Ashford made that list while he was president of the Talent Business Segment for Mercer, the global consulting leader in talent, health, retirement and investments.



Frank Del Rio, *CEO Norwegian Cruise Line Holdings*

Frank J. Del Rio is the president and chief executive officer of S&P 500 company Norwegian Cruise Line Holdings Ltd. (NYSE: NCLH), which operates Norwegian Cruise Line, Oceania Cruises and Regent Seven Seas Cruises. Del Rio assumed this role in January 2015. An over 25-year cruise industry veteran, Del Rio has successfully led Norwegian Cruise Line Holdings in delivering industry leading financial results while providing an unparalleled guest experience. Under his leadership, the company has expanded its fleet with the newest and most innovative ships at sea, introduced the company's latest island destination, Harvest Caye in Belize, and significantly strengthened its global footprint.

Previously, Del Rio served as chairman and chief executive officer of Prestige Cruise Holdings, Inc., the parent company operating both Oceania Cruises and Regent Seven Seas Cruises. Del Rio founded Oceania Cruises in 2002, and in doing so, created a new "upper premium" market space in the cruise industry. Under his leadership the line has grown from a fledgling start-up with one 684-passenger ship to a dominant player in the upscale cruise market with six ships totaling 5,300 berths, including the addition of two highly acclaimed 1,250-passenger sister ships, Marina and Riviera. In 2008, Prestige Cruise Holdings acquired Regent Seven Seas Cruises and quickly completed a turnaround which positioned Regent Seven Seas Cruises as the market leader in luxury cruising and in turn positioned Prestige Cruise Holdings as the premier operator of upscale cruise brands.

Del Rio, who was born in Havana, Cuba and emigrated to the United States in 1961 at age six, earned his bachelor's degree in accounting from the University of Florida and is a Certified Public Accountant.

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Richard Sasso, *Chairman, MSC Cruises USA*

Richard E. Sasso, chairman of MSC Cruises North America, has been a popular and well-respected figure in the cruise industry for more than 44 years and involved in the travel industry for 48 years.

After holding key positions at Costa Cruises and Chandris Cruises, Sasso joined the senior management team that launched Celebrity Cruises in 1990. He served as president of that line from 1995 to 2002 and was instrumental in establishing it as a top premium cruise line.

Sasso was named president of MSC Cruises USA in April 2004. Since then, he has effectively positioned MSC Cruises for growth in the North American market and in November 2013, MSC Cruises debuted one of its most dazzling vessels, MSC Divina, to Port Miami. In August 2016, Sasso assumed the role of Chairman of MSC Cruises for North America.



Kelly Craighead, *President & CEO, Cruise Line International Association*

Cruise Lines International Association (CLIA) appointed Kelly Craighead as President and Chief Executive Officer effective January 1, 2019. Craighead will be taking over the role currently held by Cindy D'Aoust, who in July of this year announced her intent to leave her position by year's end.

Craighead has spent over 15 years in the public and private sectors, recently serving as Deputy Assistant Secretary for Travel and Tourism in the U.S. Department of Commerce where she advanced travel and tourism priorities within the Administration and with Congress. As the first Executive Director of the National Travel & Tourism Office, Kelly led initiatives that generated over $250 billion annually from International visitors to the U.S. while also representing the United States internationally. Kelly remains active in global tourism efforts and is engaged with several international organizations focused on advancing travel and tourism priorities.

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Juan Kuryla, *Port Director & CEO, Port Miami*

Mr. Kuryla began his career with Miami-Dade County in the Parks and Recreation Department in 1987. He moved to the County's Finance Department in 1993 as an administrative officer, where he managed a grants program funded by tourist tax dollars. After approximately a year and a half in the Finance Department, Mr. Kuryla took the position of Section Head at the County's Public Works Department's Road, Bridge and Canal Maintenance Division.

In 1996, Mr. Kuryla was promoted to work in the County Manager's Office as an Assistant Administrator. He was promoted again in May 1998 to the Port of Miami as Assistant to the Port Director, where he oversaw the Department's local, state and federal legislative agenda. From February 2001 through February 2007 Mr. Kuryla held the positions of Assistant Port Director for Intergovernmental Affairs and Assistant Port Director for Intergovernmental Affairs and Promotions.

In 2007, Mr. Kuryla was promoted to Assistant Port Director for Maritime Services. In this capacity, he served as co-lead negotiator for the Port on all long term agreements executed with cruise and cargo customers as well as oversaw Port operations, facilities management, berthing, and property management, in addition to the customer service, business development, public information and media relations. In 2009, Mr. Kuryla was promoted to Deputy Port Director. In this capacity, he was responsible for directly overseeing the Port's five assistant port directors. In May 2013, Mr. Kuryla was promoted to Seaport Director Designee.

On April 1, 2014 Mayor Carlos A. Gimenez appointed Mr. Kuryla to the position of Director of Port Miami, where he oversees operations and capital development for the largest cruise port in the world. In 2013, 4.13 million passengers passed through Port Miami's terminals and berthed 2500 cargo and cruise vessels. Port Miami generates more than 207,000 jobs and has an economic impact of 27 billion.

Mr. Kuryla holds a Bachelor of Business Administration and Master of Business Administration from Florida International University. In 2010, Mr. Kuryla obtained his Professional Port Manager PPM® degree from the American Association of Port Authorities (AAPA).

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Captain John Murray, *Port Director & CEO, Port Canaveral*

Captain John W. Murray joined the Canaveral Port Authority (CPA) in February 2016. A highly respected maritime executive, Capt. Murray brings a wealth of maritime experience to his role as Chief Executive Officer and Port Director for one of the world's most dynamic ports.

Prior to joining CPA, Capt. Murray was president and chief executive officer of Hapag-Lloyd USA, the U.S.-flag shipping subsidiary of Hapag-Lloyd AG, a leading global liner shipping company. A 40-year maritime industry veteran, Capt. Murray has held numerous positions of responsibility, rising through the management ranks following various mergers and acquisitions at Lykes Lines, CP Ships and finally, Hapag-Lloyd.

A U.S. Coast Guard licensed captain, Capt. Murray earned a Bachelor of Science Degree in Nautical Science from the Maine Maritime Academy. Upon graduation, he joined Lykes Lines as a Third Mate, quickly rose to Master, and his last at-sea assignment was commanding the S.S. Brinton Lykes. Capt. Murray's shore side assignments included Mid-Atlantic Division Regional Operations Manager in Norfolk, Va., overseeing vessel fleet operations for Lykes' Marine Division, and Vice President, Operations with responsibility for all Lykes Lines container logistics, marine and insurance activities. He was named President and CEO of Lykes Lines in 2000.

Capt. Murray is at the helm of Port Canaveral, one of Florida's fastest growing seaports. With a staff of more than 200 Port employees, he manages a world-class gateway for cruises, cargo, recreation and logistics, as well as a gateway to new frontiers, including space.

Capt. Murray has been a member of the National Cargo Bureau since 1997, was elected to the American Bureau of Shipping in 2016, and is appointed to the National Academies of Sciences, Engineering, and Medicine (NASEM) Transportation Research Board. He served on the U.S. Transportation Command (USTRANSCOM) Executive Working Group (EWG) and participated in the biannual Department of Defense forum established to regularly interact with commercial ocean carriers supporting U.S. military sealift requirements. Capt. Murray has testified before the U.S. Congress as a subject matter expert in maritime industry management and vessel operations in a global economy. His additional professional affiliations include a long-standing member of the National Defense Transportation Association, the Navy League of the United States, the Council of American Master Mariners, and the International Propeller Club chapters in Washington, D.C., Tampa and Port Canaveral, Florida.

AMERICAN OVERSIGHT

Vice President Michael Pence Meeting Regarding COVID-19

Saturday, March 7, 2020, 2:30 p.m. – 3:30 p.m.
Port Everglades Administration Building, 1850 Eller Drive, Fort Lauderdale, FL 33316



Glenn Wiltshire, *Acting Port Director & CEO, Port Everglades*

The Broward County Commission appointed Glenn Wiltshire as Acting Chief Executive and Port Director of Port Everglades following the recent death of Steven Cernak in March 2019. Wiltshire, a 30-year U.S. Coast Guard veteran, has served as Deputy Port Director since 2006.

During Wiltshire's tenure at Port Everglades, he successfully implemented several innovative programs to support increasing cargo, cruise, and petroleum volumes. He worked closely with U.S. Customs and Border Protection and other state and federal agencies to introduce new technology such as facial recognition, mobile and automated passport control. He also negotiated multiple long-term commercial agreements and managed capital improvements to port facilities. As Chair of the Florida Seaport Transportation and Economic Development Council Security Committee, Wiltshire led a multi-year effort that resulted in legislative changes that eliminated duplicative state security standards and separate state criminal history checks.

Prior to joining Port Everglades, Wiltshire was the U.S. Coast Guard Captain of the Port of New York/New Jersey where he was responsible for all safety, security, environmental protection, and commerce operations programs in nation's third largest port. He also held leadership positions in Washington, DC, where he oversaw marine safety, environmental regulation, strategic transportation planning and defense response efforts.

Wiltshire earned a Master's degree in Public Administration from the John F. Kennedy School of Government at Harvard University, and a Bachelor's degree in Ocean Science from the United States Coast Guard Academy.

AMERICAN OVERSIGHT

From:	Gambineri, Mara
To:	Meiner, Drew; Thorpe, Amanda; Ash, Ryan; Ferre, Helen; Beatrice, Meredith M.; Mons, Robert; Aaron, Chelsea; Himrod, LeAnna; Henderson, Olivia; Tweed, Christina; Jones, Morgan; Kopelousos, Stephanie; Lukis, Adrian; Clark, David; Moulton, Diane; Spencer, Chris; McCloud, Cody; Marquez, Jonas; Saccio, Steven; Wonsock, Kiersten M.; Castellanos, Silvia; Ash, Ryan
Cc:	Schmitt, Christina; Wagner, Maureen
Subject:	RE: Briefs for Tomorrow
Date:	Monday, March 2, 2020 8:55:00 AM
Attachments:	03022020 COVID TAMPA.docx

Tampa Brief updated with additional RSVPs.

From: Gambineri, Mara
Sent: Sunday, March 1, 2020 11:29 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

- Agency Heads Meeting
- Tampa Press Conference
- VPOTUS
- Miami Press Conference

NOTE: The press conference briefs will be updated in the morning when we get additional RSVPs.

Thank you,
Mara

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

EVENT POC/STAFFERS

EOG Regional Representative: LeAnna Himrod, (863) 781-2355
EOG Communications: Cody McCloud, (850) 241-3728
Lake County Contact: Kevin Watler, (813) 298-2024

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	Public Health Laboratory
Attire:	Business
Podium:	Yes
Weather:	77°F / Mostly Sunny - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Andrew Cannons, *Director, Tampa Laboratory, Florida Department of Health*
5. John Couris, *President and CEO, Tampa General Hospital*
6. Betsy Benac, *Chairman, Manatee County Commission*
7. Steve Litschauer, *Chief of Emergency Management, Manatee County*
8. Jake Saur, *Director of Public Safety, Manatee County*
9. Cynthia Saunders, *Superintendent, Manatee County*
10. Vanessa Baugh, *Commissioner, District 5, Manatee County*
11. Dennis Jones, *Chief, Hillsborough County Fire and Rescue*
12. Mike Merrill, *County Administrator, Hillsborough County*
13. Major Todd Sheer, *Hillsborough County Sheriff's Office*
14. Dan Kaufmann, *Hillsborough County Sheriff's Office*
15. Karen Fordham, *CEO, Venice Regional Bayfront Health*
16. Dr. Nishant Anand, *Chief Medical Officer, BayCare*
17. Joni James, *Communications Lead, BayCare*

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.

Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

18. Sheriff Chad Chronister, *Hillsborough County Sheriff's Office*
19. Timothy Dudley Jr., *Emergency Management Director, Hillsborough County*

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

TIMELINE:

10:30 a.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health Tampa Laboratory
	Met by: Dr. Andrew Cannons
10:31 a.m.	**Governor DeSantis** and the group move to the Podium
10:32 a.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
10:39 a.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
10:44 a.m.	State Surgeon General Dr. Rivkees delivers remarks
10:51 a.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
11:00 a.m.	**Governor DeSantis** concludes Press Conference
11:01 a.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Andrew Cannons leads tour
11:15 a.m.	Lab tour concludes; **Governor DeSantis** and group move to conference room for roundtable with local officials and health care partners
11:16 a.m.	**Governor DeSantis** opens roundtable discussion
11:50 a.m.	**Governor DeSantis** concludes roundtable and departs

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

AMERICAN OVERSIGHT

During his career, Dr. Rivkees has been named as “One of America’s Best Doctors,” “One of America's Top Pediatricians" and “One of New York’s Best Doctors.” He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612

Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Andrew Cannons, *Director, Tampa Laboratory, Florida Department of Health*

Dr. Cannons has served as lab director at the DOH Tampa lab for the last 8 years. Prior to this position he served as scientific director of the USF Center for Biological Defense for nearly a decade.

Dr. Cannons holds a bachelors degree and doctorate degree in biology and biochemistry from the University of Bradford.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



John Couris, *President and CEO, Tampa General Hospital*

John D. Couris is the president and CEO of Tampa General Hospital, a nationally renowned nonprofit academic medical center. As a recognized leader in the health care industry, John has achieved tremendous success through innovation, technological integration and strategic collaborations.

He writes about these experiences in leadership and some of the most critical and relevant issues facing the health care industry today on his blog, posted here at www.changewithcouris.com. John also shares his experience and perspective on health care innovation and management at conferences across the country. Currently, over 30,000 individuals across the health care sector, as well as lawmakers, public policy advocates, and executives, have engaged with John via LinkedIn.

Prior to joining Tampa General Hospital, John served as president and CEO of Jupiter Medical Center, the region's leading medical center. During his tenure, the organization expanded its services and forged innovative partnerships with some of the leading providers in the nation, including Mount Sinai New York and Nicklaus Children's Hospital in Miami. Under John's leadership, Jupiter Medical Center developed a partnership with IBM Watson, becoming the first community regional medical center in the country to adopt IBM Watson for oncology.

John also led efforts to raise over $170 million to support technological investments, critical care services and new centers of excellence.

John's career began at Massachusetts General Hospital, one of the premier academic medical centers in the country. From there, he spent the next ten years with BayCare System, rising from vice president of ambulatory care at Morton Plant Mease Health Care in Clearwater to chief operating officer.

Throughout his over twenty-year career, John has demonstrated a unique ability to lead organizations and empower individuals to reach their fullest potential while generating high levels of return on investment and developing innovative programs that consistently deliver on results.

John is a graduate of Boston University and holds a Master's of Science in management from Lesley University in Cambridge, Massachusetts. Beginning in February 2019, John will pursue his Doctor of Business Administration at the University of South Florida Muma College of Business. He resides in Tampa, Florida, with his wife, Dianne, and their two children, Benjamin and Isabelle.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



Betsy Benac, Commission Chair, Manatee County

Benac has 34 years of experience as a professional land planner in both the public and private sectors. [3]

Among her successes as Commissioner are the replacement of the aging DeSoto Bridge, which she was able to get designated the top regional priority for funding. [3]

Benac's service on the Manasota Basin Board of the Southwest Florida Water Management District included planning and funding long-term water supply projects. Her environmental record includes contributions to the policy boards of the Sarasota and Tampa Bay National Estuary Programs.

She has also served on the boards of the Manatee Chamber of Commerce, the Bradenton Area Economic Development Corp. and Leadership Manatee, among other organizations.



Steve Litschauer, *Emergency Management Chief, Manatee County*

Steve Litschauer has served as Manatee County's Emergency Management Chief since April 2019. Litschauer previously worked as an emergency management officer and later Operations Manager before assuming his current role. Litschauer has had a lengthy career in law enforcement, including 32 years as the captain of the Manatee County Sheriff's Office. Litschauer earned his degree in Psychology from Saint Leo College.



Jacob A. Saur, *Director of Public Safety, Manatee County*

Jacob A Saur was appointed as Manatee County's new public safety director in January of 2020. Saur previously served as the county's emergency communications chief and has worked for Manatee County since 2001. Saur championed multiple projects, along the way positioning Manatee County as a leader in the public safety industry. Saur graduated from Manatee Technical College and Saint Petersburg College. He

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612
is a Registered Public-Safety Leader (RPL) and Emergency Number Professional (ENP).



Cynthia Saunders, *Superintendent, School District of Manatee County*

Cynthia Saunders was sworn in as Superintendent of the School District of Manatee County on June 28, 2018. Her nearly 30 years of service in education in Florida include experience as a classroom teacher, assistant principal and principal as well as time in district administrative and leadership positions including curriculum and staff development, Executive Director of Secondary Schools and Deputy Superintendent of Instructional Services.

Mrs. Saunders came to Manatee County in July 2013 as Executive Director of Secondary Schools and became Deputy Superintendent of Instructional Services in March 2015. With the help of her leadership, experience and community spirit, the School District of Manatee County has seen momentous gains academically, financially and in terms of community support during her tenure.



Vanessa Baugh, *Commissioner, Manatee County District 5*

Commissioner Baugh is originally from Virginia and moved to Florida in 1999. She and her husband, Don started Vanessa Fine Jewelry in 1999, which is located on Lakewood Main Street. They have four children and 10 grandchildren. Baugh graduated from Tidewater Community College with a degree in business. She is the President and CEO of Vanessa Fine Jewelry and has been the Commissioner of Manatee County District 5 for over seven years.

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 10:30 a.m. – 12:00 p.m.
Florida Department of Health Tampa Laboratory, 3602 Spectrum Boulevard, Tampa, FL 33612



Dennis Jones, *Chief, Hillsborough County Fire and Rescue*

Chief Jones has served as the fire chief for Hillsborough County since August 2015. Prior to this position, he served as fire training specialist for the City of Tampa Fire Rescue. Both of these positions were after he retired from the City of Tampa Fire Rescue for 32 years, retiring as chief in May 2010.

Chief Jones holds a bachelor's degree in fire science from Columbia Southern University. He is also a licensed paramedic.



Mike Merrill, *County Administrator, Hillsborough County*

The Administrator is the County's chief executive officer. Hillsborough County's current Administrator, Mike Merrill, sets the framework for carrying out the Board of County Commissioners' decisions, including preparing an annual budget, monitoring the effectiveness of County services, and overseeing the management of more than 4,000 County employees.

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Meiner, Drew; Thorpe, Amanda; Ash, Ryan; Ferre, Helen; Beatrice, Meredith M.; Mons, Robert; Aaron, Chelsea; Himrod, LeAnna; Henderson, Olivia; Tweed, Christina; Jones, Morgan; Kopelousos, Stephanie; Lukis, Adrian; Clark, David; Moulton, Diane; Spencer, Chris; McCloud, Cody; Marquez, Jonas; Saccio, Steven; Wonsock, Kiersten M.; Castellanos, Silvia; Ash, Ryan
Subject: RE: Briefs for Tomorrow
Date: Saturday, March 7, 2020 9:55:00 AM
Attachments: 03072020 VPOTUS COVID19.docx

Updated again.

From: Gambineri, Mara
Sent: Saturday, March 7, 2020 9:16 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Updated brief for the VPOTUS meeting

From: Gambineri, Mara
Sent: Friday, March 6, 2020 4:58 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>;

AMERICAN OVERSIGHT

Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

- FSU
- Meeting with Vice President Pence

Thank you,
Mara

AMERICAN OVERSIGHT

Vice President Michael Pence Meeting Regarding COVID-19

Saturday, March 7, 2020, 2:30 p.m. – 3:30 p.m.
Port Everglades Administration Building, 1850 Eller Drive, Fort Lauderdale, FL 33316

EXTERNAL ACTIVITY TYPE

☒ **Meeting** ☐ **Lunch** ☐ **Dinner**

☐ **Call** ☐ **Photo-op** ☐ **Other**

EOG POINT OF CONTACT

Silvia Castellanos, (786) 531-9842

PURPOSE

Governor DeSantis will participate in a roundtable discussion on Coronavirus (COVID-19) with United States Vice President Michael Pence and cruise line industry leadership.

EVENT INFORMATION

Principals:	**THE GOVERNOR**
Format:	Meeting
Time:	2:30 p.m. – 3:30 p.m.
Location:	Port Administration Building
Press:	Spray at the Bottom; Closed Meeting
Attire:	Business

CONFIRMED PARTICIPANTS

1. Michael Pence, *Vice President, United States of America*
2. Chad Wolf, *Acting Secretary of Homeland Security*
3. Dale Holness, *Mayor, Broward County*
4. Carlos Gimenez, *Mayor, Miami-Dade County*
5. Dr. Stephen Redd, *CDC*
6. Ambassador Debbie Birx, *White House (T)*
7. Adam Goldstein, *Chairman, Cruise Line International Association*
8. Richard Fain, *Chairman, Royal Caribbean International Ltd.*
9. Arnold Donald, *CEO, Carnival Corporation*
10. Frank Del Rio, *CEO Norwegian Cruise Line Holdings*
11. Richard Sasso, *Chairman, MSC Cruises USA*
12. Kelly Craighead, *President & CEO, Cruise Line International Association*
13. Juan Kuryla, *Port Director & CEO, Port Miami*
14. Captain John Murray, *Port Director & CEO, Port Canaveral*
15. Glenn Wiltshire, *Acting Port Director & CEO, Port Everglades*
16. Rick Scott, *Senator, Florida*

AMERICAN OVERSIGHT

Vice President Michael Pence Meeting Regarding COVID-19

Saturday, March 7, 2020, 2:30 p.m. – 3:30 p.m.
Port Everglades Administration Building, 1850 Eller Drive, Fort Lauderdale, FL 33316

17. Marco Rubio, *Senator, Florida*

BIOGRAPHIES



Chad Wolf, *Secretary, Department of Homeland Security*

On November 13, 2019, Chad F. Wolf was designated as the Acting Secretary of Homeland Security by President Donald J. Trump and was also confirmed as the first Under Secretary of the U.S. Department of Homeland Security's (DHS) Office of Strategy, Policy, and Plans (PLCY). Previously, he served as the Acting Under Secretary.

As the senior official for PLCY, Mr. Wolf leads the Department's policymaking process to develop and coordinate strategies and policies that advance the homeland security mission and protect the American public.

Since his selection by the President, Mr. Wolf has advanced many of the Administration's critical priorities across the entire homeland security mission. Mr. Wolf oversaw the completion of the recently released DHS Strategic Plan, which establishes the Department's long-term strategic goals and objectives to inform key leadership decisions. Additionally, he led several significant initiatives to counter international and domestic terrorism, prevent terrorist travel, safeguard the U.S. electoral process, and protect American trade interests. As part of his duties, Mr. Wolf led and coordinated the Department's engagement with international partners to protect American homeland security interests at home and abroad.

During his tenure, Mr. Wolf has made significant progress to strengthen U.S. border security, address the humanitarian crisis on the U.S. Southwest Border, and improve the integrity of the U.S. immigration system. As a result of these efforts, Mr. Wolf and his staff have implemented policies that protect American communities from transnational criminal organizations and safeguard American workers.

With over 20 years of policy development and management experience in both the public and private sectors, Mr. Wolf is an effective leader and policymaker on a variety of complex issues. During the Trump Administration, he served as the Chief of Staff for the Transportation Security Administration (TSA), Deputy Chief of Staff and Chief of Staff for the Department. For his leadership and management of complex national issues, Mr. Wolf received the U.S. Secretary of Homeland Security Distinguished Service Medal. Shortly after the terrorist attack on September 11, 2001, Mr. Wolf served as the Assistant Administrator of Transportation Security Policy in which he played a leading role in establishing the Transportation Security Administration.

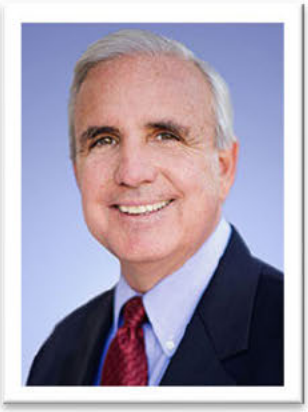
Beyond his service in the executive branch, Mr. Wolf served as Vice President and Senior Director at Wexler & Walker, a bipartisan public policy consultancy, and held staff positions in the U.S. Senate.

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Mr. Wolf earned his Bachelor of Arts in History from Southern Methodist University, and holds a Master's Certificate in Government Contract Management from Villanova University.



Carlos Gimenez, *Mayor, Miami-Dade County*

Carlos A. Gimenez is the Mayor of Miami-Dade – Florida's most populous county. He is Miami-Dade's highest-ranking elected official and chief administrator, who oversees a metropolitan government with 28,417 employees, an annual budget of approximately $8.9 billion, and serving 2.7 million residents.

Mayor Giménez is a Cuban American (naturalized in January 1975) retired firefighter and Mayor of Miami-Dade County, Florida, elected to office June 28, 2011 in a special election. He previously served as a Miami-Dade County Commissioner from 2003 through 2011, and the Fire Chief of the City of Miami Fire Department. He is a member of the Republican Party, but his position of mayor of Miami-Dade County is a nonpartisan one.

Mayor Gimenez has continued to consistently hold the line on tax increases and to date, the average homeowner has saved approximately $1,400 in property taxes. He championed and secured approval for the largest tax cut in County history six years ago, and collectively Miami-Dade taxpayers have saved approximately $2 billion during his tenure.

Gimenez was re-elected as Mayor in 2012 and again in 2016 for two consecutive four-year terms. He brings with him over 40 years of public service experience.



Dale V.C Holness, *Mayor, Broward County*

Mr. Holness is the first Jamaican-American to hold the position, received a unanimous vote from the Broward County Commission which is required by charter to elect a mayor and vice mayor each year in November.

Mr. Holness previously served as vice mayor.

He was first elected in 2010 to represent residents of Broward County's District 9, which includes a population in excess of 200,000 and covers more than eight municipalities in Broward County.

Prior to being elected a Broward County commissioner, he served as a City of Lauderhill commissioner from 2004 to 2010. During his terms in office he served as vice mayor

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twice — 2007 and 2010 — started the Lauderhill Chamber of Commerce and established the Lauderhill Business Incubator.

A practicing real estate broker for more than 30 years, he is the president and CEO of All Broward Realty. He is a well-known advocate for small, minority and women-owned businesses, fair wages for workers, improving and providing economic development opportunities for all, and homeownership.

His global advocacy includes positioning Broward County as the center for international trade with the recent success of the annual Florida International Trade and Cultural Expo held October 9-10, 2019 with representation from 60 countries and nearly 2,000 people in attendance, the largest to date.



Dr. Stephen Redd, *Deputy Director for Public Health Service and Implementation Science, CDC*

RADM Stephen C. Redd is the Deputy Director for Public Health Service and Implementation Science at the Centers for Disease Control and Prevention (CDC). Dr. Redd currently oversees the Center for Preparedness and Response; the Center for Global Health; the Center for State, Tribal, Local, and Territorial Support; and the Office of Minority Health and Health Equity. In his deputy director role, he focused on the adoption of implementation science principles at CDC. In collaboration with multiple groups, he is working to understand how public health can most effectively address social determinants of health in various sectors.

Dr. Redd became Director for CDC's Center for Preparedness and Response while CDC responded to the 2014 West Africa Ebola outbreak, when he helped to ensure that congressional stakeholders were kept up-to-date on the evolving outbreak. He worked across the agency to prepare for the possibility of additional Ebola cases in the United States. Since then, he has engaged in the agency's responses to the Zika virus and multiple hurricanes.

Previously, Dr. Redd served as incident commander for the 2009 H1N1 pandemic response, which was the longest activation of CDC's Emergency Operations Center at the time. As the leader of the response, involving more than 3,000 CDC staff, he aided in the effort to vaccinate 81 million people against H1N1 in the United States. Dr. Redd has participated in many disease outbreak investigations and responses, including Legionnaires' disease, strategic development for the control of malaria, and the elimination of measles in the United States.

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Dr. Redd is board certified in internal medicine, a Fellow in the American College of Physicians, and a member of the Commissioned Officers Association. He received his baccalaureate degree in history from Princeton University and his medical degree with honors from the Emory University School of Medicine. He trained in medicine at the Johns Hopkins Hospital before completing CDC's two-year Epidemic Intelligence Service training program.

Honored with numerous awards for his work—among them the USPHS Distinguished Service Medal and the Meritorious Service Medal—Dr. Redd is a three-time nominee and winner of CDC's prestigious Charles C. Shepard Science Award for outstanding scientific publication at CDC.



Ambassador Debbie Birx, M.D., *White House (T)*

Ambassador-at-Large, Deborah L. Birx, M.D., is the Coordinator of the United States Government Activities to Combat HIV/AIDS and U.S. Special Representative for Global Health Diplomacy. Ambassador Birx is a world-renowned medical expert and leader in the field of HIV/AIDS. Her three-decade-long career has focused on HIV/AIDS immunology, vaccine research, and global health. As the U.S. Global AIDS Coordinator, Ambassador Birx oversees the implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the largest commitment by any nation to combat a single disease in history, as well as all U.S. Government engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria. Serving as the U.S. Special Representative for Global Health Diplomacy, she aligns the U.S. Government's diplomacy with foreign assistance programs that address global health challenges and accelerate progress toward: achieving an AIDS-free generation; ending preventable child and maternal deaths; and preventing, detecting, and responding to infectious disease threats.

In 1985, Ambassador Birx began her career with the Department of Defense (DoD) as a military-trained clinician in immunology, focusing on HIV/AIDS vaccine research. From 1985-1989, she served as an Assistant Chief of the Hospital Immunology Service at Walter Reed Army Medical Center. Through her professionalism and leadership in the field, she progressed to serve as the Director of the U.S. Military HIV Research Program (USMHRP) at the Walter Reed Army Institute of Research from 1996-2005. Ambassador Birx helped lead one of the most influential HIV vaccine trials in history (known as RV 144 or the Thai trial), which provided the first supporting evidence of any vaccine's potential effectiveness in preventing HIV infection. During this time, she also rose to the rank of Colonel, bringing together the Navy, Army, and Air Force in a new model of cooperation – increasing the

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efficiency and effectiveness of the U.S. Military's HIV/AIDS efforts through inter- and intra-agency collaboration. Then known as Colonel Birx, she was awarded two prestigious U.S. Meritorious Service Medals and the Legion of Merit Award for her groundbreaking research, leadership, and management skills during her tenure at DOD.

From 2005-2014, Ambassador Birx served successfully as the Director of CDC's Division of Global HIV/AIDS (DGHA), which is part of the agency's Center for Global Health. As DGHA Director, she utilized her leadership ability, superior technical skills, and infectious passion to achieve tremendous public health impact. She successfully led the implementation of CDC's PEPFAR programs around the world and managed an annual budget of more than $1.5 billion. Ambassador Birx was responsible for all of the agency's global HIV/AIDS activities, including providing oversight to more than 400 staff at headquarters, over 1,500 staff in the field, and more than 45 country and regional offices in Africa, Asia, Caribbean, and Latin America. Recognized for her distinguished and dedicated commitment to building local capacity and strengthening quality laboratory health services and systems in Africa, in 2011, Ambassador Birx received a Lifetime Achievement Award from the African Society for Laboratory Medicine. In 2014, CDC honored her leadership in advancing the agency's HIV/AIDS response with the highly prestigious William C. Watson, Jr. Medal of Excellence.

Ambassador Birx has published over 220 manuscripts in peer-reviewed journals, authored nearly a dozen chapters in scientific publications, as well as developed and patented vaccines. She received her medical degree from the Hershey School of Medicine, Pennsylvania State University, and beginning in 1980 she trained in internal medicine and basic and clinical immunology at the Walter Reed Army Medical Center and the National Institutes of Health. Ambassador Birx is board certified in internal medicine, allergy and immunology, and diagnostic and clinical laboratory immunology.



Adam Goldstein, *Chairman, Cruise Line International Association*

Adam Goldstein was appointed chairman of the Cruise Line International Association on January 1, 2019. Goldstein previously served as CLIA Global Chair in 2015 and 2016 and has remained on the CLIA Global Executive Committee for the past two years. In addition to his more than 30-year tenure with RCL, he most recently served as the Florida-Caribbean Cruise Association Charmain, CLIA's sister association.

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Richard Fain, *Chairman, Royal Caribbean International Ltd.*

Richard D. Fain is chairman and chief executive officer of Royal Caribbean Cruises Ltd. (NYSE: RCL). RCL owns and operates Royal Caribbean International, Celebrity Cruises, Azamara, and recently acquired two-thirds ownership of Silversea Cruises. Additionally, RCL is part of joint ventures that operate TUI Cruises and Pullmantur Cruceros. The company's 63 ships carry more than 6 million guests a year to ports on all seven continents.

Since taking the helm of RCL in 1988, Fain has guided the company's growth to its current place on the S&P 500, as well as its repeat listing by the Ethisphere Institute as a World's Most Ethical Company. For the second year running, Barron's recently named him one of the World's 30 Best CEOs for his vision and changing the course of the industry.

Fain serves on the University of Miami Board of Trustees and is also a member of the Posse Foundation board and the World Travel and Tourism Council's executive committee. He has been recognized with the Federal Maritime Commission's Earth Day Award, the Travel Weekly Lifetime Achievement Award, the South Florida Business Journal Ultimate CEO Award, the Ellis Island Medal of Honor, and membership in the South Florida Business Hall of Fame. The French government honored Fain as a Chevalier de la Legion d'Honneur, while the Finnish government named him a Commander, First Class, of the Order of the Lion.

Fain holds a B.S. degree in economics from the University of California at Berkeley and an M.B.A. from the Wharton School of Business at the University of Pennsylvania. He and his wife Colleen have four children and seven grandchildren.

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Arnold Donald, *CEO, Carnival Corporation*

Donald has been president and CEO of Carnival Corporation, the world's largest leisure travel company with 10 global cruise line brands, including Carnival Cruise Line, Holland America Line and Princess Cruises, since July 2013. He has also been a director of Carnival Corporation since 2001 and a director of Carnival plc since 2003.

Donald was president and CEO of The Executive Leadership Council, a professional network of African-American executives of major U.S. companies, from 2010 to June 2012. He previously served as president and CEO of Juvenile Diabetes Research Foundation International from 2006 to 2008. From 2000 to 2005, Donald was Chairman of the Board of Merisant Company, a manufacturer and marketer of tabletop sweetener products, including the Equal® and Canderel® brands. From 2000 to 2003, he was also CEO of Merisant Company. From 1998 to 2000, he was a senior vice president of Monsanto Company, which develops agricultural products and consumer goods, and president of its nutrition and consumer sector. Prior to that, he was president of Monsanto Company's agricultural sector.

He has been a member of the boards of directors of Bank of America Corporation since January 2013 and Crown Holdings, Inc. since July 1999. He was a member of the board of The Laclede Group, Inc. from January 2003 to January 2014, Oil-Dri Corporation of America from December 1997 to January 2013 and The Scotts Company from March 2000 to January 2009. He is also principal of AWDPLC LLC, a private investment company.

Ashford serves as president of Holland America Line, leading the award-winning cruise line's brand and business, including its fleet of 14 premium vessels — including the new 2,650-guest ms Koningsdam to launch in April — carrying approximately 850,000 guests annually to all seven continents. He oversees Holland America Line's sales and marketing, revenue management, deployment and itinerary planning, public relations, hotel operations and strategy.

Ashford is on the board of directors for global manufacturing company ITT Corp. He was named to the "Directorship 100" of the National Association of Corporate Directors in 2013 and 2014, and is a Purdue University School of Technology Distinguished Alumnus. An active community supporter, he is on the board of directors of the Executive Leadership Council, the preeminent membership organization for the development of global black leaders; and for Streetwise Partners, which brings together low-income individuals and volunteer business professionals to develop workplace skills and employment networks. Ashford holds a Bachelor of Science degree and Master of Science degree in Organizational Leadership and Industrial Technology from Purdue University.

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Donald and Ashford were both recognized in Savoy Magazine's 2014 "Top Most Influential Blacks in Corporate America." Ashford made that list while he was president of the Talent Business Segment for Mercer, the global consulting leader in talent, health, retirement and investments.



Frank Del Rio, *CEO Norwegian Cruise Line Holdings*

Frank J. Del Rio is the president and chief executive officer of S&P 500 company Norwegian Cruise Line Holdings Ltd. (NYSE: NCLH), which operates Norwegian Cruise Line, Oceania Cruises and Regent Seven Seas Cruises. Del Rio assumed this role in January 2015. An over 25-year cruise industry veteran, Del Rio has successfully led Norwegian Cruise Line Holdings in delivering industry leading financial results while providing an unparalleled guest experience. Under his leadership, the company has expanded its fleet with the newest and most innovative ships at sea, introduced the company's latest island destination, Harvest Caye in Belize, and significantly strengthened its global footprint.

Previously, Del Rio served as chairman and chief executive officer of Prestige Cruise Holdings, Inc., the parent company operating both Oceania Cruises and Regent Seven Seas Cruises. Del Rio founded Oceania Cruises in 2002, and in doing so, created a new "upper premium" market space in the cruise industry. Under his leadership the line has grown from a fledgling start-up with one 684-passenger ship to a dominant player in the upscale cruise market with six ships totaling 5,300 berths, including the addition of two highly acclaimed 1,250-passenger sister ships, Marina and Riviera. In 2008, Prestige Cruise Holdings acquired Regent Seven Seas Cruises and quickly completed a turnaround which positioned Regent Seven Seas Cruises as the market leader in luxury cruising and in turn positioned Prestige Cruise Holdings as the premier operator of upscale cruise brands.

Del Rio, who was born in Havana, Cuba and emigrated to the United States in 1961 at age six, earned his bachelor's degree in accounting from the University of Florida and is a Certified Public Accountant.

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Richard Sasso, *Chairman, MSC Cruises USA*

Richard E. Sasso, chairman of MSC Cruises North America, has been a popular and well-respected figure in the cruise industry for more than 44 years and involved in the travel industry for 48 years.

After holding key positions at Costa Cruises and Chandris Cruises, Sasso joined the senior management team that launched Celebrity Cruises in 1990. He served as president of that line from 1995 to 2002 and was instrumental in establishing it as a top premium cruise line.

Sasso was named president of MSC Cruises USA in April 2004. Since then, he has effectively positioned MSC Cruises for growth in the North American market and in November 2013, MSC Cruises debuted one of its most dazzling vessels, MSC Divina, to Port Miami. In August 2016, Sasso assumed the role of Chairman of MSC Cruises for North America.



Kelly Craighead, *President & CEO, Cruise Line International Association*

Cruise Lines International Association (CLIA) appointed Kelly Craighead as President and Chief Executive Officer effective January 1, 2019. Craighead will be taking over the role currently held by Cindy D'Aoust, who in July of this year announced her intent to leave her position by year's end.

Craighead has spent over 15 years in the public and private sectors, recently serving as Deputy Assistant Secretary for Travel and Tourism in the U.S. Department of Commerce where she advanced travel and tourism priorities within the Administration and with Congress. As the first Executive Director of the National Travel & Tourism Office, Kelly led initiatives that generated over $250 billion annually from International visitors to the U.S. while also representing the United States internationally. Kelly remains active in global tourism efforts and is engaged with several international organizations focused on advancing travel and tourism priorities.

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Juan Kuryla, *Port Director & CEO, Port Miami*

Mr. Kuryla began his career with Miami-Dade County in the Parks and Recreation Department in 1987. He moved to the County's Finance Department in 1993 as an administrative officer, where he managed a grants program funded by tourist tax dollars. After approximately a year and a half in the Finance Department, Mr. Kuryla took the position of Section Head at the County's Public Works Department's Road, Bridge and Canal Maintenance Division.

In 1996, Mr. Kuryla was promoted to work in the County Manager's Office as an Assistant Administrator. He was promoted again in May 1998 to the Port of Miami as Assistant to the Port Director, where he oversaw the Department's local, state and federal legislative agenda. From February 2001 through February 2007 Mr. Kuryla held the positions of Assistant Port Director for Intergovernmental Affairs and Assistant Port Director for Intergovernmental Affairs and Promotions.

In 2007, Mr. Kuryla was promoted to Assistant Port Director for Maritime Services. In this capacity, he served as co-lead negotiator for the Port on all long term agreements executed with cruise and cargo customers as well as oversaw Port operations, facilities management, berthing, and property management, in addition to the customer service, business development, public information and media relations. In 2009, Mr. Kuryla was promoted to Deputy Port Director. In this capacity, he was responsible for directly overseeing the Port's five assistant port directors. In May 2013, Mr. Kuryla was promoted to Seaport Director Designee.

On April 1, 2014 Mayor Carlos A. Gimenez appointed Mr. Kuryla to the position of Director of Port Miami, where he oversees operations and capital development for the largest cruise port in the world. In 2013, 4.13 million passengers passed through Port Miami's terminals and berthed 2500 cargo and cruise vessels. Port Miami generates more than 207,000 jobs and has an economic impact of 27 billion.

Mr. Kuryla holds a Bachelor of Business Administration and Master of Business Administration from Florida International University. In 2010, Mr. Kuryla obtained his Professional Port Manager PPM® degree from the American Association of Port Authorities (AAPA).

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Captain John Murray, *Port Director & CEO, Port Canaveral*

Captain John W. Murray joined the Canaveral Port Authority (CPA) in February 2016. A highly respected maritime executive, Capt. Murray brings a wealth of maritime experience to his role as Chief Executive Officer and Port Director for one of the world's most dynamic ports.

Prior to joining CPA, Capt. Murray was president and chief executive officer of Hapag-Lloyd USA, the U.S.-flag shipping subsidiary of Hapag-Lloyd AG, a leading global liner shipping company. A 40-year maritime industry veteran, Capt. Murray has held numerous positions of responsibility, rising through the management ranks following various mergers and acquisitions at Lykes Lines, CP Ships and finally, Hapag-Lloyd.

A U.S. Coast Guard licensed captain, Capt. Murray earned a Bachelor of Science Degree in Nautical Science from the Maine Maritime Academy. Upon graduation, he joined Lykes Lines as a Third Mate, quickly rose to Master, and his last at-sea assignment was commanding the S.S. Brinton Lykes. Capt. Murray's shore side assignments included Mid-Atlantic Division Regional Operations Manager in Norfolk, Va., overseeing vessel fleet operations for Lykes' Marine Division, and Vice President, Operations with responsibility for all Lykes Lines container logistics, marine and insurance activities. He was named President and CEO of Lykes Lines in 2000.

Capt. Murray is at the helm of Port Canaveral, one of Florida's fastest growing seaports. With a staff of more than 200 Port employees, he manages a world-class gateway for cruises, cargo, recreation and logistics, as well as a gateway to new frontiers, including space.

Capt. Murray has been a member of the National Cargo Bureau since 1997, was elected to the American Bureau of Shipping in 2016, and is appointed to the National Academies of Sciences, Engineering, and Medicine (NASEM) Transportation Research Board. He served on the U.S. Transportation Command (USTRANSCOM) Executive Working Group (EWG) and participated in the biannual Department of Defense forum established to regularly interact with commercial ocean carriers supporting U.S. military sealift requirements. Capt. Murray has testified before the U.S. Congress as a subject matter expert in maritime industry management and vessel operations in a global economy. His additional professional affiliations include a long-standing member of the National Defense Transportation Association, the Navy League of the United States, the Council of American Master Mariners, and the International Propeller Club chapters in Washington, D.C., Tampa and Port Canaveral, Florida.

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Glenn Wiltshire, *Acting Port Director & CEO, Port Everglades*

The Broward County Commission appointed Glenn Wiltshire as Acting Chief Executive and Port Director of Port Everglades following the recent death of Steven Cernak in March 2019. Wiltshire, a 30-year U.S. Coast Guard veteran, has served as Deputy Port Director since 2006.

During Wiltshire's tenure at Port Everglades, he successfully implemented several innovative programs to support increasing cargo, cruise, and petroleum volumes. He worked closely with U.S. Customs and Border Protection and other state and federal agencies to introduce new technology such as facial recognition, mobile and automated passport control. He also negotiated multiple long-term commercial agreements and managed capital improvements to port facilities. As Chair of the Florida Seaport Transportation and Economic Development Council Security Committee, Wiltshire led a multi-year effort that resulted in legislative changes that eliminated duplicative state security standards and separate state criminal history checks.

Prior to joining Port Everglades, Wiltshire was the U.S. Coast Guard Captain of the Port of New York/New Jersey where he was responsible for all safety, security, environmental protection, and commerce operations programs in nation's third largest port. He also held leadership positions in Washington, DC, where he oversaw marine safety, environmental regulation, strategic transportation planning and defense response efforts.

Wiltshire earned a Master's degree in Public Administration from the John F. Kennedy School of Government at Harvard University, and a Bachelor's degree in Ocean Science from the United States Coast Guard Academy.

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From: Gambineri, Mara
To: Meiner, Drew; Thorpe, Amanda; Ash, Ryan; Ferre, Helen; Beatrice, Meredith M.; Mons, Robert; Aaron, Chelsea; Himrod, LeAnna; Henderson, Olivia; Tweed, Christina; Jones, Morgan; Kopelousos, Stephanie; Lukis, Adrian; Clark, David; Moulton, Diane; Spencer, Chris; McCloud, Cody; Marquez, Jonas; Saccio, Steven; Wonsock, Kiersten M.; Castellanos, Silvia; Ash, Ryan
Cc: Schmitt, Christina; Wagner, Maureen
Subject: RE: Briefs for Tomorrow
Date: Monday, March 2, 2020 12:10:00 PM
Attachments: 03022020 COVID MIAMI.docx

Miami Brief updated with additional RSVPs

From: Gambineri, Mara
Sent: Monday, March 2, 2020 11:21 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Miami Brief updated with additional RSVPs

From: Gambineri, Mara
Sent: Monday, March 2, 2020 8:55 AM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>;

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Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: RE: Briefs for Tomorrow

Tampa Brief updated with additional RSVPs.

From: Gambineri, Mara
Sent: Sunday, March 1, 2020 11:29 PM
To: Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Tweed, Christina <Christina.Tweed@eog.myflorida.com>; Jones, Morgan <Morgan.Jones@eog.myflorida.com>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Clark, David <David.Clark@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Cc: Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wagner, Maureen <Maureen.Wagner@eog.myflorida.com>
Subject: Briefs for Tomorrow

All,

Please see attached briefs for tomorrow:

- Agency Heads Meeting
- Tampa Press Conference
- VPOTUS
- Miami Press Conference

NOTE: The press conference briefs will be updated in the morning when we get additional RSVPs.

Thank you,
Mara

AMERICAN OVERSIGHT

Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

EVENT POC/STAFFERS

EOG Regional Representative: Chelsea Aaron, (954) 328-2047, Silvia Castellanos, (786) 531-9842
EOG Communications: Cody McCloud, (850) 241-3728
DOH-Miami Dade Contact: Olga Connor, (305) 926-5960

PURPOSE

Governor DeSantis will host a press conference regarding Coronavirus (COVID-19)

EVENT INFORMATION

Principals:	**THE GOVERNOR, LT. GOVERNOR**
Indoor/Outdoor:	Indoor
Format:	Press Conference, Tour, Roundtable
Press:	Open (Closed Roundtable)
Visual:	County Health Department
Attire:	Business
Podium:	Yes
Weather:	76°F / Partly Cloudy - 10% chance of precipitation

CONFIRMED PARTICIPANTS

1. Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*
2. Dr. Shamarial Roberson, *Deputy Secretary for Health, Florida Department of Health*
3. Richard Corcoran, *Commissioner, Florida Department of Education*
4. Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*
5. Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*
6. Mark Racicot, *CEO, North Shore Medical Center*
7. Esteban Bovo, *Commissioner, Miami-Dade County Commission*
8. Rebecca Sosa, *Commissioner, Miami-Dade County Commission*
9. Roberto Martell, *Mayor, Medley*
10. Cliff Bauer, *Vice President of Government Relations, Miami Jewish Health*
11. Steven Sonenreich, *President and CEO, Mount Sinai Medical Center*
12. Matt Love, *Interim President and CEO, Nicklaus Children's Hospital*
13. Jose Pepe, *Commissioner, Miami-Dade County Commission*
14. Rodolfo Garcia, *CEO, Westchester General Hospital*
15. Emmanuel Louis, *Chief, Hialeah Fire Department*
16. Armando Rojas, *Emergency Manager, City of Hialeah*

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17. Jonathan Martinez, *Executive Officer, City of Hialeah Mayor's Office*
18. Carlos A. Gimenez, *Mayor, Miami-Dade County*
19. Chief Rowan Taylor, *Division Chief, Miami-Dade County Fire/EMS*
20. Senator Rudy Garcia, *CEO, Westchester General Hospital*
21. Dr. Jose David Suarez, *Chief Medical Officer, Westchester General Hospital*
22. Sue Willemsen, *Director of Infection Control, Westchester General Hospital*
23. Jennie Cox, *Director of Nursing, Westchester General Hospital*
24. Eli DelaRosa, *Director of ER, Westchester General Hospital*
25. Marlene Rabinovich, *Director of Risk Management, Westchester General Hospital*
26. Frederica Wilson, *Congresswoman, 24th District*

TIMELINE:

2:00 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson and Commissioner Corcoran arrive at the Florida Department of Health in Miami-Dade County **Met by:** Dr. Yesenia Villalta, Administrator, Florida Department of Health in Miami-Dade County
2:01 p.m.	**Governor DeSantis** and the group move to the Podium
2:02 p.m.	**Governor DeSantis** delivers remarks and introduces Lieutenant Governor Nuñez
2:09 p.m.	Lieutenant Governor Nuñez delivers remarks and introduces State Surgeon General Dr. Rivkees
2:14 p.m.	State Surgeon General Dr. Rivkees delivers remarks
2:21 p.m.	**Governor DeSantis** moves back to the Podium and opens up for questions
2:30 p.m.	**Governor DeSantis** concludes Press Conference
2:31 p.m.	**Governor DeSantis** and group moves to Roundtable
2:32 p.m.	**Governor DeSantis** opens roundtable discussion
3:02 p.m.	**Governor DeSantis** concludes roundtable and departs for Lab Tour
3:05 p.m.	**Governor DeSantis** and group transition to Lab location **Met by**: Dr. Stephen White

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3:07 p.m.	**Governor DeSantis**, Lieutenant Governor Nuñez, State Surgeon General Dr. Rivkees, Dr. Roberson, Commissioner Corcoran and the media tour the lab. Dr. Stephen White leads tour
3:30 p.m.	Lab tour concludes; **Governor DeSantis** and group depart

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Press Conference Regarding COVID-19

Monday, March 2, 2020 2:00 p.m. – 3:30 p.m.
Florida Department of Health in Miami-Dade County, 1350 NW 14th Street, Room 401, Miami, FL 33125

BIOGRAPHIES:



Dr. Scott Rivkees, *State Surgeon General and Secretary, Florida Department of Health*

Dr. Scott A. Rivkees, Florida's Surgeon General, is focused on protecting, promoting and improving the health of everyone who calls Florida home. As Surgeon General, Dr. Rivkees also serves as state health officer for the Florida Department of Health. In this capacity, he oversees the operations of the state health office in Tallahassee, 67 county health departments, 22 area offices for the Division of Children's Medical Services, 12 regional offices for the Division of Medical Quality Assurance, nine area offices for the Division of Disability Determinations and three public health laboratories.

Dr. Rivkees has committed his career to building a culture of health that can help each adult and child in Florida live a long and healthy life.

Before his tenure as Florida's Surgeon General, Dr. Rivkees served as chair of the department of pediatrics at the University of Florida College of Medicine and physician-in-chief of UF Health Shands Children's Hospital, part of UF Health Shands Hospital and the University of Florida's Academic Health Center. He also served as academic chair of pediatrics at Orlando Health and the University of Florida College of Medicine pediatric chair at Studer Family Children's Hospital at Sacred Heart in Pensacola.

Dr. Rivkees is a graduate of Rutgers University and the University of Medicine and Dentistry of New Jersey. He received residency, fellowship and postdoctoral training and served as faculty at Massachusetts General Hospital and Harvard Medical School. Before moving to Florida, Dr. Rivkees served as professor of pediatrics with tenure at Yale University. As associate chair for research he started and directed the Yale Pediatric Thyroid Center, one of the first of its kind in the United States.

Dr. Rivkees has worked with the National Institutes of Health and the U.S. Food and Drug Administration on drug safety issues. He was responsible for the safety alert on liver toxicity caused by the antithyroid drug propylthiouracil. This led to major international treatment practice changes. For his effort, he was recognized as the 2018 recipient of the American Thyroid Association's Paul Starr Award.

AMERICAN OVERSIGHT

During his career, Dr. Rivkees has been named as "One of America's Best Doctors," "One of America's Top Pediatricians" and "One of New York's Best Doctors." He is a member of the American Society for Clinical Investigation, the Connecticut Academy of Science and a fellow of the American Academy for the Advancement of Science. Dr. Rivkees is also a recipient of the Pioneer Award from CARES and the Special Service Award from the American Academy of Pediatrics.

Dr. Rivkees has had more than 30 years of continuous research funding from the National Institutes of Health. He has more than 250 publications.

He is past chair of the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development. He is past chair of the Advocacy Committee of the Association of Medical School Pediatric Department Chairs, past treasurer of the Florida Chapter of the American Academy of Pediatrics and past member of the Pediatric Policy Council.

Dr. Shamarial Roberson, *Deputy Secretary for Thursday, Florida Department of Health*

Dr. Roberson most recently served as the Department's Director for the Division of Community Health Promotion. She joined the Department as a chronic disease epidemiologist and evaluator where she served for two years as the bureau epidemiologist. Dr. Roberson was also a section administrator in Chronic Disease Prevention, providing administrative direction and policy coordination for the Bureau. Her first job out of college was as a middle school teacher, where she taught science and health for more than four years.

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Richard Corcoran, *Commissioner, Florida Department of Education*



Commissioner Richard Corcoran moved to Florida as a child in 1976. Both of his parents grew up during the Great Depression and fought in World War II. They instilled a great sense of pride in public service and duty in him at an early age.

From them, Commissioner Corcoran developed the principles by which he and his wife of over 24 years, Anne, who is also an attorney, teach their six children today.

Commissioner Corcoran grew up in Pasco County, Florida where he graduated from Hudson High School. He earned a Bachelor's Degree from St. Leo College in 1989 and a Juris Doctorate from Regent University in 1996. While enrolled in college, Richard also served in the U.S. Naval Reserve (1987-1993).

Commissioner Corcoran has been a practicing attorney in Florida for almost 20 years. He also served as the Speaker of the Florida House from 2016-2018. During his tenure in the state House, he pushed through over $10 billion in tax cuts, the elimination of over 5,000 regulations, the massive expansion of school choice, and the strongest ethics and transparency laws in state history.

Commissioner Corcoran is a passionate advocate for improving the education system in Florida. He fully believes every child can learn and that all children deserve the opportunity to receive a world-class education.



Dr. Stephen White, *Director, Florida Department of Health Miami Laboratory*

Stephen serves as the bioterrorism defense coordinator for the Florida Department of Health. He has held this position for nearly four years. He previously served in the same role from August 2011 to June 2015.

Stephen has a PhD in public health from Florida International Univiersity as well as bachelors and masters degrees from Texas Tech University in clinical laboratory science and practice management.

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Dr. Yesenia Villalta, *Administrator, Florida Department of Health in Miami-Dade County*

Dr. Villalta was born in Miami, Florida. After graduating from Coral Gables High School, she attended Miami-Dade College, where she majored in chemistry. Dr. Villalta is a three-time graduate of the University of Miami School of Nursing, where she earned a Bachelors and Masters of Science in Nursing as well as a Doctor of Nursing Practice degree. Upon graduation, she worked in the private sector and then made a change to public health.

Dr. Villalta has nearly 13 years of experience in a variety of public health functions and 19 years in the field of nursing. She started her career with public health in 2005, at DOH-Miami-Dade as an Advanced Practice Registered Nurse. Dr. Villalta also served as Assistant Director of Nursing in 2007, until being appointed Executive Community Health Nursing Director in 2014.



Mark Racicot, *CEO, North Shore Medical Center*

Prior to his appointment to North Shore Medical Center Racicot was the chief executive officer at Florida Medical Center and he also served as the chief operating officer at Palmetto General Hospital where he was also the lead COO for Tenet's Miami-Dade Group hospitals. Under his leadership of Broward and Miami-Dade, Racicot implemented processes to improve standardization and efficiency across the five hospitals. He also helped create a regional capital plan to refurbish patient rooms over a three year period across the ten hospitals in Florida. At Palmetto, Racicot oversaw the design and construction of the hospital's new 31-bed clinical decision unit. He also managed a variety of projects including a new CT unit and MRI replacement in the imaging department and telemetry system upgrades on three nursing units. A known relationship builder, Racicot was also responsible for leading ancillary and support teams to significantly improve throughout and patient experience. He previously worked in healthcare in New England.

Racicot holds a Bachelor of Science degree in Civil Engineering from WPI and is a registered engineer. In addition, he has a Master of Business Administration from Fitchburg State University.

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Esteban Bovo, *Commissioner, Miami-Dade County Commission*

Esteban L. Bovo, Jr. was elected in 2011 to serve as the Miami-Dade County Commissioner representing District 13, which includes Hialeah, Miami Lakes, Palm Springs North, and neighboring areas of unincorporated Miami-Dade. On December 6th, 2016 Commissioner Bovo was elected Chairman of the Board of County Commissioners for the 2017-2018 term.

Bovo commenced his public service when he was appointed Councilman for the City of Hialeah in 1998. After being re-elected twice, Chairman Bovo's colleagues selected him as President of the Hialeah City Council and he remained in that capacity throughout his term. As Councilman, Bovo sponsored the anti-predator legislation and focused on improving the city for the residents.

In November 2008, Bovo was elected as State Representative for District 110 and was re-elected without opposition in 2010. During his tenure in the Florida Legislature, Bovo was an outspoken advocate for the historic Hialeah Park and worked diligently towards its re-opening. Throughout the 2009 legislative session, he also sponsored a resolution naming May as "A Safe Haven for Newborns Month," in recognition of the Gloria M. Silveiro Foundation. Additionally, he designated April 17, 2009 as "Bay of Pigs Memorial Day" in commendation of the Museum and Library for 2506 Assault Brigade, where historic memorabilia is preserved.

Bovo continued to focus his legislative agenda on the betterment and safety of our community by sponsoring the Ashley Nicole Valdes Act, which requires defendants who have been arrested for leaving the scene of a fatal accident to be held in custody until a judge ruling. Due to his tenacity and dedication to public service, his colleagues in the Florida Legislature nominated him as Chairman of the Hispanic Legislative Caucus and was subsequently chosen to chair the Committee of Business Regulation in Tallahassee.

Bovo as Chairman of the County Commission has restructured the commission committee system and established a Chairman's Policy Council to address several key issues facing our community. The Policy Council has been tasked with developing recommendations to address issues such as mass transit expansion funding, courthouse and jail infrastructure funding, sea level rise, housing affordability, and gun violence epidemic. As a County Commissioner, Esteban Bovo, Jr. maintains an open-door policy and continues his commitment to improving our quality of life in Miami-Dade County.

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Esteban L. Bovo, Jr. was born on June 12, 1962 in Queens, New York to Marilyn and Esteban Bovo-Carás.. Esteban Bovo has been a proud resident of Miami-Dade County for over 47 years and holds a Bachelor's degree in Political Science from Florida International University. He is married to Viviana and has five children; Oscar, Bianca, Esteban, Sofia, and Alessandro.



Rebecca Sosa, *Commissioner, Miami-Dade County Commission*

Rebeca Sosa has served on the Miami-Dade County Commission as District 6 commissioner since June 2001. She has been re-elected four times - most recently in 2014 without opposition- to represent the residents of the City of Miami, Coral Gables, West Miami, Hialeah and Miami Springs and the unincorporated communities of Schenley Park, Coral Villas, Red Bird, Coral Terrace, Little Gables and Fontainebleau.

On Nov. 20, 2012, she was elected by her colleagues as Chairwoman of the County Commission where she served a two-year term.

Commissioner Sosa was born in Camaguey, Cuba. She received her Bachelor Degree in Secondary Education from the University of Puerto Rico and a Bachelor Degree in Elementary Education from Saint Thomas University where she graduated Summa Cum Laude. She holds certifications both in elementary education and as an instructor for English for Speakers of Other Languages (ESOL). Commissioner Sosa has been an educator for more than 30 years and is currently a teacher-trainer for Miami-Dade County Public Schools.

Prior to joining Miami-Dade County, Commissioner Sosa served as mayor of the City of West Miami from 1994 to 2001 where her leadership resulted in the city's recovery from a 52 percent budget deficit, thus removing it from the Governor's Emergency List.



Roberto Martell, *Mayor, Town of Medley*

As Mayor of the Town of Medley, Roberto Martell is committed to serving his community. Mayor Roberto Martell began his public service in 2008 after being elected to the seat of Councilperson. In 2012, he was elected as Mayor of the Town of Medley, and in 2016 was re-elected for his second term as Mayor. Mayor Martell always puts forth the best interests of the residents, staff and business which make Medley what it is

AMERICAN OVERSIGHT

today.

Establishing his construction company, Martell Construction in 1987, Roberto Martell always excelled beyond the highest levels of expertise and honesty in the industry. Prior to beginning his company, Roberto Martell oversaw construction work on the Metro Rail, as well as drew up plans for new, turn-key properties. Inhis business, Martell believed in being straightforward and facilitating the construction process for his clients, including addressing any concerns regarding the before and during the construction, adhering to a strict construction timetable, and making sure work was completed in the most time and cost-effective way possible.

In March of 2016, Mayor Roberto Martell was appointed by Florida Governor Rick Scott to the Metropolitan Planning Organization of Miami-Dade County. Mayor Martell also proudly serve's on the following committee's: South Florida Regional Planning Council, MPO's Executive Policy Committee and the MPO's Fiscal Priorities Committee. Through his hard work and dedication, Mayor Martell continues to strive to bring economic growth and development to his Town.



Cliff Bauer, *Vice President of Government Relations, Miami Jewish Health*

Cliff Bauer oversees and represents Miami Jewish Health's PACE program and other public health programs and services to state and federal government agencies and regulators. He has more than 40 years of experience in healthcare management and has consulted for and guided healthcare associations on Medicare Advantage HMO programs and public health department grant programs.

Bauer is on the board of directors for the National PACE Association, Greater Miami Chamber of Commerce and Our Florida Promise, and is an adjunct professor at Florida International University.

He holds a Bachelor of Arts in biology from the University of Missouri and a master's degree in health administration from St. Louis University.

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Steven Sonenreich, *President & CEO, Mount Sinai Medical Center*

Steven D. Sonenreich's 35-year career in healthcare began at Mount Sinai Medical Center in 1976.

In 1996, Steve left Mount Sinai for the opportunity to become chief executive officer of Cedars Medical Center in Miami. Under his direction, Cedars won several awards for customer service and overall performance. The Mount Sinai Medical Center Board of Trustees recruited Steve back to the hospital in his current position in late October 2001.

Under Sonenreich's leadership, Mount Sinai has been designated one of America's Top Hospitals for the last five consecutive years by U.S. News & World Report. In addition, Sonenreich helped expand Mount Sinai's operations over six South Florida locations to include the region's only freestanding emergency department and multiple outpatient physician offices. He has been honored as 2012 Citizen of the Year by the Miami Beach Chamber of Commerce and he received an award from The South Florida Business Journal as one of the ten Miami Ultimate CEOs in 2012.

He earned his Bachelor of Arts degree from the State University of New York at Binghamton and a Master of Business Administration and Certification in Healthcare Administration from the University of Miami.



Matthew A. Love, *President and CEO, Nicklaus Children's Health System*

Matthew A. Love has accepted the permanent role of president and chief executive officer (CEO) at Nicklaus Children's Health System (NCHS) in January 2020. Love, who joined the health system as chief financial officer in October 2018, was appointed interim president and CEO by the NCHS board of directors in July 2019.

Love has more than 20 years of experience in financial and operational oversight in both adult and pediatric healthcare systems. Prior to joining NCHS, he served as senior vice president and chief financial officer of Regions for Mercy Health System in Ohio, where he led a team of seven regional chief financial officers.

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Jose Pepe, *Commissioner, Miami-Dade County Commission*

Commissioner Jose "Pepe" Diaz serves as the Commissioner for District 12, which includes the cities of Doral, Hialeah, Hialeah Gardens, Medley, Sweetwater, Virginia Gardens, and a large portion of unincorporated Miami-Dade County. He was first elected as commissioner in September 2002 and was re-elected to a fifth term in 2018. He also served as the Vice-Chairman of the Miami-Dade Board of County Commissioners from 2009-2010.

Commissioner Diaz has served in various capacities on different committees of the County Commission. Currently, he serves on the Health Care and County Operations Committee, the Public Safety and Rehabilitation Committee and the Parks, Recreation and Cultural Affairs Committee. He also serves as the Chairman of the Miami-Dade Value Adjustment Board and is a member of the South Florida Regional Planning Council. Additionally, Commissioner Diaz, who proudly served as a member of the U.S. Marine Corps, was appointed as Miami-Dade County's Military Liaison and also serves as the Chairman of Miami-Dade County's Military Affairs Board.

On the international level, Commissioner Diaz serves as Chairman of the International Trade Consortium Board and is an advocate for trade and forging partnerships with other nations. In March 2010, Commissioner Diaz was appointed by U.S. Trade Representative Ron Kirk to serve on the Intergovernmental Policy Advisory Committee on Trade (IGPAC), and proudly served until April 2018. In this capacity, Commissioner Diaz advised, consulted with, and made recommendations to the U.S. Trade Representative from the perspective of local governments. He also serves as Chairman of the Jay Malina International Trade Consortium (ITC), where he has been instrumental in making profitable connections for businesses on behalf of Miami-Dade County with the Caribbean and Latin America. He toured several Asian cities in 2005 (Tianjin, Hong Kong and Shanghai), met with government officials and business organizations to promote trade partnerships, and participated in a ceremony to mark a joint venture between Florida International University and Tianjin University of Commerce. The commissioner and the Asian delegation also secured a cooperative agreement for the County with Tianjin's Municipal People's Government.

Before joining the Commission, Commissioner Diaz worked to resolve the ongoing flooding issues throughout Miami-Dade County as Mayor of Sweetwater.

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Commissioner Jose "Pepe" Diaz is married and has three daughters. He was born in Pinar del Rio, Cuba and has lived in Sweetwater, Fla., for more than 30 years. In 1979, Commissioner Diaz enlisted in the U.S. Marine Corps and was honorably discharged in December 1984. In 1986, he began his career in public service as Chairman of the City of Sweetwater Police Retirement Trust Fund Board. For the next seven years, he served on the City of Sweetwater Commission and was elected Mayor of Sweetwater in May 1999.



Rodolfo Garcia, *CEO, Westchester General Hospital*

Rodolfo "Rudy" Garcia (born April 15, 1963) was a Republican member of the Florida Senate, representing the 40th District since 2001. Previously he was a member of the Florida House of Representatives from 1985 through 2000. He ran for Mayor of Hialeah, Florida in 2011, but lost. Garcia has ben the CEO of Westchester General Hospital since 2017.

Jonathan Martinez, *Executive Officer, City of Hialeah Mayor's Office*

Jonathan Martinez is the Mayor's Executive Officer in the City of Hialeah. He has served in this position for over two years. Prior to this, Martinez worked for the City of Hialeah for nearly thirteen years as a Community Development Administrative Officer and the Mayor's Liaison to Community Development. He is also a Trust Member at Citizen Independent Transportation Trust. Martinez attended Barry University.

AMERICAN OVERSIGHT

From: Moulton, Diane
To: Pottebaum, Nic D. EOP/WHO
Cc: Strum, Shane; McCloud, Cody; Mons, Robert
Subject: RE: CONFIRMATION (FL) -- Governor-Only Briefing Call on Monday, March 2 at 12:00 p.m. ET
Date: Monday, March 2, 2020 9:41:49 AM
Attachments: image001.png

Got it. Thank you, Nic!

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Monday, March 2, 2020 9:38 AM
To: Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Subject: FW: CONFIRMATION (FL) -- Governor-Only Briefing Call on Monday, March 2 at 12:00 p.m. ET

Making sure the governor get this.

From: Pottebaum, Nic D. EOP/WHO
Sent: Monday, March 2, 2020 8:48 AM
To: 'Shane.Strum@eog.myflorida.com' <Shane.Strum@eog.myflorida.com>
Cc: Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>
Subject: RE: CONFIRMATION (FL) -- Governor-Only Briefing Call on Monday, March 2 at 12:00 p.m. ET

Shane,

We have ***updated*** the phone number to dial-in. The access code is still the same. I apologize for the change. **Please confirm you received this update.**

- **Phone Number for Governor Dial-In Only:** 800-320-4330 *(Note: this phone number will not start working until 6:00 a.m. ET on March 2)*
- **Access Code for Governor Only:** [redacted]
- **Testing & Troubleshooting:** Governors' staff may contact the FEMA Operations Center (540-542-2171) to conduct a test at least one hour prior to connecting to the call.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,

AMERICAN OVERSIGHT

Nic

From: Pottebaum, Nic D. EOP/WHO
Sent: Sunday, March 1, 2020 7:08 PM
To: 'Shane.Strum@eog.myflorida.com' <Shane.Strum@eog.myflorida.com>
Cc: Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>
Subject: CONFIRMATION (FL) -- Governor-Only Briefing Call on Monday, March 2 at 12:00 p.m. ET

Note: This email and its content is not for sharing or distribution outside of a governor and governor's senior staff. Each governor is permitted only one dial-in per state (no exceptions). Please read this email carefully, and please confirm receipt of email and instructions.

THE WHITE HOUSE

Shane,

Your Governor is **CONFIRMED** to participate in the **Governors-only Briefing Call with Vice President Mike Pence** and Senior Administration Officials on **Monday, March 2, 2020 at 12:00 p.m. Eastern Time** for an update on the Federal-State-Local preparedness and response efforts to COVID-19.

Briefing Call Details

- **Date:** Monday, March 2, 2020
- **Time:** 12:00 p.m. Eastern Time
- **Expected Length:** 30 minutes
- **Federal Participants:** Vice President Mike Pence, HHS Secretary Azar, and additional Senior Administration Officials
- **Governors-Only Participation:** Participation in this call is for governors only. While we are allowing governors to be joined by their relevant cabinet members and key state officials (in the room with the governor – i.e. one call-in per state), only governors will be allowed to actively participate in the briefing.

Call-In Information – ONLY ONE DIAL-IN PER STATE (NO EXCEPTIONS)

Please read carefully and do NOT share or distribute the call-in information. The call line has limited lines and we are permitting only one call-in per state. All relevant cabinet members and key state officials must join their governor in the same room to ensure you are using the access code only once per state. ***If your state dials-in using the same access code as the governor, you may prevent your governor from participating in the call as lines are limited.***

AMERICAN OVERSIGHT

- **Phone Number for Governor Dial-In Only:** ~~888-600-5819~~ *(Note: this phone number will not start working until 6:00 a.m. ET on March 2)*
- **Access Code for Governor Only:** [redacted]
- **Testing & Troubleshooting:** Governors' staff may contact the FEMA Operations Center (540-542-2171) to conduct a test at least one hour prior to connecting to the call.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

AMERICAN OVERSIGHT

From:	Pottebaum, Nic D. EOP/WHO
To:	Strum, Shane
Cc:	Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO; Imhoff, Olivia
Subject:	RE: CONFIRMATION (FL) -- Governor-Only Briefing Call on Monday, March 2 at 12:00 p.m. ET
Date:	Monday, March 2, 2020 10:51:56 AM
Attachments:	image001.png

Thanks!

From: Strum, Shane <Shane.Strum@eog.myflorida.com>
Sent: Monday, March 2, 2020 10:45 AM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>
Subject: [EXTERNAL] RE: CONFIRMATION (FL) -- Governor-Only Briefing Call on Monday, March 2 at 12:00 p.m. ET

Hi Nic,

Received and shared with the team traveling with the Governor.

Shane

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Monday, March 2, 2020 8:48 AM
To: Strum, Shane <Shane.Strum@eog.myflorida.com>
Cc: Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia <Olivia.P.Imhoff2@who.eop.gov>
Subject: RE: CONFIRMATION (FL) -- Governor-Only Briefing Call on Monday, March 2 at 12:00 p.m. ET

Shane,

We have ***updated*** the phone number to dial-in. The access code is still the same. I apologize for the change. **Please confirm you received this update.**

- **Phone Number for Governor Dial-In Only:** 800-320-4330 *(Note: this phone number will not start working until 6:00 a.m. ET on March 2)*
- **Access Code for Governor Only:** [redacted]
- **Testing & Troubleshooting:** Governors' staff may contact the FEMA Operations Center (540-542-2171) to conduct a test at least one hour prior to connecting to the call.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

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Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,
Nic

From: Pottebaum, Nic D. EOP/WHO
Sent: Sunday, March 1, 2020 7:08 PM
To: 'Shane.Strum@eog.myflorida.com' <Shane.Strum@eog.myflorida.com>
Cc: Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>
Subject: CONFIRMATION (FL) -- Governor-Only Briefing Call on Monday, March 2 at 12:00 p.m. ET

***Note*: This email and its content is not for sharing or distribution outside of a governor and governor's senior staff. Each governor is permitted only one dial-in per state (no exceptions). Please read this email carefully, and please confirm receipt of email and instructions.**

THE WHITE HOUSE

Shane,

Your Governor is **CONFIRMED** to participate in the **Governors-only Briefing Call with Vice President Mike Pence** and Senior Administration Officials on **Monday, March 2, 2020 at 12:00 p.m. Eastern Time** for an update on the Federal-State-Local preparedness and response efforts to COVID-19.

Briefing Call Details

- **Date:** Monday, March 2, 2020
- **Time:** 12:00 p.m. Eastern Time
- **Expected Length:** 30 minutes
- **Federal Participants:** Vice President Mike Pence, HHS Secretary Azar, and additional Senior Administration Officials
- **Governors-Only Participation:** Participation in this call is for governors only. While we are allowing governors to be joined by their relevant cabinet members and key state officials (in the room with the governor – i.e. one call-in per state), only governors will be allowed to actively participate in the briefing.

-

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Call-In Information – ONLY ONE DIAL-IN PER STATE (NO EXCEPTIONS)

Please read carefully and do NOT share or distribute the call-in information. The call line has limited lines and we are permitting only one call-in per state. All relevant cabinet members and key state officials must join their governor in the same room to ensure you are using the access code only once per state. ***If your state dials-in using the same access code as the governor, you may prevent your governor from participating in the call as lines are limited.***

-

- **Phone Number for Governor Dial-In Only:** ~~888-600-5819~~ *(Note: this phone number will not start working until 6:00 a.m. ET on March 2)*
- **Access Code for Governor Only:** [redacted]
- **Testing & Troubleshooting:** Governors' staff may contact the FEMA Operations Center (540-542-2171) to conduct a test at least one hour prior to connecting to the call.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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From:	Pottebaum, Nic D. EOP/WHO
Cc:	Hoelscher, Douglas L. EOP/WHO; Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO; Imhoff, Olivia
Subject:	RE: COVID-19 Update: Resources for All Americans & Framework for Mitigation
Date:	Wednesday, March 11, 2020 4:36:40 PM
Attachments:	image001.png

Good Afternoon,

As a follow-up to this morning's update, below you will find details on CDC's awarding of over $560 million State and local jurisdictions in support of COVID-19 response, and community mitigation strategies for Seattle (WA) and Santa Clara (CA).

CDC to Award Over $560 Million to State & Local Jurisdictions in Support of COVID-19 Response (more here)
The Department of Health and Human Services (HHS) is announcing another upcoming action by the Centers for Disease Control and Prevention (CDC) to provide resources to state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19). The $8.3 billion dollar Supplemental passed by Congress included statutory language which prescribed the exact formula for disbursing the money: states will receive 90% of their 2019 CDC PHEP grants. This marks the first tranche of funding to states from the $8.3 billion supplemental. Your state health officers are receiving a letter today from CDC outlining what is needed to receive the funding, essentially they need to submit a spend plan and they will receive guidance on what that spend plan should contain.

-

White House Coronavirus Task Force Announces Community Mitigation Strategies for Seattle, Santa Clara

The White House Coronavirus Task Force today recommended 30-day mitigation strategies for Seattle-King, Pierce, and Snohomish County, Washington, and Santa Clara County, California due to widespread transmission of coronavirus disease 2019 (COVID-19). These mitigation activities are designed to address the effects of COVID-19 on areas that are experiencing community spread.

"President Trump has made clear that the Task Force must move decisively to protect the health and safety of the American people," said Vice President Mike Pence. "These recommendations outline a whole-of-community approach to immediately minimize the impacts of coronavirus in these cities and towns. I look forward to the continued partnership between the Task Force and State and local leaders."

Earlier today, Vice President Pence spoke with California Governor Gavin Newsom and Washington Governor Jay Inslee about these community mitigation strategies. The Task Force and the Centers for Disease Control and Prevention (CDC) have worked closely with state and local leaders in California, Washington, and around the Nation to develop these strategies. Additionally, CDC has teams in these areas working with public health partners to respond to the situation on the ground.

Cooperation with communities, businesses, and healthcare organizations is necessary to implement extensive community mitigation activities with the goal of protecting:

- Individuals at risk for severe illness, including persons with underlying health

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conditions including immune suppression and especially seniors with underlying health conditions;
- The healthcare workforce; and
- Critical infrastructure workforces.

Due to widespread community transmission of COVID-19 in these communities, examples of mitigation strategies for these areas include, but are not limited to:

- Individuals should practice protective measures (e.g., hand washing);
- Schools should conduct regular health checks of students, staff, and visitors;
- Senior living facilities should implement social distancing measures;
- Workplaces should encourage staff to telework and expand sick leave policies;
- Community and faith-based organizations should move gatherings of any size to video-accessible venues or postpone/cancel; and
- Healthcare facilities should implement triage before entering facilities.

In making these recommendations, the Task Force considered guidance from multiple Federal agencies, including technical advice from CDC. These community mitigation strategies are recommended for 30 days, after which local and state public health officials, in coordination with CDC will reassess the individual community situations.

Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance
As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here and all CMS guidance related to COVID-19 can be found here.

Below you will find addition information.

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

---

From: Pottebaum, Nic D. EOP/WHO
Sent: Wednesday, March 11, 2020
Subject: COVID-19 Update: Resources for All Americans & Framework for Mitigation

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Good Morning,

The White House Task Force on Coronavirus and the Centers for Disease Control & Prevention have released two helpful documents for State, local, tribal, and community leaders.

- **Actions for All Americans** *(4-page slide deck)*
- **A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission** *(10-page frame work for States, localities, and communities)*

You can find additional information about both documents and resources below.

Actions for All Americans *(4-page slide deck)*

- Keeping the workplace safe
- Keeping the school safe
- Keeping the home safe
- Keeping commercial establishments safe

A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission *(10-page frame work for States, localities, and communities)*
Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts. Framework includes:

- Local Factors to Consider for Determining Mitigation Strategies
- Community mitigation strategies by setting and by level of community transmission or impact of COVID-19
- Potential mitigation strategies for public health functions

Recent Actions

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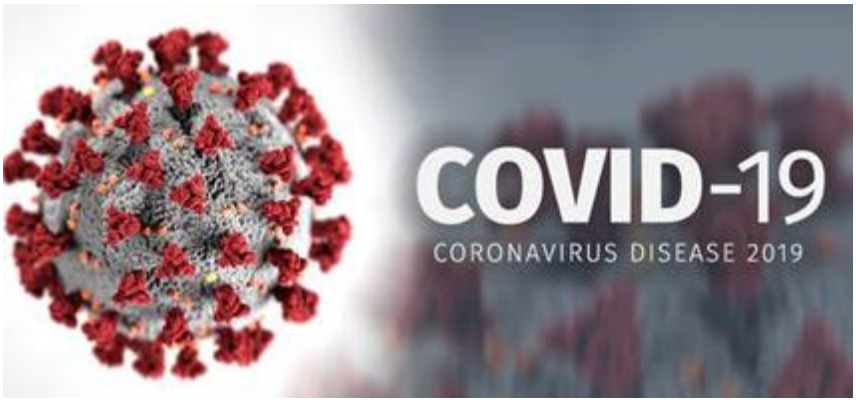
- HHS Supports Development of First High-Throughput COVID-19 Diagnostic Test (click here)
- CMS Issues Key Protective Mask Guidance for Healthcare Workers (click here)
- CMS Issues Clear, Actionable Guidance to Providers about COVID-19 Virus (click here)
- CMS Issues Call to Action for Hospital Emergency Departments to Screen Patients for Coronavirus (click here)
- Telehealth Benefits in Medicare are a Lifeline for Patients During Coronavirus Outbreak (click here)

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

---

Background & Additional Information (*Updated*)



Background: Under the leadership of President Trump and Vice President Pence, the full weight of the U.S. Government is working to protect the health and safety of the American people. Decisive action from President Trump at the beginning of the COVID-19 outbreak—including prudent travel restrictions and an early containment strategy—has given State and local officials and private sector partners time to prepare. In January, the President formed a Coronavirus Task Force, led by Vice President Mike Pence and comprised of subject-matter experts, to organize a whole-of-government response. The Coronavirus Task Force and broader Administration have worked and will continue to work with State-Local-Tribal officials and private sector and non-profit partners in preparing for and responding to the Coronavirus. ***It is important to note that at this time, the risk for the average American remains low, and all agencies are working aggressively to monitor this continuously evolving situation and to keep our partners and***

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the public informed.

Up-To-Date Information: The most up-to-date information and guidance can be found via the Centers for Disease Control and Prevention Coronavirus Disease 2019 website: HERE. The Coronavirus Task Force holds frequent national briefings which can be viewed live: HERE. You are also encouraged to follow HHS, CDC, and other agency social media channels for up-to-date information.

- What You Should Know (**here**)
- Travel Information (**here**)
- Preventing COVID-10 Spread in Communities (**here**)
- Higher Risk & Special Populations (**here**)
- Healthcare Professionals (**here**)
- Resources for Healthcare Facilities (**here**)
- Resources for Health Departments (**here**)
- Laboratories (**here**)
- Communication Resources (**here**)

Agency Resources and Contact Information: Below, please find agency-by-agency information, guidance, and contact information.

Resources *– Below, please find agency-by-agency resources and guidance.*

- U.S. Department of Health and Human Services (**here**)
- U.S. Department of Education (**here**)
- U.S. Department of Agriculture (**here**)
- U.S. Department of Labor (**here**)
- U.S. Department of Homeland Security (**here**)
- U.S. Department of State (**here**)
- U.S. Department of Veterans Affairs (**here**)
- U.S. Environmental Protection Agency (**here**)
- U.S. Department of the Interior (**here**)
- Centers for Medicare & Medicaid Services (**here**)

Contact Information *– Below, please find contact information for our Intergovernmental Affairs colleagues across the federal family. As State and local elected officials, they are your primary points of contact.*

- U.S. Department of Health & Human Services: Darcie Johnston (Phone – 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security: Cherie Short (Phone – 202-893-2941 / Email – cherie.short@hq.dhs.gov)
- U.S. Department of State: Bill Killion (Phone – 202-647-7595 / Email – killionw@state.gov)
- U.S. Department of Transportation: Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)
- U.S. Department of Education: Susan Falconer (Phone – 202-320-6837 / Email – susan.falconer@ed.gov)
- U.S. Department of Veterans Affairs: Thayer Verschoor (Phone – 202-461-7385 /

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Email – Thayer.verschoor@va.gov)
- U.S. Environmental Protection Agency: Britt Carter (Phone – 202-440-0728 / Email – carter.brittanys@epa.gov)
- U.S. Small Business Administration: Ryan Lambert (Phone – 202-615-6570 / Email – ryan.lambert@sba.gov)
- U.S. Department of Agriculture: Lillie Brady (Phone – 202-845-3872 / Email - lillie.brady@usda.gov)

Local Preparedness Tips: Responses locally executed, state managed, and federally supported.

- Ensuring clear, open lines of communication with the public and making information and guidance readily available.
- Sharing and disseminating *verified and accurate* guidance and information.
- Coordinating with State and local health authorities (a complete list of State & Territorial Health Department Websites can be found **here**)
- Reviewing local preparedness plans and strategies.

What You Need To Know: President Trump and the Administration Are Taking a Whole-Of-Government Approach to Protecting the American People



Top Line

- The risk to the American public remains low.
- The Coronavirus Task Force is marshalling a whole-of government response to COVID-19 and driving collaboration between Federal-State-Tribal-Local stakeholders.
- The Federal Government has been able to provide tests to all the state jurisdictions and labs that have requested it. In addition, all state labs have the test and are empowered to conduct the test themselves. Complementing these efforts, leading commercial laboratories in the country will soon have tests available for local

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doctors, pharmacies, and broadly to the American public.

President Trump has made the safety, security and health of the American people his top priority from day one.

- There is no higher priority for President Trump than protecting the health and safety of Americans.
- In 2018, President Trump signed the **National Biodefense Strategy**, which improves speed of action in situations such as this.
- While additional cases are expected, the general risk to the average American remains low, and the Administration is taking measures to keep the threat low.

Since the very beginning of the coronavirus outbreak, the President has taken an unprecedented whole-of-government approach to protect the American people.

- President Trump took unprecedented action and suspended all travel into the United States from China and has issued subsequent screening measures and guidance on travel from other impacted areas across the globe.
- Issuing a public health emergency declaration on January 31.
- Establishing the White House task force to combat the coronavirus spread. The Task Force is coordinating and marshalling the full resources and capabilities of the Federal government to respond to the coronavirus.
- Forging relationships and collaboration between the public and private sectors.
- Remained in close contact with our Nation's governors and other key stakeholders.
- *The Washington Times: **Thanks to Trump Administration, the United States has a Coronavirus Plan of Action**.*
- *Dr. Marc Siegel: **Coronavirus Public Health Response Has Been Handled Well***
- **Actions for All Americans** *(4-page slide deck)*
- **A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission** *(10-page frame work for States, localities, and communities)*

While the overall threat to the American public remains low, the President has directed the White House Task Force to take all steps to ensure the health and well-being of the American people and we are well-prepared.

- Americans do not need to change their day-to-day lives but should stay informed and practice good hygiene.
- There are good tried and true hygiene practices which can be very effective to reduce the chance of getting sick.
- Travelers are encouraged to always exercise healthy travel habits when traveling and to follow appropriate guidance (*see* **here**). At this time, there are no domestic travel restrictions in the United States.
- We are working rapidly on therapeutics and vaccines and have launched the first U.S. clinical trial for an investigational antiviral.
- The Federal Government has been able to provide tests to all the state jurisdictions and labs that have requested it. Between March 2nd and 5th, more than 900,000 tests were distributed across the country.
- The United States has the finest public health system in the world and knows the playbook to respond to infectious disease outbreaks.

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Local, State, tribal, & Federal coordinated preparedness & response efforts.

- Federal officials have been working diligently to communicate with State, local, and tribal officials on the Federal government's efforts to prepare and respond to COVID-1.
- Our Nation's Governors have participated in-person and on conference call briefings with Federal partners on January 30, February 9, February 20, March 2, and March 9. These communications remain ongoing.
- White House, OMB, HHS, DHS, DOT, and State Department Officials met with over 40 State, county, and city health officials from over 30 States and territories to thank them for their leadership and to continue discussions on the Federal-State-Local partnership to prepare and respond to COVID-19 (February 25).
- HHS, CDC, DHS, and Federal partners have held numerous national briefing calls with State, local, tribal, private-sector, and community leaders.
- The Trump Administration is partnering with State, local, and tribal elected and appointed leaders' associations.

Recent Actions: Below, please find pertinent updates on pertinent Administrations actions.

- Task Force Briefings (briefings are held on a frequent basis and can be viewed live **here**)
  - March 10: **Video**
  - March 9: **Video**
  - March 6: **Video**
  - March 4: **Video**
  - March 2: **Video**
  - February 29: **Video**
- Remarks by President Trump and Vice President Pence at a Coronavirus Briefing with Health Insurers (March 10) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (March 9) (**readout**)
- Remarks by Vice President Pence in a Coronavirus Briefing with Cruise Line Executives and Port Directors (March 7) (**transcript**)
- Remarks by President Trump After Tour of the Centers for Disease Control and Prevention (March 5) (**transcript**)
- President Trump Signs the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March 6) (**transcript**/**video**)
- President Trump and Vice President Pence attend Coronavirus Briefing with Airline CEOs (March 4) (**transcript**/**video**)
- Vice President Pence meets with Long-Term, Post-Acute and Palliative Care Provider Executives (March 4) (**transcript**)
- Centers for Medicare & Medicaid Services (CMS) Announces Actions to Address Spread of Coronavirus (March 4) (more **here**)
- President Trump Visits the National Institutes of Health and attends Roundtable Briefing (March 3) (**transcript**)
- Vice President Pence attends Coronavirus Briefing with Diagnostic Lab CEOs (March 4) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (**readout**)

AMERICAN OVERSIGHT

From: O"Malley, Devin M. EOP/OVP
To: Ferre, Helen
Cc: Strum, Shane
Subject: RE: Calls
Date: Wednesday, March 11, 2020 6:44:57 PM

Thanks, Helen. Saw that last night; I'll make sure our clarification is in line with that. To clarify, you sent all of these reporters that statement last night or today, or some combination of the two? Can I get emails for these folks too?

Thanks!!

Devin

From: Ferre, Helen <Helen.Ferre@eog.myflorida.com>
Sent: Wednesday, March 11, 2020 6:42 PM
To: O'Malley, Devin M. EOP/OVP <Devin.M.O'Malley@ovp.eop.gov>
Cc: Strum, Shane <Shane.Strum@eog.myflorida.com>
Subject: [EXTERNAL] Calls

Thank you Devin, glad to stay in touch. Statement discussed with Nic is as follows:

Governor DeSantis held a conversation with Dr. Anthony Fauci and Dr. Robert Redfield to discuss Florida's COVID-19 response and joint efforts that may help mitigate and contain this disease. Dr. Fauci emphasized COVID-19 in Florida is largely related to international travel and not community spread, at this time.

Nancy Ancrum, Editorial Page Editor Miami Herald: (305) 376-3517- cel: (305) 753-6658
Patricia Mazzei, NY Times: (786) 282-5527
Skyler Swisher, Sun Sentinel: (954) 200-9418
Ben Conarck, Miami Herald: (802) 399-2216
Glenna Milberg, WPLG Ch. 10: (305) 785-4901

Will stay in touch,

Helen

Helen Aguirre Ferre
Director of Communications
Governor Ron DeSantis
(850)717-9290
(850)717-9282
@HelenAguirreFer

Please note that under Florida law correspondence sent to the Governor's Office, which is not

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confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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From: Moulton, Diane
To: Robinson, Wesley
Cc: Andy Palmer
Subject: RE: Chemical Industry Response to COVID 19
Date: Wednesday, March 18, 2020 7:12:00 AM

Thank you sir. I will pass this information along.

From: Robinson, Wesley <Wes_Robinson@americanchemistry.com>
Sent: Tuesday, March 17, 2020 4:33 PM
To: Strum, Shane <Shane.Strum@eog.myflorida.com>
Cc: Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Andy Palmer <Andy.Palmer@MHDFirm.com>
Subject: Chemical Industry Response to COVID 19

Shane & Diane,

My name is Wes Robinson with the American Chemistry Council, the primary trade organization for the chemical industry. I know you both must be extremely busy and thanks for all that you are doing. Attached is a letter we are distributing to each Governor and the White House. It outlines the role that the chemical industry plays in fighting this pandemic, the steps we are taking to keep our employees safe, and to ask that when leaders consider directives to close businesses that the chemical sector be regarded as an essential sector since we have such a large role in this fight.

Please let me know if there is any way I can be of service to either of you and I am wishing you both the best as you work to combat this pandemic.

Thank you,

Wes

Wes Robinson | American Chemistry Council
Senior Director, State Affairs
wes_robinson@americanchemistry.com
900 Circle 75 Parkway, Suite 202 | Atlanta, GA | 30339
O: (770) 206-1347 | C: (404) 242-0116
www.americanchemistry.com/events

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From: St Laurent, Louise R
To: Primrose, Nicholas; Grow, Stefan; Ernst, Colleen; Jacquot, Joe
Subject: RE: Draft Attorney Work Product for Review
Date: Wednesday, March 18, 2020 4:58:15 PM
Attachments: DRAFT - Elective Procedures (COVID) (002) lws track changes 457pm.docx

I removed the second redundancy of PPE, it's in track changes. I agree it's good for circulation.

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Wednesday, March 18, 2020 4:56 PM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <stefan.grow@ahca.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

Updated. Are we ready to circulate?

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

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From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: March 18, 2020 4:43 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

Yes, health care practitioners are all DOH licensees, including dentists.

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:35 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

DOH.

I think our definition is broad enough to cover dental.

From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Wednesday, March 18, 2020 4:32 PM
To: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: [External] RE: Draft Attorney Work Product for Review

I'm unsure which agency licenses dental practices, but I presume AHCA or DOH. Louise? Stefan?

AMERICAN OVERSIGHT

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Sent: Wednesday, March 18, 2020 4:26 PM
To: StLaurent, Louise <louise.stlaurent@flhealth.gov>; Grow, Stefan <stefan.grow@ahca.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: Re: Draft Attorney Work Product for Review

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Get Outlook for iOS

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Sent: Wednesday, March 18, 2020 4:22:18 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
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Subject: Draft Attorney Work Product for Review

Please see the attached. The whereas clauses need some help. If someone can send me the draft of the 20-52 in word, I can modify some of those, or however you suggest we proceed.

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Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.
R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

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AMERICAN OVERSIGHT

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management – COVID-19 – Nonessential Elective Medical Procedures)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 18, 2020, President Donald J. Trump and the Centers for Medicare and Medicaid Services recommended providers limit all "nonessential" elective medical and surgical procedures, including dental procedures; and

WHEREAS, due to the outbreak of COVID-19, the State Surgeon General and the Secretary for the Agency of Health Care Administration have recommended, due to the current conditions caused by COVID-19 in this state, that appropriate measures must be taken to conserve all medical supplies, including personal protective equipment (PPE), to only that which is necessary to be used in response to this emergency or for any other medical event of urgent or emergent nature; and

DRAFT

AMERICAN OVERSIGHT

WHEREAS, due to the outbreak of COVID-19, it is necessary to preserve essential resources for use by health care professionals and others responding to this emergency, including ~~personal protective equipment (~~PPE~~)~~, that may be used by physicians, dentists, and other health care provider practices; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, and based on recommendations from the Department of Health and the Agency for Health Care Administration by reason of conditions arising from this emergency, I hereby employ the following measures and direct as follows:

Pursuant to section 252.36(7), Florida Statutes,

A. All licensed health care facilities in the state shall immediately cease performing elective procedures.

B. All health care practitioners licensed in Florida shall immediately cease performing elective procedures.

C. Elective procedures shall include any medically unnecessary, non-urgent, or non-emergency procedure or surgery which, if delayed, does not place a patient's immediate health, safety, or well-being at risk, or will, if delayed, not immediately contribute to the worsening of a serious or life-threatening medical condition.

DRAFT

AMERICAN OVERSIGHT

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 18th day of March, 2020

_____
RON DESANTIS, GOVERNOR

ATTEST:

_____
SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: StLaurent, Louise; Grow, Stefan; Ernst, Colleen; Jacquot, Joe
Subject: RE: Draft Attorney Work Product for Review
Date: Wednesday, March 18, 2020 4:55:50 PM
Attachments: DRAFT - Elective Procedures (COVID).docx

Updated. Are we ready to circulate?

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Yes, health care practitioners are all DOH licensees, including dentists.

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DOH.

I think our definition is broad enough to cover dental.

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To: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
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STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management – COVID-19 – Nonessential Elective Medical Procedures)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 18, 2020, President Donald J. Trump and the Centers for Medicare and Medicaid Services recommended providers limit all "nonessential" elective medical and surgical procedures, including dental procedures; and

WHEREAS, due to the outbreak of COVID-19, the State Surgeon General and the Secretary for the Agency of Health Care Administration have recommended, due to the current conditions caused by COVID-19 in this state, that appropriate measures must be taken to conserve all medical supplies, including personal protective equipment (PPE), to only that which is necessary to be used in response to this emergency or for any other medical event of urgent or emergent nature; and

DRAFT

AMERICAN OVERSIGHT

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WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, and based on recommendations from the Department of Health and the Agency for Health Care Administration by reason of conditions arising from this emergency, I hereby employ the following measures and direct as follows:

Pursuant to section 252.36(7), Florida Statutes,

A. All licensed health care facilities in the state shall immediately cease performing elective procedures.

B. All health care practitioners licensed in Florida shall immediately cease performing elective procedures.

C. Elective procedures shall include any medically unnecessary, non-urgent, or non-emergency procedure or surgery which, if delayed, does not place a patient's immediate health, safety, or well-being at risk, or will, if delayed, not immediately contribute to the worsening of a serious or life-threatening medical condition.

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RON DESANTIS, GOVERNOR

ATTEST:

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SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From: St Laurent, Louise R
To: Primrose, Nicholas; Grow, Stefan; Jacquot, Joe
Cc: Ernst, Colleen
Subject: RE: Draft Attorney Work Product for Review
Date: Wednesday, March 18, 2020 4:17:48 PM
Attachments: DRAFT - Elective Procedures (COVID) (003) lws 417pm.docx

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Sent: Wednesday, March 18, 2020 4:17 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

If all are comfortable with the most recent draft, please let Joe and I know.

Nicholas A. Primrose
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STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management – COVID-19 – Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 18, 2020, President Donald J. Trump and the Centers for Medicare and Medicaid Services recommended providers limit all "nonessential" elective medical and surgical procedures, including dental procedures; and

WHEREAS, due to the outbreak of COVID-19, the State Surgeon General and the Secretary for the Agency of Healthcare Administration have recommended, due to the current conditions caused by COVID-19 in this state, that appropriate measures must be taken to conserve all medical supplies, including personal protective equipment (PPE), to only that which is necessary to be used in response to this emergency or for any other medical event of urgent or emergent nature ~~**WHEREAS,**~~

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Commented [SLLR1]: I have added this to track 252.36(7) in an abundance of caution but am open to other suggestions or removal.

DRAFT

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WHEREAS, due to the outbreak of COVID-19, it is necessary to preserve essential resources for use by health care professionals and others responding to this emergency, including personal protective equipment (PPE), that may be ~~in use in~~used by physicians, dentists, and other health care provider~~s~~ practices; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, and based on recommendations from the Department of Health and the Agency for Health Care Administration by reason of conditions arising from this emergency, I hereby employ the following measures and direct as follows:

Pursuant to section 252.36(7), Florida Statutes,

A. All licensed health care facilities in the state shall immediately cease performing elective procedures.

B. All health care practitioners licensed in Florida shall immediately cease performing elective procedures.

C. Elective procedures shall include any medically unnecessary, non-urgent, or non-emergency procedure or surgery which, if delayed, does not place a patient's immediate health, safety, or well-being at risk, or will, if delayed, not immediately contribute to the worsening of a serious or life-threatening medical condition.

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AMERICAN OVERSIGHT

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 18th day of March, 2020

_____
RON DESANTIS, GOVERNOR

ATTEST:

_____
SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

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To: Grow, Stefan; StLaurent, Louise; Jacquot, Joe
Cc: Ernst, Colleen
Subject: RE: Draft Attorney Work Product for Review
Date: Wednesday, March 18, 2020 4:16:57 PM
Attachments: DRAFT - Elective Procedures (COVID).docx

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OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management – COVID-19 – Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

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Subject:	RE: Draft Attorney Work Product for Review
Date:	Wednesday, March 18, 2020 4:12:32 PM
Attachments:	DRAFT - Elective Procedures (COVID) (003).docx

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Sent: Wednesday, March 18, 2020 3:45 PM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>

AMERICAN OVERSIGHT

Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: Draft Attorney Work Product for Review

How does this look? It tracks the format of the Bar EO from yesterday. The Governor likes to show the chronology of getting to the need for an EO. If there is another WHEREAS clause about new guidance re: elective procedures etc that would be nice to add.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: March 18, 2020 3:20 PM
To: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Grow, Stefan <stefan.grow@ahca.myflorida.com>
Subject: Draft Attorney Work Product for Review

Please see the attached. The whereas clauses need some help. If someone can send me the draft of the 20-52 in word, I can modify some of those, or however you suggest we proceed.

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02

AMERICAN OVERSIGHT

Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.
R responsiveness: We achieve our mission by serving our customers & engaging our partners.
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AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management – COVID-19 – Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 18, 2020, President Donald J. Trump and the Centers for Medicare and Medicaid Services recommended providers limit all "nonessential" elective medical and surgical procedures, including dental procedures; and

~~**WHEREAS**,~~

WHEREAS, due to the outbreak of COVID-19, it is necessary to preserve essential resources for use by health care professionals and others responding to this emergency including personal protective equipment (PPE) that may be in use in physicians, dentists, and other health care providers practices; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

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DRAFT

AMERICAN OVERSIGHT

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, and based on recommendations from the Department of Health and the Agency for Health Care Administration by reason of conditions arising from this emergency, I hereby employ the following measures and direct as follows:

Pursuant to section 252.36(7), Florida Statutes,

A. All licensed health care facilities in the state shall immediately cease performing elective procedures.

B. All health care practitioners licensed in Florida shall immediately cease performing elective procedures.

C. Elective procedures shall include any medically unnecessary, non-urgent, or non-emergency procedure or surgery which, if delayed, does not place a patient's immediate health, safety, or well-being at risk, or will, if delayed, not immediately contribute to the worsening of a serious or life-threatening medical condition.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 18th day of March, 2020

RON DESANTIS, GOVERNOR

DRAFT

AMERICAN OVERSIGHT

ATTEST:

_____
SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: StLaurent, Louise; Jacquot, Joe
Cc: Ernst, Colleen; Grow, Stefan
Subject: RE: Draft Attorney Work Product for Review
Date: Wednesday, March 18, 2020 3:45:12 PM
Attachments: DRAFT - Elective Procedures (COVID).docx

How does this look? It tracks the format of the Bar EO from yesterday. The Governor likes to show the chronology of getting to the need for an EO. If there is another WHEREAS clause about new guidance re: elective procedures etc that would be nice to add.

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Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Grow, Stefan <stefan.grow@ahca.myflorida.com>
Subject: Draft Attorney Work Product for Review

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General Counsel
Office of the General Counsel
Florida Department of Health

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AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

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WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252,

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DRAFT

AMERICAN OVERSIGHT

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Section 1. Because of the foregoing conditions, and based on recommendations from the Department of Health and the Agency for Health Care Administration by reason of conditions arising from this emergency, I hereby employ the following measures and direct as follows:

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RON DESANTIS, GOVERNOR

ATTEST:

DRAFT

AMERICAN OVERSIGHT

SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From:	Ernst, Colleen
To:	Primrose, Nicholas; StLaurent, Louise; Grow, Stefan; Jacquot, Joe
Subject:	RE: Draft Attorney Work Product for Review
Date:	Wednesday, March 18, 2020 4:58:28 PM
Attachments:	DRAFT - Elective Procedures (COVID)_cme.docx

Minor edits to C.

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Wednesday, March 18, 2020 4:56 PM
To: StLaurent, Louise <louise.stlaurent@flhealth.gov>; Grow, Stefan <stefan.grow@ahca.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

Updated. Are we ready to circulate?

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
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From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: March 18, 2020 4:43 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

Yes, health care practitioners are all DOH licensees, including dentists.

Louise St. Laurent
General Counsel

AMERICAN OVERSIGHT

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Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:35 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

DOH.

I think our definition is broad enough to cover dental.

From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Wednesday, March 18, 2020 4:32 PM
To: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: [External] RE: Draft Attorney Work Product for Review

I'm unsure which agency licenses dental practices, but I presume AHCA or DOH. Louise? Stefan?

If we need to clarify, we can rework the definition of elective procedure to say "any medically unnecessary, non-urgent, or non-emergency medical **or dental** procedure or surgery which…."

From: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Sent: Wednesday, March 18, 2020 4:26 PM
To: StLaurent, Louise <louise.stlaurent@flhealth.gov>; Grow, Stefan <stefan.grow@ahca.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: Re: Draft Attorney Work Product for Review

Does "health care" include dental?

AMERICAN OVERSIGHT

Get Outlook for iOS

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Wednesday, March 18, 2020 4:22:18 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

Sorry about that.

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From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:21 PM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

I'm fine with both versions.

If we use Louise's last version, it should be Health Care Administration, not Healthcare Administration.

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Wednesday, March 18, 2020 4:18 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: [External] RE: Draft Attorney Work Product for Review

I threw in another paragraph for consideration on the attached. Am comfortable either way, with this one or the last one you sent.

AMERICAN OVERSIGHT

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From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Wednesday, March 18, 2020 4:17 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

If all are comfortable with the most recent draft, please let Joe and I know.

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From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: March 18, 2020 4:12 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; StLaurent, Louise <louise.stlaurent@flhealth.gov>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>

AMERICAN OVERSIGHT

Subject: RE: Draft Attorney Work Product for Review

Minor suggestions.

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Wednesday, March 18, 2020 4:05 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: [External] RE: Draft Attorney Work Product for Review

Updated

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From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: March 18, 2020 3:52 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; StLaurent, Louise <louise.stlaurent@flhealth.gov>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: RE: Draft Attorney Work Product for Review

I sent a whereas that captures comments from the press conference to Louise. We could amend it to say,

WHEREAS, on March 18, 2020, the White House issued a statement recommending patients cancel all elective procedures to help with the health care capacity nationwide;

WHEREAS, surgeons, patients, and hospitals need to prioritize preserving equipment and protecting patients from unnecessary exposure to COVID-19;

AMERICAN OVERSIGHT

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Wednesday, March 18, 2020 3:45 PM
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Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
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AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management – COVID-19 – Nonessential Elective Medical Procedures)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 18, 2020, President Donald J. Trump and the Centers for Medicare and Medicaid Services recommended providers limit all "nonessential" elective medical and surgical procedures, including dental procedures; and

WHEREAS, due to the outbreak of COVID-19, the State Surgeon General and the Secretary for the Agency of Health Care Administration have recommended, due to the current conditions caused by COVID-19 in this state, that appropriate measures must be taken to conserve all medical supplies, including personal protective equipment (PPE), to only that which is necessary to be used in response to this emergency or for any other medical event of urgent or emergent nature; and

DRAFT

AMERICAN OVERSIGHT

WHEREAS, due to the outbreak of COVID-19, it is necessary to preserve essential resources for use by health care professionals and others responding to this emergency, including personal protective equipment (PPE), that may be used by physicians, dentists, and other health care provider practices; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

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DRAFT

AMERICAN OVERSIGHT

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 18th day of March, 2020

_____
RON DESANTIS, GOVERNOR

ATTEST:

_____
SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: Smith, Susan
Cc: Jacquot, Joe; Ernst, Colleen; Pratt, Joshua; Uthmeier, James; O"Connor, Kasey
Subject: RE: Draft EO
Date: Monday, March 9, 2020 4:18:48 PM
Attachments: DRAFT - COVID EO (3.9.20) - NP .docx

Attached after Governor's edits.

Team, can you assist in giving this one final line-by-line review for any grammatical errors only and give them to Susan?

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
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From: Smith, Susan <Susan.Smith@eog.MyFlorida.com>
Sent: March 9, 2020 3:50 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: RE: Draft EO

Yes.

Susan L. Smith
Office of the Governor
Criminal Justice Liaison
Victims' Rights Coordinator
Room 209, The Capitol
Tallahassee, FL 32399
Phone: 850.717.9310

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Monday, March 9, 2020 3:50 PM
To: Smith, Susan <Susan.Smith@eog.MyFlorida.com>

AMERICAN OVERSIGHT

Cc: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: Draft EO

Susan – Can you get this formatted and ready for print on grey paper? We're still waiting for final edits from the Governor, but it will need to be executed before the 5 pm press conference today. **I'll let you know once we have the green light.**

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management - COVID-19 Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy, Japan and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 7, 2020, I directed the Director of the Division of Emergency Management to activate the State Emergency Operations Center to Level 2 to provide coordination and response to the COVID-19 emergency; and

WHEREAS, as of March 9, 2020, eight counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida; and

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WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, using of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, as Governor, I am responsible for meeting the dangers presented to this state and its people by this emergency; and,

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I declare a state of emergency exists in the State of Florida.

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Section 2. I designate the Director of the Division of Emergency Management ("Director") as the State Coordinating Officer for the duration of this emergency and direct him to execute the State's Comprehensive Emergency Management Plan and other response, recovery, and mitigation plans necessary to cope with the emergency. Additionally, I designate the State Health Officer and Surgeon General as a Deputy State Coordinating Officer and State Incident Commander.

Pursuant to section 252.36(1)(a), Florida Statutes, I delegate to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes, which he shall exercise as needed to meet this emergency, subject to the limitations of section 252.33, Florida Statutes. In exercising the powers delegated by this Order, the State Coordinating Officer shall confer with the Governor to the fullest extent practicable. The State Coordinating Officer shall also have the authority to:

A. Seek direct assistance and enter into agreements with any and all agencies of the United States Government as may be needed to meet the emergency.

B. Designate additional Deputy State Coordinating Officers, as necessary.

C. Suspend the effect of any statute, rule, or order that would in any way prevent, hinder, or delay any mitigation, response, or recovery action necessary to cope with this emergency.

D. Enter orders as may be needed to implement any of the foregoing powers; however, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such orders issued by the State Coordinating Officer; however, no such order shall remain in effect beyond the expiration of this Executive Order, to include any extension.

Section 3. I order the Adjutant General to activate the Florida National Guard, as needed, to deal with this emergency.

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Section 4. I find that the special duties and responsibilities resting upon some State, regional, and local agencies and other governmental bodies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances, and orders they administer. Therefore, I issue the following authorizations:

A. Pursuant to section 252.36(1)(a), Florida Statutes, the Executive Office of the Governor may suspend all statutes and rules affecting budgeting to the extent necessary to provide budget authority for state agencies to cope with this emergency. The requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such suspension issued by the Executive Office of the Governor; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extension.

B. Each State agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency. This includes, but is not limited to, the authority to suspend any and all statutes, rules, ordinances, or orders which affect leasing, printing, purchasing, travel, and the condition of employment and the compensation of employees. For the purposes of this Executive Order, "necessary action in coping with the emergency" means any emergency mitigation, response, or recovery action: (1) prescribed in the State Comprehensive Emergency Management Plan ("CEMP"); or (2) ordered by the State Coordinating Officer. The requirements of sections 252.46 and 120.54, Florida Statutes, shall not apply to any such suspension issued by a State agency; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extensions.

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C. In accordance with section 465.0275, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under this Executive Order and to emergency personnel who have been activated by their state and local agency but who do not reside in an area or county covered by this Executive Order.

D. In accordance with section 252.38, Florida Statutes, each political subdivision within the State of Florida may waive the procedures and formalities otherwise required of the political subdivision by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;

2) Entering into contracts; however, political subdivisions are cautioned against entering into time and materials contracts without ceiling as defined by 2 CFR 200.318(j) or cost plus percentage contracts as defined by 2 CFR 200.323(d);

3) Incurring obligations;

4) Employment of permanent and temporary workers;

5) Utilization of volunteer workers;

6) Rental of equipment;

7) Acquisition and distribution, with or without compensation, of supplies, materials, and facilities; and,

8) Appropriation and expenditure of public funds.

E. All State agencies responsible for the use of State buildings and facilities may close such buildings and facilities in those portions of the State affected by this emergency, to the extent necessary to meet this emergency. I direct each State agency to report the closure of any State

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building or facility to the Secretary of the Department of Management Services. Under the authority contained in section 252.36, Florida Statutes, I direct each County to report the closure of any building or facility operated or maintained by the County or any political subdivision therein to the Secretary of the Department of Management Services. Furthermore, I direct the Secretary of the Department of Management Services to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

Section 5. I find that the demands placed upon the funds appropriated to the agencies of the State of Florida and to local agencies are unreasonably great and the funds currently available may be inadequate to pay the costs of coping with this emergency. In accordance with section 252.37(2), Florida Statutes, I direct that sufficient funds be made available, as needed, by transferring and expending moneys appropriated for other purposes, moneys from unappropriated surplus funds, or from the Budget Stabilization Fund.

Section 6. All State agencies entering emergency final orders or other final actions in response to this emergency shall advise the State Coordinating Officer contemporaneously or as soon as practicable.

Section 7. Medical professionals and workers, social workers, and counselors with good and valid professional licenses issued by states other than the State of Florida may render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered to such persons free of charge, and with the further condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health.

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Section 8. All activities taken by the Director of the Division of Emergency Management and the State Health Officer and Surgeon General with respect to this emergency before the issuance of this Executive Order are ratified. This Executive Order shall expire sixty days from this date unless extended.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this XX day of March, 20202.

GOVERNOR RON DESANTIS

ATTEST:

SECRETARY OF STATE

DRAFT

AMERICAN OVERSIGHT

From: Strum, Shane
To: "Bondi, Tandy (CarnCorp)"; Lukis, Adrian
Subject: RE: FYI - Princess Cruises Announces a Voluntary and Temporary Pause of its Global Ship Operations for 60 Days
Date: Thursday, March 12, 2020 9:49:09 AM

Morning Tandy,

Thank you for sharing the information below. We will be sure to share with the Governor and team.

Please call if you need anything.

Shane

From: Bondi, Tandy (CarnCorp) <TBondi@carnival.com>
Sent: Thursday, March 12, 2020 9:06 AM
To: Strum, Shane <Shane.Strum@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>
Subject: FYI - Princess Cruises Announces a Voluntary and Temporary Pause of its Global Ship Operations for 60 Days

Princess Cruises Announces a Voluntary and Temporary Pause of its Global Ship Operations for 60 Days

Cruise Line Remains Committed to the Health, Safety and Well-Being of Guests, Team Members and Communities Visited Globally

[12-March-2020]

SANTA CLARITA, Calif., March 12, 2020 /PRNewswire/ -- In proactive response to the unpredictable circumstances evolving from the global spread of COVID-19 and in an abundance of caution, Princess Cruises announced that it will voluntarily pause global operations of its 18 cruise ships for two months (60 days), impacting voyages departing March 12 to May 10.

"Princess Cruises is a global vacation company that serves more than 50,000 guests daily from 70 countries as part of our diverse business, and it is widely known that we have been managing the implications of COVID-19 on two continents," said Jan Swartz, president of Princess Cruises. "By taking this bold action of voluntarily pausing the operations of our ships, it is our intention to reassure our loyal guests, team members and global stakeholders of our commitment to the health, safety and well-being of all who sail with us, as well as those who do business with us, and the countries and communities we visit around the world," added Swartz.

Those currently onboard a cruise that will end in the next five days will continue to sail

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as expected through the end of the itinerary so that onward travel arrangements are not disrupted. Current voyages that are underway and extend beyond March 17 will be ended at the most convenient location for guests, factoring in operational requirements. Princess will do everything possible to return each guest home with the greatest amount of care possible. During this time, our operations and medical teams across the fleet will remain vigilant in their care and service for guests and crew onboard.

For those who are impacted by this business decision, Princess is offering guests the opportunity to transfer 100% of the money paid for their cancelled cruise to a future cruise of their choice. To add a bonus incentive for guests to accept this offer, the company will add an additional generous future cruise credit benefit which can be applied to the cruise fare or onboard expenses. In addition, Princess will honor this offer for those guests who had made final payment and cancelled their booking on or after February 4, 2020. The future cruise credit can be used on any voyage departing through May 1, 2022.

Princess will protect travel advisor commissions on bookings for cancelled cruises that were paid in full and for the total amount of the future cruise credits, in recognition of the critical role they play in the cruise line's business and success.

If the future cruise credit option does not work for some guests, they will be able to complete an electronic form on Princess.com to request a cash refund. Princess asks guests not to call the Reservation Call Center due to the possibility of high call volumes and the potential of long on-hold wait times due to this unprecedented action. Guests and their travel advisors will be sent communications on how to manage cancellations and desired compensation. Information and instructions for requesting a refund are available online at Princess.com

In a video posted on YouTube, Jan Swartz shares that "while this is a difficult business decision, we firmly believe it is the right one and is in alignment with our company's core values. Rest assured the long-serving and dedicated professionals at our company will make best use of this time to prepare Princess Cruises' fleet of cruise ships for a successful return to operation to serve our guests by delivering an exceptional vacation experience."

Loyal guests, employees, travel advisor partners and business partners around the world have asked what they can do support Princess Cruises and its more than 35,000 team members in these challenging times. The answer is simple – book a cruise with Princess and bring your family and friends along. The company offers over 180 itineraries to popular and exotic destinations around the globe.

Princess Cruises plans to be back in operation beginning with cruises departing May 11, 2020.

About Princess Cruises

One of the best-known names in cruising, Princess Cruises is the fastest growing international premium cruise line and tour company operating a fleet of 18 modern cruise ships, carrying two million guests each year to 380 destinations around

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the globe, including the Caribbean, Alaska, Panama Canal, Mexican Riviera, Europe, South America, Australia/ New Zealand, the South Pacific, Hawaii, Asia, Canada/New England, Antarctica and World Cruises. A team of professional destination experts have curated 170 itineraries, ranging in length from three to 111 days and Princess Cruises is continuously recognized as "Best Cruise Line for Itineraries."

In 2017 Princess Cruises, with parent company Carnival Corporation, introduced MedallionClass Vacations enabled by the OceanMedallion, the vacation industry's most advanced wearable device, provided free to each guest sailing on a MedallionClass ship. The award-winning innovation offers the fastest way to a hassle-free, personalized vacation giving guests more time to do the things they love most. MedallionClass Vacations will be activated on five ships by the end of 2019. An activation plan will continue across the global fleet in 2020 and beyond.

Princess Cruises continues its multi-year, "Come Back New Promise" – a $450 million-dollar product innovation and cruise ship renovation campaign that will continue to enhance the line's onboard guest experience. These enhancements result in more moments of awe, lifetime memories and meaningful stories for guests to share from their cruise vacation. The product innovations include partnerships with award-winning Chef Curtis Stone; engaging entertainment inspired shows with Broadway-legend Stephen Schwartz; immersive activities for the whole family from Discovery and Animal Planet that include exclusive shore excursions to onboard activities; the ultimate sleep at sea with the award-winning Princess Luxury Bed and more.

Two new Royal-class ships are currently under construction - Enchanted Princess, scheduled for delivery in June 2020, followed by Discovery Princess in November 2021. Princess previously announced that two new (LNG) ships which will be the largest ships in the Princess fleet, accommodating approximately 4,300 guests are planned for delivery in 2023 and 2025. Princess now has four ships arriving over the next five years between 2020 and 2025. The company is part of Carnival Corporation & plc (NYSE/LSE: CCL; NYSE:CUK).

View original content to download multimedia:http://www.prnewswire.com/news-releases/princess-cruises-announces-a-voluntary-and-temporary-pause-of-its-global-ship-operations-for-60-days-301022277.html

SOURCE Princess Cruises

Media Contact: Brian O'Connor, Negin Kamali, +1 (661) 753-1530, media@princesscruises.com

Photo: https://mma.prnewswire.com/media/347893/princess_cruises_logo.jpg

Web Site: https://www.princess.com/

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03/12/2020 08:40 EDT

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From:	Pottebaum, Nic D. EOP/WHO
To:	Strum, Shane
Cc:	Hoelscher, Douglas L. EOP/WHO; Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO; Imhoff, Olivia
Subject:	RE: GOVERNOR-ONLY INVITE: Briefing Call on Monday, March 2 at 12:00 p.m. ET
Date:	Sunday, March 1, 2020 5:02:51 PM
Attachments:	image001.png

Shane,

Thanks – we'll have the call-in line information shortly.

Nic

From: Strum, Shane <Shane.Strum@eog.myflorida.com>
Sent: Sunday, March 1, 2020 4:56 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Hoelscher, Douglas L. EOP/WHO <Douglas.L.Hoelscher@who.eop.gov>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>
Subject: [EXTERNAL] RE: GOVERNOR-ONLY INVITE: Briefing Call on Monday, March 2 at 12:00 p.m. ET

Good afternoon all,

Governor DeSantis will join the call tomorrow at noon.

Shane

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Friday, February 28, 2020 10:36 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Hoelscher, Douglas L. EOP/WHO <Douglas.L.Hoelscher@who.eop.gov>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia <Olivia.P.Imhoff2@who.eop.gov>
Subject: GOVERNOR-ONLY INVITE: Briefing Call on Monday, March 2 at 12:00 p.m. ET

THE WHITE HOUSE

Dear Governor and Governor's Senior Staff,

Our Nation's Governors are invited to a **Governors-only Briefing Call with Vice President Mike Pence** and Senior Administration Officials on **Monday, March 2, 2020 at 12:00 p.m. Eastern Time**

AMERICAN OVERSIGHT

for an update on the Federal-State-Local preparedness and response efforts to COVID-19.

Participation in this call is for governors only. We encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19, but the call interactions will be limited only to governors and Federal leaders.

Briefing Call Details

- **Date:** Monday, March 2, 2020
- **Time:** 12:00 p.m. Eastern Time
- **Expected Length:** 30 minutes
- **Federal Participants:** Vice President Mike Pence & Senior Administration Officials
- **Reminder:** Participation in this call is for governors only. While we are allowing governors to be joined by their relevant cabinet members and key state officials (in the room with the governor – i.e. one call-in per state), only governors will be allowed to actively participate in the briefing.

RSVP & Dial-In Information – Deadline to RSVP is Saturday, February 29 at 5:00 p.m.

To RSVP your governor, email Nic Pottebaum with White House Intergovernmental Affairs (Nicholas.D.Pottebaum@who.eop.gov) by **no later than Saturday, February 29 at 5:00 p.m. Eastern Time**. Once you RSVP your governor, you will receive call-in information and guidance.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov
Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: Uthmeier, James; Jacquot, Joe
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days
Date: Monday, March 16, 2020 1:27:50 PM
Attachments: image002.png
image003.png
image004.png
image005.png
image007.png

I'm going to bring a copy downstairs and see if I can get quick approval

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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From: Uthmeier, James <James.Uthmeier@eog.myflorida.com>
Sent: March 16, 2020 1:24 PM
To: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Good here. Nick, let me know if you need me to take any further action. I assume that you are coordinating with Adrian on final approval but am happy to help as needed.

From: Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Sent: Monday, March 16, 2020 1:21 PM
To: Uthmeier, James <James.Uthmeier@eog.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: FW: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

James / Nick – this looked fine on its face to me.

AMERICAN OVERSIGHT

From: Treadwell, Ray <Ray.Treadwell@myfloridalicense.com>
Sent: Monday, March 16, 2020 1:16 PM
To: Uthmeier, James <James.Uthmeier@eog.myflorida.com>
Cc: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Subject: FW: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Hi James,
Attached is a draft brief of an emergency order for DBPR. The Secretary's Office decided to make it as broad as possible, for both business and professional licenses, so we omitted the details on which particular licenses are coming up for renewal. Please advise.
Thanks, Ray

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

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From: Philpot, Thomas
Sent: Monday, March 16, 2020 1:00 PM
To: Treadwell, Ray; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Cc: Beshears, Halsey
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

See attached.

TP

THOMAS R. PHILPOT
CHIEF OF STAFF
Florida Department of Business and Professional Regulation
850.717.1579 Phone
850.921.4094 Fax
TP@myfloridalicense.com

AMERICAN OVERSIGHT

From: Treadwell, Ray
Sent: Monday, March 16, 2020 12:02 PM
To: Philpot, Thomas; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Cc: Beshears, Halsey
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Chief, attached is the latest draft emergency order. As soon as you edit and/or approve it, I will forward it to EOG/OGC to review. Thanks, Ray

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

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From: Treadwell, Ray
Sent: Saturday, March 14, 2020 6:52 PM
To: Philpot, Thomas; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

I drafted the attached order for DBPR based on the order we issued for Hurrican Dorian. I can incorporate the information from the Deputy Secretaries when available.

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

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The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Philpot, Thomas
Sent: Saturday, March 14, 2020 5:00 PM

AMERICAN OVERSIGHT

To: Page, Tim; Johnston, Michael; Treadwell, Ray; Thomas, Tom; Parker, Alison; Marshman, Ross
Subject: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Team –

At the Governor's press conference re: COVID-19 response this afternoon, the Governor announced he is directing all agencies to suspend the state license and registration renewal requirements for all existing professional licenses for a period of 30 days. The Governor also gave specific direction to other agencies on similar license matters that do not impact DBPR.

DS Page and DS Johnston – will you please identify through your divisions any license renewal deadline that would occur in March or April and provide those for reference in a potential agency order and related planning/communications about the suspension?

GC Treadwell – will you please coordinate with your team on a draft agency order that would incorporate this action formally under authority of EO 20-52?

Thank you.

TP

THOMAS R. PHILPOT
CHIEF OF STAFF
Florida Department of Business and Professional Regulation
850.717.1579 Phone
850.921.4094 Fax
TP@myfloridalicense.com

AMERICAN OVERSIGHT

From:	Primrose, Nicholas
To:	Treadwell, Ray; Uthmeier, James
Cc:	Jacquot, Joe
Subject:	RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days
Date:	Monday, March 16, 2020 2:28:21 PM
Attachments:	2020.03.16 DRAFT2 DBPR Emergency Order - COVID-19 (edits - approved).docx image008.png image009.png image010.png image011.png image013.png

Ray – This has full approval and is ready to be filed, however, please see the three edits redlined.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Treadwell, Ray <Ray.Treadwell@myfloridalicense.com>
Sent: March 16, 2020 1:16 PM
To: Uthmeier, James <James.Uthmeier@eog.myflorida.com>
Cc: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Subject: FW: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Hi James,
Attached is a draft brief of an emergency order for DBPR. The Secretary's Office decided to make it as broad as possible, for both business and professional licenses, so we omitted the details on which particular licenses are coming up for renewal. Please advise.
Thanks, Ray

Ray Treadwell
General Counsel

AMERICAN OVERSIGHT

Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Philpot, Thomas
Sent: Monday, March 16, 2020 1:00 PM
To: Treadwell, Ray; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Cc: Beshears, Halsey
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

See attached.

TP

THOMAS R. PHILPOT
CHIEF OF STAFF
Florida Department of Business and Professional Regulation
850.717.1579 Phone
850.921.4094 Fax
TP@myfloridalicense.com

From: Treadwell, Ray
Sent: Monday, March 16, 2020 12:02 PM
To: Philpot, Thomas; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Cc: Beshears, Halsey
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Chief, attached is the latest draft emergency order. As soon as you edit and/or approve it, I will forward it to EOG/OGC to review. Thanks, Ray

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

AMERICAN OVERSIGHT

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Treadwell, Ray
Sent: Saturday, March 14, 2020 6:52 PM
To: Philpot, Thomas; Page, Tim; Johnston, Michael; Thomas, Tom; Parker, Alison; Marshman, Ross
Subject: RE: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

I drafted the attached order for DBPR based on the order we issued for Hurrican Dorian. I can incorporate the information from the Deputy Secretaries when available.

Ray Treadwell
General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
Phone: (850) 488-0063

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure.

From: Philpot, Thomas
Sent: Saturday, March 14, 2020 5:00 PM
To: Page, Tim; Johnston, Michael; Treadwell, Ray; Thomas, Tom; Parker, Alison; Marshman, Ross
Subject: INFO NEEDED: Governor Directs Suspension of State License and Registration Renewal Requirements for 30 Days

Team –

At the Governor's press conference re: COVID-19 response this afternoon, the Governor announced he is directing all agencies to suspend the state license and registration renewal requirements for all existing professional licenses for a period of 30 days. The Governor also gave specific direction to other agencies on similar license matters that do not impact DBPR.

DS Page and DS Johnston – will you please identify through your divisions any license renewal deadline that would occur in March or April and provide those for reference in a potential agency order and related planning/communications about the suspension?

GC Treadwell – will you please coordinate with your team on a draft agency order that would incorporate this action formally under authority of EO 20-52?

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Thank you.

TP

THOMAS R. PHILPOT
CHIEF OF STAFF
Florida Department of Business and Professional Regulation
850.717.1579 Phone
850.921.4094 Fax
TP@myfloridalicense.com

AMERICAN OVERSIGHT

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EMERGENCY ORDER 2020-01

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, as of March 15, 2020, numerous counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida; and

WHEREAS, the Governor issued Executive Order 20-52 on March 9, 2020, pursuant to the authority vested in him by Article IV, Section 1(a) of the Florida Constitution, the State Emergency Management Act, s. 252.31, Florida Statutes, *et al.*, as amended, and all other applicable laws, and declared a state of emergency for the State of Florida; and

WHEREAS, the Governor, in Executive Order Number 20-52, authorized each State agency to suspend the provisions of any regulatory statute of that agency, if strict compliance with that statute would in any way prevent, hinder, or delay necessary action in coping with this emergency;

NOW, THEREFORE, I, HALSEY BESHEARS, Secretary of Florida's Department of Business and Professional Regulation, pursuant to the authority granted by Executive Order No. 20-52, find the timely execution of the mitigation, response, and recovery aspects of the State's emergency management plan, as it relates to COVID-19, is negatively impacted by the application of certain regulatory statutes related to the Department of Business and Professional Regulation ("the Department"). Therefore, I order the following:

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1. For the holder of any license, permit, registration, or certificate issued by the Department with an existing renewal deadline that occurs in the month of March or April, 2020, the existing renewal deadline is suspended and tolled for a period of 30 days from the existing renewal deadline, unless extended by subsequent order. No late fee shall be assessed on an eligible license renewal during this tolled period.
2. The existing condition of renewal related to the completion of required hours of continuing education for a license with an existing renewal deadline that occurs in the month of March or April, 2020, is suspended and tolled for a period of 30 days from the existing renewal deadline, unless extended by subsequent order.

Executed this _____ day of March, 2020, in Tallahassee, Leon County, Florida.

FLORIDA DEPARTMENT OF BUSINESS
AND PROFESSIONAL REGULATION

_____
Halsey Beshears, Secretary
2601 Blair Stone Road
Tallahassee, Florida 32399

Filed on this date, with
the designated Agency Clerk,
receipt of which is hereby
acknowledged.

_____
Agency Clerk's Office

Date: _____

AMERICAN OVERSIGHT

From: Pottebaum, Nic D. EOP/WHO
Cc: Hoelscher, Douglas L. EOP/WHO; Swint, Zachariah D. EOP/WHO
Subject: RE: INVITE: Briefing Call on COVID-19 TODAY (March 13) at 7:30 p.m. ET
Date: Friday, March 13, 2020 6:41:57 PM
Attachments: image001.png

Update: We will have officials on the call from the White House, Centers for Medicare & Medicaid (CMS), Federal Emergency Management Agency (FEMA), Centers for Disease Control & Prevention (CDC), U.S. Department of Housing & Urban Development (HUD), and U.S. Department of Homeland Security (DHS), to brief on President's actions today and additional updates.

Briefing Call Registration

- **Date:** TODAY, Friday, March 13
- **Time:** 7:30 p.m. Eastern Time (please note time zone)
- **Call-In Registration**: CLICK HERE

Thanks,
Nic

From: Pottebaum, Nic D. EOP/WHO
Sent: Friday, March 13, 2020 5:34 PM
To: Nic Pottebaum (Nicholas.D.Pottebaum@who.eop.gov) <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Douglas.L.Hoelscher@who.eop.gov; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Subject: INVITE: Briefing Call on COVID-19 TODAY (March 13) at 7:30 p.m. ET

THE WHITE HOUSE

State and Local Leaders,

Please join Senior Administration Officials for a briefing call on COVID-19 preparedness, response, and mitigation efforts **TONIGHT (Friday, March 13) at 7:30 p.m. Eastern Time.**

Important Note: Call-in lines will be limited due to quick around to setting up the briefing call. State and local leaders (especially staff) working in the same office are encouraged to dial-in using one call-in line to maximize the number of people who can join *(e.g., governors staff in the same location are encouraged to call-in using one call-in registration).*

Briefing Call Registration

- **Date:** TODAY, Friday, March 13
- **Time:** 7:30 p.m. Eastern Time (please note time zone)
- **Call-In Registration**: CLICK HERE

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- **Note:** You must RSVP to join the call. Upon successful registration, you will receive dial-in details to the email address you use to register. Note that multiple people cannot dial-in using the same registration information.

Press Advisory – President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19 (PRESIDENTIAL PROCLAMATION HERE)
The federal government continues to take aggressive and proactive steps to address the COVID-19 threat as the health and safety of the American people remain a top priority. Today, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"). This increases federal support to the Department of Health and Human Services (HHS) in its role as the lead federal agency for the ongoing COVID-19 pandemic response. As a result of the President's decisive, unprecedented action, FEMA is directed to assist state, local, tribal, territorial governments and other eligible entities with the health and safety actions they take on behalf of the American public. Today's declaration does not make direct financial assistance available to individuals.

The emergency declaration does not change measures authorized under other federal statutes and HHS remains the lead federal agency directing the federal response to COVID-19. FEMA actions will be in support of HHS and in coordination with state, tribal and territorial governments. Eligible emergency protective measures taken at the direction or guidance of public health officials in response to this emergency, and not supported by the authorities of another federal agency, will be reimbursed strictly under the FEMA Public Assistance program. FEMA assistance will be provided at a 75 percent Federal cost share. Reimbursable activities typically include emergency protective measures such as the activation of State Emergency Operations Centers, National Guard costs, law enforcement and other measures necessary to protect public health and safety.

Presidential Message to the Congress on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak (March 13, 2020) (PRESIDENTIAL MESSAGE HERE)
"Pursuant to section 201 of the National Emergencies Act (50 U.S.C. 1621), I hereby report that I have exercised my authority to declare that the outbreak of coronavirus disease (COVID-19) in the United States constitutes a national emergency. This declaration invokes section 1135 of the Social Security Act, 42 U.S.C. 1320b–5, to allow the Secretary of Health and Human Services to exercise the authority under that section to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak."

Memorandum on Expanding State-Approved Diagnostic Tests (FULL MEMORANDUM HERE)
"By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows: It is the policy of the United States to take proactive measures to prepare for and respond to public health threats, including the public health emergency involving Coronavirus Disease 2019 (COVID-19), which was declared by the Secretary of Health and Human Services (the "Secretary") on January 31, 2020, pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d). Our response must include heightened coordination among Federal, State, local, and tribal agencies, and we must offer States the flexibility they need to care for their citizens. In accordance with this principle, the Food and Drug Administration, in coordination with the State of New

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York, allowed the State flexibility in expediting State-approved COVID-19 testing. Should additional States request flexibility to authorize laboratories within the State to develop and perform tests used to detect COVID-19, the Secretary shall take appropriate action, consistent with law, to facilitate the request."

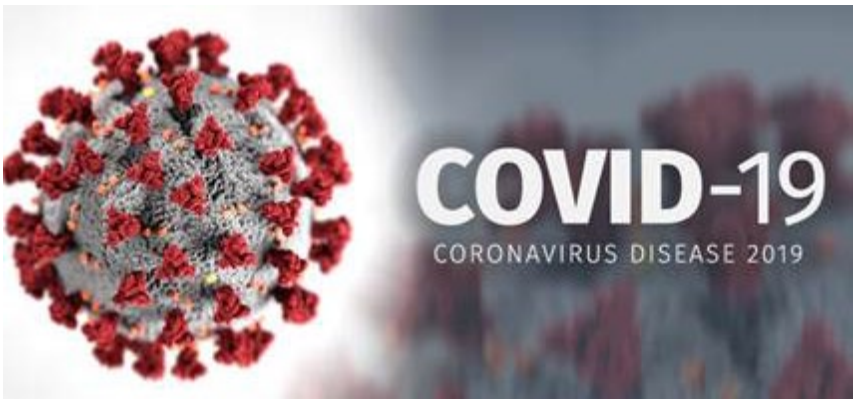
Below, please find additional information. The White House Office of Intergovernmental Affairs (WH IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance.

Sincerely,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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COVID-19: Background & Additional Information



Background

Under the leadership of President Trump and Vice President Pence, the full weight of the U.S. Government is working to protect the health and safety of the American people. Since the beginning of the outbreak, President Trump has taken unprecedented steps – including prudent travel restrictions and an early containment strategy – to protect the health of Americans in response to the coronavirus. In January, the President formed a Coronavirus Task Force, led by Vice President Mike Pence and comprised of subject-matter experts, to organize a whole-of-government response (**President Donald J. Trump Has Taken Unprecedented Steps to Respond To the Coronavirus and Protect the Health and Safety of Americans**). The Coronavirus Task Force and broader Administration have and will continue to work with State-Local-Tribal officials and private sector and non-profit partners in preparing for and responding to the Coronavirus. ***It is important to note that at this time, the risk to the average American remains low. All agencies are working aggressively to monitor this continuously evolving situation and to keep our partners and the public informed.***

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Up-To-Date Information

- The most up-to-date information and guidance can be found via the Centers for Disease Control and Prevention Coronavirus Disease 2019 website (**here**)
- HHS/CDC Community Framework for Mitigation (**here**)
- Guidance for families, businesses, schools and others (**here**).
- The Coronavirus Task Force holds frequent national briefings which can be viewed live (**here**)
- You are also encouraged to follow HHS, CDC, and other agency social media channels for up-to-date information.

What You Need To Know

- What You Should Know - How COVID-19 Spreads, Symptoms, etc. (**here**)
- Situation Summary (**here**)
- Travel Information (**here**)
- Preventing COVID-10 Spread in Communities (**here**)
- Higher Risk & Special Populations (**here**)
- Healthcare Professionals (**here**)
- Resources for Healthcare Facilities (**here**)
- Resources for Health Departments (**here**)
- Laboratories (**here**)
- Communication Resources (**here**)

Agency Resources and Contact Information

Below, please find agency-by-agency information, guidance, and contact information.

Resources *– Below, please find agency-by-agency resources and guidance.*

- U.S. Department of Health and Human Services (**here**)
- Centers for Medicare and Medicaid (**here**)
- U.S. Food & Drug Administration (**here**)
- U.S. Department of Education (**here**)
- U.S. Department of Agriculture (**here**)
- U.S. Department of Labor (**here**)
- U.S. Department of Homeland Security (**here**)
- U.S. Department of State (**here**)
- U.S. Department of Veterans Affairs (**here**)
- U.S. Environmental Protection Agency (**here**)
- U.S. Department of the Interior (**here**)
- U.S. Election Assistance Commission (**here**)

Contact Information *– Below, please find contact information for our Intergovernmental Affairs colleagues across the federal family. As State and local elected officials, they are your primary points of contact.*

- U.S. Department of Health & Human Services: Darcie Johnston (Phone – 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security: Cherie Short (Phone – 202-893-2941 / Email

AMERICAN OVERSIGHT

– cherie.short@hq.dhs.gov)
- U.S. Department of State: Bill Killion (Phone – 202-647-7595 / Email – killionw@state.gov)
- U.S. Department of Transportation: Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)
- U.S. Department of Education: Susan Falconer (Phone – 202-320-6837 / Email – susan.falconer@ed.gov)
- U.S. Department of Veterans Affairs: Thayer Verschoor (Phone – 202-461-7385 / Email – Thayer.verschoor@va.gov)
- U.S. Environmental Protection Agency: Britt Carter (Phone – 202-440-0728 / Email – carter.brittanys@epa.gov)
- U.S. Small Business Administration: Ryan Lambert (Phone – 202-615-6570 / Email – ryan.lambert@sba.gov)
- U.S. Department of Agriculture: Lillie Brady (Phone – 202-845-3872 / Email - lillie.brady@usda.gov)

Local Preparedness Tips

- Response is locally executed, state managed, and federally supported.
- Ensuring clear, open lines of communication with the public and making information and guidance readily available.
- Proactively sharing and disseminating *verified and accurate* guidance and information such as HHS/CDC **guidance for families, businesses, and schools**.
- Reviewing Federal guidance such as the HHS/CDC **Community Mitigation Framework**.
- Coordinating with State and local health authorities.
- Reviewing local preparedness plans and strategies.

Recent Task Force Actions

Below, please find pertinent updates on pertinent Administrations actions.

- Task Force Briefings (briefings are held on a frequent basis and can be viewed live **here**)
    - March 10: **Video**
    - March 9: **Video**
    - March 6: **Video**
    - March 4: **Video**
    - March 2: **Video**
    - February 29: **Video**
  - Remarks by President Trump in Address to the Nation (March 11) (**transcript**/**video**)
- Remarks by President Trump and Vice President Pence at a Coronavirus Briefing with Health Insurers (March 10) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (March 9) (**readout**)
- Remarks by Vice President Pence in a Coronavirus Briefing with Cruise Line Executives and Port Directors (March 7) (**transcript**)
- Remarks by President Trump After Tour of the Centers for Disease Control and Prevention (March 5) (**transcript**)

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- President Trump Signs the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March 6) (**transcript**/**video**)
- President Trump and Vice President Pence attend Coronavirus Briefing with Airline CEOs (March 4) (**transcript**/**video**)
- Vice President Pence meets with Long-Term, Post-Acute and Palliative Care Provider Executives (March 4) (**transcript**)
- Centers for Medicare & Medicaid Services (CMS) Announces Actions to Address Spread of Coronavirus (March 4) (more **here**)
- President Trump Visits the National Institutes of Health and attends Roundtable Briefing (March 3) (**transcript**)
- Vice President Pence attends Coronavirus Briefing with Diagnostic Lab CEOs (March 4) (**transcript**/**video**)
- Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness (**readout**)

AMERICAN OVERSIGHT

From: Swint, Zachariah D. EOP/WHO
To: Gambineri, Mara
Cc: Russo, Katherine; Pottebaum, Nic D. EOP/WHO
Subject: RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Thursday, March 19 at 2:00 p.m. ET
Date: Tuesday, March 17, 2020 2:40:41 PM
Attachments: image001.png

Thank you for your Governor's RSVP to the Governors-Only Call/VTC regarding COVID-19 preparedness and response efforts with Vice President Mike Pence on for Thursday, March 19 at 2:00 p.m. Eastern Time.

To receive call-in information, please complete this LINK.

- **Audio Option:** Every governor has the option to join the briefing by phone (please complete the link above to receive that call-in information).

- **Video Teleconference (VTC) Option**: Any governor who wants to participate in this briefing via video teleconference (VTC), please let me know by no later than **tomorrow, March 18 at 12:00 p.m. Eastern Time** to ensure time for proper testing.

As a reminder this briefing is for Governors-Only (i.e., one call-in per state). Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov

Zach Swint
Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Tuesday, March 17, 2020 2:20 PM
To: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Cc: Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Subject: [EXTERNAL] RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Thursday, March 19 at 2:00 p.m. ET

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Zachariah,

I am RSVPing on behalf of Florida Governor Ron DeSantis.

Thank you,
Mara

Mara Gambineri
Director of External Affairs
Governor Ron DeSantis
407-575-4966
Mara.Gambineri@EOG.myflorida.com

From: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Sent: Tuesday, March 17, 2020 2:18 PM
To: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Cc: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>
Subject: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Thursday, March 19 at 2:00 p.m. ET



Governor's Senior Staff (*Chief of Staff, State-Federal Director, and Scheduler*),

The Vice President will hold an additional Governors-only Briefing call this week.

Our Nation's Governors are invited to a **Governors-only Briefing Call (*with a video teleconference option*) with Vice President Mike Pence** and Senior Administration Officials on **Thursday, March 19, 2020 at 2:00 p.m. Eastern Time** for an update the Federal-State-Local preparedness, response, and mitigation efforts to COVID-19. The briefing will include discussion on testing, community mitigation, and telehealth.

If you haven't seen, **the President's Coronavirus Guidelines for America - 15 Days to Slow the Spread** are now online here: >http://45.wh.gov/1e5aC9<. We are asking all Americans, State, local, tribal, and community leaders to make a concerted effort to adhere to these guidelines for the next 15 days to slow the spread of COVID-19. **Please push this guidance to other state, local, and tribal**

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leaders and ask them to echo.

Briefing Call/VTC Details

- **Date**: Thursday, March 19, 2020
- **Time**: 2:00 p.m. Eastern Time
- **Expected Length**: 60 minutes
- **Federal Participants**: Vice President Mike Pence & Senior Administration Officials
- **Reminder Governors-Only (i.e., one call-in per state)**: Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.
- **Video Teleconference Option**: Any governor who wants to participate in this briefing via video teleconference (VTC), indicate interest in the RSVP.

RSVP & Call-In/VTC Information – Deadline to RSVP is TOMORROW, Wednesday, March 18 at 12:00 p.m. ET

To RSVP your governor, email Zach Swint with White House Intergovernmental Affairs (Zachariah.D.Swint2@who.eop.gov) by **no later than TOMORROW, Wednesday, March 18 at 12:00 p.m. (noon) Eastern Time**. Once you RSVP your governor, you will receive a call-in information link and guidance. VTC guidance will be provided upon request.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov

Thanks,
Zach

--

Zach Swint
Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov
Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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From: Pottebaum, Nic D. EOP/WHO
To: Gambineri, Mara
Cc: Russo, Katherine; Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO; Imhoff, Olivia
Subject: RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 9 at 12:00 p.m. ET
Date: Friday, March 6, 2020 8:27:18 AM
Attachments: image001.png

Mara,

Thank you for your Governor's RSVP to the Governors-Only Call/VTC regarding COVID-19 preparedness and response efforts with Vice President Mike Pence on for Monday, March 9 at 12:00 p.m. Eastern Time.

To receive call-in information, please complete this LINK.

Audio Option: Every governor has the option to join the briefing by phone (please complete the link above to receive that call-in information). We have made technology adjustments from the last call, and every governor will have the option to ask questions and engage in dialogue on the March 9 call.

As a reminder this briefing is for Governors-Only (i.e., one call-in per state). Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,
Nic

From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Thursday, March 5, 2020 10:45 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Subject: [EXTERNAL] RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 9 at 12:00 p.m. ET

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Hi Nic,

I'm RSVPing on behalf of Governor DeSantis. We'd like to do the regular call option, not VTC.

Thank you,
Mara

Mara Gambineri
Director of External Affairs
Governor Ron DeSantis
407-575-4966
Mara.Gambineri@EOG.myflorida.com

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Wednesday, March 4, 2020 9:31 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia <Olivia.P.Imhoff2@who.eop.gov>
Subject: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 9 at 12:00 p.m. ET

THE WHITE HOUSE

Governor's Senior Staff (Chief of Staff, State-Federal Director, and Scheduler),

Our Nation's Governors are invited to a **Governors-only Briefing Call (*with a video teleconference option*) with Vice President Mike Pence** and Senior Administration Officials on **Monday, March 9, 2020 at 12:00 p.m. Eastern Time** for an update on the Federal-State-Local preparedness and response efforts to COVID-19. On the March 2 briefing with governors, the Vice President pledged to convene the governors for a call/teleconference on a weekly basis, and made assurances that Federal leaders will continue its close coordinating with our Nation's governors and other State and local leaders.

Note: We have made technology adjustments from the last call, and every governor will have the option to ask questions and engage in dialogue on the March 9 call. Additionally, governors will have the option to participate via video teleconference – detail below.

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Briefing Call Details

- **Date**: Monday, March 9, 2020
- **Time**: 12:00 p.m. Eastern Time
- **Expected Length**: 30 minutes
- **Federal Participants**: Vice President Mike Pence & Senior Administration Officials
- **Reminder Governors-Only (i.e., one call-in per state)**: Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.
- **Video Teleconference Option**: Any governor who wants to participate in this briefing via video teleconference (VTC), please email Nic Pottebaum with White House Intergovernmental Affairs (Nicholas.D.Pottebaum@who.eop.gov) by no later than Friday, March 6 at 5:00 p.m. Eastern Time to ensure time for proper testing.

Background

On Monday, March 2, Vice President Mike Pence today participated in a discussion with more than 50 of our Nation's governors to provide an update on the work of the White House Coronavirus Task Force, to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus, and to thank governors and state and local leaders—particularly state and local health officials—for their leadership. The Vice President pledged to convene the governors for a call/teleconference on a weekly basis, and made assurances that Federal leaders will continue its close coordinating with our Nation's governors and other State and local leaders. More readout here.

RSVP & Call-In/VTC Information – Deadline to RSVP is Friday, March 6 at 5:00 p.m.

To RSVP your governor, email Nic Pottebaum with White House Intergovernmental Affairs (Nicholas.D.Pottebaum@who.eop.gov) by **no later than Friday, March 6 at 5:00 p.m. Eastern Time**. Once you RSVP your governor, you will receive a call-in information link and guidance. VTC guidance will be provided upon request.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,
Nic

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--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

From: Swint, Zachariah D. EOP/WHO
To: Gambineri, Mara
Cc: Russo, Katherine; Moulton, Diane; Pottebaum, Nic D. EOP/WHO
Subject: RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 16 at 11:30 a.m. ET
Date: Friday, March 13, 2020 12:27:24 PM
Attachments: image001.png

Thank you for your Governor's RSVP to the Governors-Only Call/VTC regarding COVID-19 preparedness and response efforts with Vice President Mike Pence on for Monday, March 16 at 11:30 a.m. Eastern Time.

To receive call-in information, please complete this LINK.

- **Audio Option:** Every governor has the option to join the briefing by phone (please complete the link above to receive that call-in information).

- **Video Teleconference (VTC) Option**: Any governor who wants to participate in this briefing via video teleconference (VTC), please let me know by no later than **Friday, March 13 at 5:00 p.m. Eastern Time** to ensure time for proper testing.

As a reminder this briefing is for Governors-Only (i.e., one call-in per state). Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov

Zach Swint
Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Friday, March 13, 2020 9:23 AM
To: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Cc: Russo, Katherine <Katherine.Russo@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Subject: [EXTERNAL] RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on

AMERICAN OVERSIGHT

Monday, March 16 at 11:30 a.m. ET

Hi Zachariah,

I am RSVPing on behalf of Florida Governor Ron DeSantis.

Thank you,
Mara

Mara Gambineri
Director of External Affairs
Governor Ron DeSantis
407-575-4966
Mara.Gambineri@EOG.myflorida.com

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Thursday, March 12, 2020 12:09 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Hoelscher, Douglas L. EOP/WHO <Douglas.L.Hoelscher@who.eop.gov>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Subject: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 16 at 11:30 a.m. ET

THE WHITE HOUSE

Governor's Senior Staff (Chief of Staff, State-Federal Director, and Scheduler),

Our Nation's Governors are invited to a **Governors-only Briefing Call (*with a video teleconference option*) with Vice President Mike Pence** and Senior Administration Officials on **Monday, March 16, 2020 at 11:30 a.m. Eastern Time (*Note Time Change from Previous Weeks*)** for an update on the Federal-State-Local preparedness and response efforts to COVID-19.

Briefing Call/VTC Details

- **Date**: Monday, March 16, 2020
- **Time**: 11:30 a.m. Eastern Time ***(Note Time Change From Previous Week)***
- **Expected Length**: 30-45 minutes
- **Federal Participants**: Vice President Mike Pence & Senior Administration Officials
-

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Reminder Governors-Only (i.e., one call-in per state): Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.

- **Video Teleconference Option**: Any governor who wants to participate in this briefing via video teleconference (VTC), indicate interest in the RSVP.

RSVP & Call-In/VTC Information – Deadline to RSVP is Saturday, March 14 at 5:00 p.m. ET

To RSVP your governor, email Zach Swint with White House Intergovernmental Affairs (Zachariah.D.Swint2@who.eop.gov) by **no later than Saturday, March 14 at 5:00 p.m. Eastern Time**. Once you RSVP your governor, you will receive a call-in information link and guidance. VTC guidance will be provided upon request.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov
Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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From: Moulton, Diane
To: Gambineri, Mara
Subject: RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Thursday, March 19 at 2:00 p.m. ET
Date: Tuesday, March 17, 2020 2:42:54 PM
Attachments: image001.png

Thank you for letting me know!

From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Tuesday, March 17, 2020 2:19 PM
To: Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Subject: FW: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Thursday, March 19 at 2:00 p.m. ET

FYI I am RSVPing for the Governor

From: Tweed, Christina <Christina.Tweed@eog.myflorida.com>
Sent: Tuesday, March 17, 2020 2:19 PM
To: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject: FW: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Thursday, March 19 at 2:00 p.m. ET

From: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Sent: Tuesday, March 17, 2020 2:18 PM
To: Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>
Cc: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>
Subject: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Thursday, March 19 at 2:00 p.m. ET

THE WHITE HOUSE

Governor's Senior Staff (*Chief of Staff, State-Federal Director, and Scheduler*),

The Vice President will hold an additional Governors-only Briefing call this week.

Our Nation's Governors are invited to a **Governors-only Briefing Call (*with a video teleconference option*) with Vice President Mike Pence** and Senior Administration Officials on **Thursday, March 19, 2020 at 2:00 p.m. Eastern Time** for an update the Federal-State-Local preparedness, response, and

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mitigation efforts to COVID-19. The briefing will include discussion on testing, community mitigation, and telehealth.

If you haven't seen, **the President's Coronavirus Guidelines for America - 15 Days to Slow the Spread** are now online here: http://45.wh.gov/1e5aC9. We are asking all Americans, State, local, tribal, and community leaders to make a concerted effort to adhere to these guidelines for the next 15 days to slow the spread of COVID-19. **Please push this guidance to other state, local, and tribal leaders and ask them to echo.**

Briefing Call/VTC Details

- **Date**: Thursday, March 19, 2020
- **Time**: 2:00 p.m. Eastern Time
- **Expected Length**: 60 minutes
- **Federal Participants**: Vice President Mike Pence & Senior Administration Officials
- **Reminder Governors-Only (i.e., one call-in per state)**: Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.
- **Video Teleconference Option**: Any governor who wants to participate in this briefing via video teleconference (VTC), indicate interest in the RSVP.

RSVP & Call-In/VTC Information – Deadline to RSVP is TOMORROW, Wednesday, March 18 at 12:00 p.m. ET

To RSVP your governor, email Zach Swint with White House Intergovernmental Affairs (Zachariah.D.Swint2@who.eop.gov) by **no later than TOMORROW, Wednesday, March 18 at 12:00 p.m. (noon) Eastern Time**. Once you RSVP your governor, you will receive a call-in information link and guidance. VTC guidance will be provided upon request.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov

Thanks,
Zach

--

Zach Swint

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Office of Intergovernmental Affairs
The White House
C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

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From:	Leah Aden
To:	Nancy Abudu; Ed Wenger; Tara.Price@hklaw.com; Eliza Sweren-Becker; Ashley.Davis@dos.myflorida.com; McVay, Brad; Gary Perko; Mohammad Jazil; George.Meros@hklaw.com; Primrose, Nicholas; Jacquot, Joe; dreingold@ircgov.com; service@shanninlaw.com; Nshannin@shanninlaw.com; mbentley@bentleyandbruning.com; mherron@lawfla.com; bswain@alachuacounty.us; NKlitsberg@broward.org; AKatzman@broward.org; ToddS@hillsboroughcounty.org; cfeiser@coj.net; dbrown@lawfla.com; rharrod@broward.org; Oren.Rosenthal@miamidade.gov; Michael.Valdes@miamidade.gov; vengel@bentleyandbruning.com; Ernst, Colleen; jteal@coj.net; cfhanson@alachuacounty.us; Shelley Long
Cc:	Caren Short; Daniel Tilley; Jimmy Midyette, Jr.; Anton Marino; Julie Ebenstein; Rodkangyil Orion. Danjuma; Chad Dunn; JDiaz@campaignlegalcenter.org; Sean Morales-Doyle; Jennifer A. Holmes; John Cusick; Jonathan Topaz; lcarpenter@aclu.org; Michael Steinberg; Myrna Perez; dale.ho@aclu.org; kinsellam@brennan.law.nyu.edu; Danielle Lang; Mark Gaber; mdanahy@campaignlegalcenter.org; bbowie@campaignlegalcenter.org; Wendy Weiser; psignoracci@paulweiss.com; dgiller@paulweiss.com; Patrick Berry; Leah Aden
Subject:	RE: Jones v. DeSantis - Gruver Plaintiffs" submission of expert reports
Date:	Monday, March 2, 2020 11:20:59 PM
Attachments:	20200302 - Smithsecondsupplement - final.pdf 2020February_FDCreport.pdf 2020February_IndividualCountyReport.pdf Report of Dr. Traci Burch for Gruver Plaintiffs.3.2.20_final.pdf 20203.02.20 - Report of J. Morgan Kousser for Gruver Plaintiffs final.pdf Appendix to Report of J. Morgan Kousser Appendix final.pdf

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Dear Counsel-

Attached please find the *Gruver* Plaintiffs' submission of the

- Second supplemental expert report of Dr. Daniel Smith and two exhibits;
- Expert report of Dr. Traci Burch; and
- Expert report of J. Morgan Kousser.

Thank you.

(end)

From: Leah Aden <laden@naacpldf.org>
Sent: Monday, March 2, 2020 7:08 PM
To: Nancy Abudu <nancy.abudu@splcenter.org>; Ed Wenger <EdW@hgslaw.com>; Tara.Price@hklaw.com; Eliza Sweren-Becker <sweren-beckere@brennan.law.nyu.edu>; Ashley.Davis@dos.myflorida.com; Brad.Mcvay@dos.myflorida.com; Gary Perko <GaryP@hgslaw.com>; Mohammad Jazil <MohammadJ@hgslaw.com>; George.Meros@hklaw.com; Nicholas.Primrose@eog.myflorida.com; Joe.Jacquot@eog.myflorida.com; dreingold@ircgov.com; service@shanninlaw.com; Nshannin@shanninlaw.com; mbentley@bentleyandbruning.com; mherron@lawfla.com; bswain@alachuacounty.us; NKlitsberg@broward.org; AKatzman@broward.org; ToddS@hillsboroughcounty.org; cfeiser@coj.net; dbrown@lawfla.com; rharrod@broward.org; Oren.Rosenthal@miamidade.gov; Michael.Valdes@miamidade.gov; vengel@bentleyandbruning.com; Colleen.Ernst@eog.myflorida.com; jteal@coj.net; cfhanson@alachuacounty.us; Shelley Long <ShelleyL@hgslaw.com>
Cc: Caren Short <caren.short@splcenter.org>; Daniel Tilley <dtilley@aclufl.org>; Jimmy Midyette, Jr. <jmidyette@aclufl.org>; Anton Marino <amarino@aclufl.org>; Julie Ebenstein <jebenstein@aclu.org>; Rodkangyil Orion. Danjuma <odanjuma@aclu.org>; Chad Dunn <chad@brazilanddunn.com>; JDiaz@campaignlegalcenter.org; Sean Morales-Doyle <morales-doyles@brennan.law.nyu.edu>; Jennifer A. Holmes <jholmes@naacpldf.org>; John Cusick <jcusick@naacpldf.org>; Jonathan Topaz <jtopaz@aclu.org>; lcarpenter@aclu.org; Michael Steinberg <frosty28@aol.com>; Myrna Perez <myrna.perez@nyu.edu>; dale.ho@aclu.org; kinsellam@brennan.law.nyu.edu; Danielle Lang <dlang@campaignlegalcenter.org>; Mark Gaber <mgaber@campaignlegalcenter.org>; mdanahy@campaignlegalcenter.org; bbowie@campaignlegalcenter.org; Wendy Weiser <wendy.weiser@nyu.edu>; psignoracci@paulweiss.com; dgiller@paulweiss.com; Patrick Berry <berryp@brennan.law.nyu.edu>; Leah Aden <laden@naacpldf.org>
Subject: RE: Jones v. DeSantis - McCoy Plaintiffs' submission of expert reports

Counsel -

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With respect to Dr. Burch, she is available on March 19 in Atlanta. Dr. Kousser is available March 17-19 in Atlanta as well.

As with the *McCoy* Plaintiffs, *Gruver* Plaintiffs request that you please confirm by COB tomorrow whether you intend to proceed with their respective depositions on any of these dates and in Atlanta.

Thank you.

From: Nancy Abudu <nancy.abudu@splcenter.org>
Sent: Monday, March 2, 2020 5:45 PM
To: Ed Wenger <EdW@hgslaw.com>; Leah Aden <laden@naacpldf.org>; Tara.Price@hklaw.com; Eliza Sweren-Becker <sweren-beckere@brennan.law.nyu.edu>; Ashley.Davis@dos.myflorida.com; Brad.Mcvay@dos.myflorida.com; Gary Perko <GaryP@hgslaw.com>; Mohammad Jazil <MohammadJ@hgslaw.com>; George.Meros@hklaw.com; Nicholas.Primrose@eog.myflorida.com; Joe.Jacquot@eog.myflorida.com; dreingold@ircgov.com; service@shanninlaw.com; Nshannin@shanninlaw.com; mbentley@bentleyandbruning.com; mherron@lawfla.com; bswain@alachuacounty.us; NKlitsberg@broward.org; AKatzman@broward.org; ToddS@hillsboroughcounty.org; cfeiser@coj.net; dbrown@lawfla.com; rharrod@broward.org; Oren.Rosenthal@miamidade.gov; Michael.Valdes@miamidade.gov; vengel@bentleyandbruning.com; Colleen.Ernst@eog.myflorida.com; jteal@coj.net; cfhanson@alachuacounty.us; Shelley Long <ShelleyL@hgslaw.com>
Cc: Caren Short <caren.short@splcenter.org>; Daniel Tilley <dtilley@aclufl.org>; Jimmy Midyette, Jr. <jmidyette@aclufl.org>; Anton Marino <amarino@aclufl.org>; Julie Ebenstein <jebenstein@aclu.org>; Rodkangyil Orion. Danjuma <odanjuma@aclu.org>; Chad Dunn <chad@brazilanddunn.com>; JDiaz@campaignlegalcenter.org; Sean Morales-Doyle <morales-doyles@brennan.law.nyu.edu>; Jennifer A. Holmes <jholmes@naacpldf.org>; John Cusick <jcusick@naacpldf.org>; Jonathan Topaz <jtopaz@aclu.org>; lcarpenter@aclu.org; Michael Steinberg <frosty28@aol.com>; Myrna Perez <myrna.perez@nyu.edu>; dale.ho@aclu.org; kinsellam@brennan.law.nyu.edu; Danielle Lang <dlang@campaignlegalcenter.org>; Mark Gaber <mgaber@campaignlegalcenter.org>; mdanahy@campaignlegalcenter.org; bbowie@campaignlegalcenter.org; Wendy Weiser <wendy.weiser@nyu.edu>; psignoracci@paulweiss.com; dgiller@paulweiss.com; Patrick Berry <berryp@brennan.law.nyu.edu>; Leah Aden <laden@naacpldf.org>
Subject: RE: Jones v. DeSantis - McCoy Plaintiffs' submission of expert reports

Dear Counsel-

Attached please find the *McCoy* Plaintiffs' submission of the expert reports from Dr. Amanda Weinstein and Dr. Hannah Walker.

As taking their depositions, Dr. Weinstein is available on March 17th and Dr. Walker is available on March 18th. Both depositions will need to occur in Atlanta and can be held at the Southern Poverty Law Center's offices. In order to finalize the date and book travel at the most affordable rates possible, please confirm by COB tomorrow whether you intend to proceed with their depositions on these dates and at this location.

Thank you.

Nancy Abudu
Deputy Legal Director | Legal
Southern Poverty Law Center
T 786.376.5311
nancy.abudu@splcenter.org | www.splcenter.org

This e-mail and any attachments are confidential and may be protected by legal privilege. If you are not the intended recipient, be aware that any disclosure,

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March 2, 2020

United States District Court
for the Northern District of Florida
Tallahassee Division

Kelvin Jones,

Plaintiffs,

v. Consolidated Case No. 4:19-cv-300

Ron DeSantis, etc., et al.,

Defendants.

Second Supplemental Expert Report of Daniel A. Smith, Ph.D.

Professor and Chair
Department of Political Science
University of Florida
234 Anderson Hall
Gainesville, FL 32611-7325

On Behalf of Plaintiffs Jeff Gruver, Emory Marquis "Marq" Mitchell, Betty Riddle, Kristopher Wrench, Keith Ivey, Karen Leicht, Raquel Wright, Steven Phalen, Clifford Tyson, Jermaine Miller, Curtis D. Bryant, Jr., Jesse D. Hamilton, LaToya Moreland, Florida State Conference of the NAACP, Orange County Branch of the NAACP, and League of Women Voters of Florida



Daniel A. Smith, Ph.D.

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-002181

I. Background and Qualifications

1. This second supplemental declaration updates my original report, dated August 2, 2019, and my supplemental report, dated September 17, 2019, submitted in this case. My background and qualifications, in addition to my curriculum vitae and rate of pay, have been disclosed to Defendants by counsel for plaintiffs.

2. This declaration includes data from all of Florida's 67 counties. The data can be used to gauge the impact of SB7066 on the ability of persons of voting-age living in Florida who appear to be eligible to register and vote, but for legal financial obligations ("LFOs"), that is fines, fees, costs, and/or restitution assessed as part of a felony conviction, including, when possible, any civil liens stemming from those LFOs.[1] Although included in the public records request, fewer than a dozen of the 67 county clerks of court provided data on restitution and civil liens.[2]

[1] SB7066 conditions restoration of voting rights on the satisfaction of LFOs imposed "in the four corners of the sentencing document." Fla. Stat. § 98.075(2)(a). It is beyond the scope of this report to determine whether or how this limitation is applied, and the data that I have received from county clerks of court do not differentiate among outstanding LFOs, and may not include restitution or civil liens.

[2] Between June 4, 2019 and July 19, 2019, a team of researchers working in partnership with the ACLU-FL made public records request to all 67 county clerks of court for individual-level data for every person in their county, from 1980 to the present, with a felony conviction (guilty or no contest plea). Information from all available fields maintained in a county's Case Management System ("CMS") was requested, including full name, Florida Department of Corrections number, the FDLE's OBTS number, address, date of birth, gender, race, charges (offense category), convictions (prior and current convictions within the county), current

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3. In formulating my opinions in this supplemental report, I utilize the same methods in my original report and supplemental reports. I draw on standard sources in political science analyses, including, but not limited to: publicly available data and reports produced by the Florida Department of Corrections ("FDC"), data from the state's county clerks of court and the association of the Florida Court of Clerks & Comptrollers ("FCCC"),[3] reports from the Florida Department of Law Enforcement ("FDLE"), and information from various state and local agencies, national public interest groups, and scholarly studies.

II. Summary of Findings

4. As I emphasized in my original report and in my supplemental reports, as far as I can determine, the State of Florida does not maintain a publicly available, unified, up-to-date, centralized database or repository that compiles information on whether an individual with a felony conviction has completed all the terms of his or her sentence, including parole, probation, or community control or supervision, or has satisfied any LFOs tied to a felony conviction, to say nothing

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status of supervision (parole, probation, release, etc.), any outstanding LFOs, and expected date of completion of supervision (or sentencing effective date and the length of incarceration or community supervision). Escambia, the final county to provide data, fulfilled the public records request in January 2020.

[3] Of the 67 counties, 12 clerks of court responded to the public records requests by generating their own data; each has a unique data format. In addition, 55 counties provided data through the FCCC. These counties have data files with identical formats; however, these FCCC counties employed varying rules for how they format their data. The idiosyncrasies and variance across the data files complicate the determination of the balance due of LFOs for each individual.

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of such penalties when they are converted into civil liens. As such, it is unclear to me how an individual with a felony conviction could determine his or her eligibility to register and vote under the conditions established by SB7066. Equally problematic, in my expert opinion, is that the state's 67 county Supervisors of Elections and the Florida Secretary of State cannot definitively determine if an individual with a past felony conviction has outstanding disqualifying LFOs or is eligible to register and vote in Florida under SB7066. Even if the State of Florida somehow managed to create a database of eligible persons who were convicted of a felony in Florida with precise information about all LFOs tied to a felony conviction, such a database would almost assuredly exclude those persons who have a federal felony conviction or those who have moved to Florida with an out-of-state felony conviction.

5. As in my original and supplemental reports, and as explained below, my estimates of the number of persons in Florida with felony convictions (which exclude out-of-state and federal felony convictions) who are likely permitted under SB7066 to register to vote are conservative—that is, they are biased *against* inflating the number of persons with felony convictions who are otherwise eligible to vote under SB7066 but for their outstanding LFOs. For example, although these data were requested, most of the counties did not provide data on restitution owed or civil liens. As a result, my calculations likely underestimate the total amount of

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outstanding LFOs for many individuals who owe restitution, or who have LFOs that have been converted into a civil lien.

6. Furthermore, my calculations regarding persons' LFO obligations only include persons in Florida with Florida state convictions, who have fulfilled the terms of their felony conviction (other than murder or sexual offense), including completion of incarceration and release from parole, probation, or community control or supervision. My calculations are based on data obtained from all 67 county clerks of court,[4] which I use to determine any outstanding LFOs a person who has otherwise met the conditions of a felony conviction might still owe.

7. There are certainly limits to my calculations, but they are intentionally conservative, in that they likely *underestimate* the number (and percentage) of individuals with felony convictions in Florida who have met all the terms of their sentence but who owe LFOs. Undoubtedly, there are likely additional individuals with past felony convictions who are eligible to have their voting rights restored in Florida but for outstanding LFOs, but I have no data from other states' criminal justice systems or the federal court system regarding the LFOs of individuals who

[4] As with my previous reports, this report does not include felons convicted in Escambia County who are in FDC's Offender Based Information System ("OBIS") database because the individual-level LFOs data received from the Escambia clerk of court did not provide the month or day of an individual's birthdate. An individual's full birthdate is needed to match a county's LFOs data to FDC's felon release data. This report, however, does include data on felons convicted in Escambia County who have been released from county control or supervision and who are not in FDC's OBIS database.

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now reside in Florida. In addition, the data obtained directly from the Florida county clerks of court are by no means immune from errors. The clerks of court data obtained from the FCCC, working on behalf of many of the county clerks of court, have multiple formats regarding a felony conviction, different conventions of recording length of sentences and LFOs, and different ranges of dates of felony convictions included in their own local databases. As I describe in my initial report, there is no unique identification number for me to definitively link individuals across various data sources across the state's 67 counties and FDC's Offender Based Information System ("OBIS").[5] I have also uncovered numerous instances of missing data, data entry errors, and inconsistent or illogical data entries in county clerks of court official data, as well as FDC's data, all of which complicate my analysis. That said, I have taken every step to make sure my calculations do not overinflate the number of individuals with felony convictions in

[5] When attempting to link across big databases that lack a unique identifier, there is always a trade-off between coverage and precision. As I describe in my earlier reports, there will undoubtedly be some matching errors when linking individuals from FDC's OBIS database with individuals in the CMS databases maintained by the county clerks of court. My approach is to change all text in both databases to lowercase, removing all punctuation, concatenate a string consisting of a person's first name, last name, name suffix, date of birth, race code, and sex code. I then attempt to exactly match the concatenated strings across both datasets and across individual county datasets. Errors in any matching exercise can result from data that are temporally asynchronous across the various data sources, as well as from issues related to missing data, coding errors in the raw data, inconsistent and illogical data entries, and truncated data, all of which exist in the official administrative data I received through public records requests.

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Florida, nor overinflate the number of individuals who are likely eligible to have their voting rights restored but who owe LFOs under SB7066 .

8. As in my original and supplemental reports, I provide breakdowns by race (e.g., whether someone is identified as black or white)[6] of those persons with felony convictions (other than murder or sexual offense) who have been released from FDC (as of January 2020)[7] or county control or supervision, including those who have outstanding LFOs and those who have a balance of $0.00 in LFOs.[8] I also provide information from two counties on LFOs owed by individuals released from county control or supervision who were convicted of a qualifying felony and

[6] When totals are provided, individuals of other racial/ethnic categories are included in the calculations.

[7] FDOC_Jan_2020.mdb database downloaded on January 21, 2020. FDC's OBIS data are available for download at: http://www.dc.state.fl.us/pub/obis_request.html. The OBIS database is made available purportedly "to aid in the recording of the offender's day-to-day activities as well as to record historical data" (State of Florida, Auditor General, Report No. 2014-202, June 2014, Department of corrections Offender Based Information System (OBIS), "Information Technology Operational Audit," available: https://flauditor.gov/pages/pdf_files/2014-202.pdf. Unfortunately, FDC's OBIS database—at least the database that is available for public download—does not provide any information regarding LFOs. The publicly available OBIS database also does not include reliable information about persons with felony convictions who were not placed under FDC's custody, but instead were in county jail, probation, or community control or supervision.

[8] Data from all available fields maintained in a county's CMS was requested from the 67 clerks of court, including an individual's full name, FDC number, the FDLE's OBTS number, address, date of birth, gender, race, charges (offense category), convictions (prior and current convictions within the county), current status of supervision (parole, probation, release, etc.), any outstanding LFOs, and expected date of completion of supervision (or sentencing effective date and the length of incarceration or community control or supervision).

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whether they were represented by a public defender. In addition, I provide data from the FCCC's annual reports that show that county clerks of court in Florida have minimal expectation that a majority of formerly incarcerated individuals will be able to pay their assessed LFOs because they face significant economic barriers.

9. Overall, of the more than 1 million persons convicted of a qualifying felony in Florida and who have completed all terms of their sentence (including parole, probation, or community control or supervision), my estimates from across the state's 67 counties indicate that 77.4% of these individuals are *not* qualified to register or to vote under SB7066 due to outstanding felony-related LFOs. In other words, I estimate that slightly less than four-in-five of all persons in Florida with a felony conviction in Florida (other than murder or a sexual offense) and who have completed all terms of their sentence, are likely not qualified to register to vote under SB7066 due to outstanding felony-related LFOs. This disqualification rate of individuals with felony convictions able to regain their voting rights under SB7066 is quite consistent with my initial report, which included 373,256 individuals across 48 counties from data provided by the clerks of court and FDC, as well as my supplemental report.[9]

[9] To my knowledge, the county clerks of court are not required to have an FDC number for a person in their CMS database; it is usually only provided when a county clerk of court receives notice of a violation of probation. The CMS database does include an individual's Uniform Case Number ("UCN"), at least since January 1, 2003 after such a requirement was ordered in 1998 by the Supreme Court of Florida. Each UCN is a unique alpha/numeric string of characters that can be used to identify where a case was filed; the year in which the

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III. Florida Does Not Maintain a Unified, Up-to-Date, Centralized Database or Repository of Persons with Felony Convictions and their related LFOs that is Publicly Available

10. I continue to maintain, as I wrote in my initial report, that as far as I can determine, "the State of Florida does not maintain a publicly available unified, up-to-date, centralized database or repository that compiles information on whether an individual with a felony has completed all the terms of his or her sentence, including parole, probation, or community control or supervision, or has satisfied any LFOs tied to a felony conviction, to say nothing of such penalties when they are converted into civil liens." I will not rehash here the reasoning I laid out in detail in that report, only to say that I am not aware of anything that should change my opinion on this matter.

11. Furthermore, even if an individual is able to identify all the LFOs he or she owes in one Florida county, he or she might have difficultly determining any outstanding LFOs he or she owes in another Florida county, in another state, or in the federal court system. On this point, I agree with the House sponsor of SB7066, who stated during the 2019 legislative session that "[t]here is no stakeholder in the State of Florida that can serve as a source of truth that somebody completed all

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case was filed; the court division/case type where the case was filed; the sequential number denoting the case; an identifier for multiple parties or defendants involved in a case; and the branch location where the case was filed. *See* Supreme Court of Florida, "Uniform Case Numbering System," available at: https://www.flcourts.org/content/download/219191/1981092/AO_Uniform_Case_Numbering_12-03-98_amended.pdf (last accessed July 23, 2019).

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terms of their sentence."[10] This is because Florida's criminal justice system is highly decentralized,[11] and as such, relevant data are "spread out all over government," making it nearly impossible for state and local officials to compile the necessary data.[12] Thus, it is exceedingly difficult, if not practically impossible, for Supervisors of Elections, the Office of the Secretary of State, or third-party organizations conducting voter registration drives—much less a citizen in Florida who has been released from control or supervision for a qualifying felony—to determine whether an individual with a qualifying felony conviction is eligible to register and vote in the state.

12. Even if such a unified, centralized database was created by a state agency or private contractor that included whether an individual had met all the obligations of his or her LFOs tied to a felony conviction, I would remain highly

[10] *See* Video: Apr. 23, 2019, House Floor Hearing ("April 23 Hearing") at 7:04:00–7:04:07, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264.

[11] Florida's criminal justice system can perhaps be best described as a network of local and state agencies that handle criminal cases, beginning with an arrest and ending with the disposition of the case. *See* HOUSE OF REPRESENTATIVES STAFF ANALYSIS, CS/HB 7071 PCB JDC 18-02, "Criminal Justice Data Transparency," 2017. Available at: https://www.flsenate.gov/Session/Bill/2018/7071/Analyses/h7071a.JUA.PDF (last accessed June 30, 2019).

[12] *See* Video: February 14, 2019, House Comm. Joint Hearing at 1:03:30–1:04:05, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019021160 (last accessed June 1, 2019).

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skeptical of its reliability. This is because the databases maintained by the county clerks of court are, at times, unreliable.

13. Perhaps a few examples from a randomly drawn county, Brevard County, suffice to show this point. Examples of data errors that exist in the CMS of the county clerk of courts abound, so my focus here on Brevard County here should be taken as illustrative of database problems existing in nearly every county, and not as an indictment of the Brevard clerk of the court.

14. My analysis indicates that nearly 15,000 individuals in Brevard County with a felony conviction were not incarcerated in Florida state prison, were adjudicated guilty and did not have that adjudication withheld, did not commit murder or a sex crime (in Brevard County or any other Florida county), have a release date prior to or on June 30, 2019, and had a sentence imposed date year of 1960 or thereafter. Of the nearly 15,000 otherwise eligible individuals released from Brevard County control or supervision (so, excluding those in FDC's database), roughly 30% owe $0.00 in LFOs. More than half of the nearly 15,000 individuals with felony convictions who have been released from Brevard County control or supervision owe more than $500.00 in LFOs. Roughly two-thirds of all those released from county control or supervision are white individuals and one-third are black individuals. Black individuals with a felony conviction who have been released from county control or supervision are nearly 9 percentage points less likely to owe $0.00 in LFOs than comparable white individuals.

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15. Within a single county clerk of court's CMS database, such as that of Brevard County, an individual may appear multiple times with different names and different birthdates, which in my opinion will make it extremely difficult, if not impossible, for Supervisors of Elections, the Office of the Secretary of State, third-party organizations conducting voter registration drives, or even an individual with a qualifying felony conviction to determine whether he or she is eligible to register and vote in Florida.

16. For example, there is a woman released from Brevard County who is listed in Brevard County's CMS database with two different spellings of her middle name. This might seem innocuous, but it is not. In one record, the county clerk of court lists that she still owes more than $200.00 in LFOs from a felony conviction in 2004; in another record, that has a different spelling of her name, she still owes over $700.00 in LFOs from a felony conviction in 2007. Same residence, same date-of-birth, but separate records. Perhaps the woman pays off the $200.00 in LFOs she thinks she owes after relying on the record that happens to have the correct spelling of her name. She then proceeds to register and vote in the county, not knowing there is a separate record because of the clerk's misspelling of her name. Has she violated the terms of SB7066?

17. Or take another example drawn from Brevard County. An individual who certainly appears to be the same person—there are separate records of an individual with exactly the same name—is listed multiple times in the county's

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CMS database under two different dates-of-birth. The date-of-birth in both entries is very close—it's only off by a month, likely a scrivener's error—but in the clerk's database he is identified in two separate records, one for a felony conviction in 2017 and another for a felony conviction in 2018. The problem for this individual is that one record indicates that he owes roughly $1,000.00 in LFOs, whereas the other record indicates he owes $0.00 in LFOs. If the correct date-of-birth is contained in the record where he owes $0.00 in LFOs, he might very well register to vote and cast a ballot in the next election, even though he likely still owes $1,000.00 in LFOs, but under a record with an incorrect birth date. Upon registering, has he violated the terms of SB7066?

18. Examples are plentiful, even from just one county. There's a man listed twice in the county's CMS database, one with a "Jr." suffix in his name and the other with no suffix. Same exact date-of-birth, same race, and same address for two felony convictions, one handed down in 1996 and the other in 2013. For one, he owes $0.00 in LFOs; for the other, he owes over $3,000.00 in LFOs. Let's assume a third party group assists him in registering to vote, querying the county's database using his correct name and date-of-birth, which indicates that he owes $0.00. Has the group and the individual violated the terms of SB7066 if he registers and votes, but in actuality, still owes over $3,000.00 in LFOs?

19. These examples come from simple queries of one county's CMS database. To my knowledge, there is no centralized database in Florida that

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provides current information about the status of an individual's LFOs across counties, or even LFOs in a county that have been converted into civil liens. As such, county clerks of court may not even have the capacity to produce the necessary information to determine whether a person with a felony conviction is eligible to vote with regard to outstanding LFOs. If the clerks themselves are unable to provide this information, how is an individual, an advocacy group, or a Supervisor of Elections supposed to confirm if all LFOs have been paid by an individual attempting to register to vote?[13]

20. Furthermore, even if such a statewide database existed of eligible persons convicted of a qualifying felony in a Florida state court and who have been released from all control or supervision and who have paid off all their LFOs, it would most certainly not have information about persons residing in Florida who have completed all the terms of a federal or out-of-state felony sentence, much less if they have any outstanding felony-related LFOs.

[13] As I wrote in my initial report, there is every indication that several clerks of the court do not have the capacity to provide individuals accurate information about their LFOs. "Due to budget constraints," wrote a staff member from a clerk of the court in response to a public records request, "we lack the resources necessary to fulfill your request as presented," including "data on sentencing," but that "[o]n an optimistic note, much of what you requested will be available through the Florida Department of Law Enforcement in 2021 when, in cooperation with Florida's Clerks, the Legislature-mandated Criminal Justice Transparency statute is scheduled to be fully realized." Email correspondence from Tom Jackson, Communications Officer and Deputy Clerk, Pasco Clerk of the Court, July 18, 2019.

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IV. Over 1 Million Floridians with Felony Convictions Have Been Released from FDC or County Control/Supervision, and 77.4% Owe More Than $0.00 in Outstanding LFOs

21. **Table 1** summarizes—separately for FDC and county control or supervision, and also combined—the number and percentage of the more than 1 million eligible or otherwise eligible individuals who owe $0.00 or more in outstanding LFOs, according to official records obtained by the 67 county clerks.

Table 1:
LFOs Balance Due of Eligible Persons with Felony Convictions, FDC and County Data (and Combined)

	FDC		County		FDC + County	
	Count	**%**	**Count**	**%**	**Count**	**%**
Owe $0.00 LFOs	25,752	11.1%	200,567	26.1%	226,319	22.6%
Owe >$0.00 LFOs	207,021	88.9%	567,469	73.9%	774,490	77.4%
Total	232,773	100.0%	768,036	100.0%	1,000,809	100.0%

22. Consistent with the findings in my original and supplemental reports, but now extended to all 67 counties and drawing on FDC's updated January 2020 release data, **Table 1** reports that 25,752 of the 232,773 (11.1%) individuals who have been released from FDC[14] control or supervision, and 200,567 of the 768,036 (26.1%) individuals with a felony conviction who were not in FDC control or supervision and who have been released from county control or supervision, have a

[14] *See* Florida Department of Corrections, "Public Records Requests for the OBIS Database," http://www.dc.state.fl.us/pub/obis_request.html. FDC acknowledges that "information in this [OBIS] file may not reflect the true current location, status, release date, or other information regarding an inmate." Furthermore, FDC explicitly "makes no guarantee as to the accuracy or completeness of the information contained herein," that is, in its OBIS database.

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balance of $0.00 outstanding LFOs. Taken together, then, an estimated 226,319 of the 1,000,809 (22.6%) of the individuals for whom I have data have completed payment of their LFOs. The remaining 774,490 individuals who I have identified across Florida's counties, or 77.4% of all otherwise eligible individuals who have fulfilled the terms of their felony conviction, have outstanding LFOs and are thus likely to be disenfranchised under SB7066.

V. LFOs Balance Due of Eligible Persons with Felony Convictions, FDC and County Data (and Combined), by Race

23. Consistent with my previous reports, my analysis reveals racial disparities exist across persons who have met the terms of their felony conviction but who have outstanding LFOs. **Table 2** summarizes my calculations broken down by race. The rate of black individuals with a felony conviction (combined FDC and county) who are otherwise qualified to register to vote but for outstanding LFOs, is more than 8 percentage points lower than the comparable rate of white individuals. As **Table 2** shows, among white individuals with a felony conviction who have been released from control or supervision and who are otherwise eligible to obtain their voting rights, 13.5% from FDC, 29.7% from county, and 26.0% overall (combined FDC and county) have a balance of LFOs of $0.00. In contrast, among black individuals with a qualifying felony conviction who have been released from control or supervision, only 8.0% from FDC, 21.0%

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from county, and 17.8% overall (combined FDC and county) have a balance of LFOs of $0.00.

24. To summarize: fewer than one in five (17.8%) black individuals released from control or supervision, who have a qualifying felony conviction, are eligible to register and vote under SB7066, as they still owe LFOs; in contrast, more than one in four (26.0%) white individuals released from control or supervision, who have a qualifying felony conviction, are eligible to register to vote or vote under SB7066.

Table 2:
Estimates of LFOs Balance Due of Eligible Persons with Felony Convictions, FDC and County Data (and Combined), by Race

White	**FDC**		**County**		**FDC + County**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Owe $0.00 LFOs	17,523	13.5%	131,694	29.7%	149,217	26.0%
Owe >$0.00 LFOs	112,714	86.5%	311,662	70.3%	424,376	74.0%
Total	130,237	100.0%	443,356	100.0%	573,593	100.0%
Black	**FDC**		**County**		**FDC + County**	
	Count	**%**	**Count**	**%**	**Count**	**%**
Owe $0.00 LFOs	8,125	8.0%	64,245	21.0%	72,370	17.8%
Owe >$0.00 LFOs	93,351	92.0%	241,171	79.0%	334,522	82.2%
Total	101,476	100.0%	305,416	100.0%	406,892	100.0%

VI. LFOs Balance Due of Eligible Persons with Felony Convictions (Released from FDC and County Control/Supervision), by Race

25. Across the state's 67 counties, it is also possible to calculate ranges of outstanding amounts of LFOs owed by individuals—as well as by black and white

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individuals—who otherwise have completed all the terms of their felony convictions. The following figures are based on data received directly from the county clerks of court or on their behalf as provided by the FCCC. In keeping with this and previous reports, **Table 3** includes data for individuals with felony convictions dating as far back to 1997, although most of the LFOs from the counties date back only to the early 2000s. It provides the number of persons and the amounts of LFOs owed in graduated dollar amounts, broken down by race. As the numbers in **Table 3** bear out, overall, of the 774,490 individuals (released from FDC and county control/supervision) who have outstanding LFOs of any amount, 610,252 (78.8%) owe at least $500, and 458,163 (59.2%) owe more than $1,000. Also, as **Table 3** reveals, among persons who owe LFOs of any amount, black individuals are more likely to owe over $500, as well as over $1,000, compared to individuals.

Table 3:

Combined LFOs Balance Due of Eligible Persons with Felony Convictions (FDC and County Control/Supervision), by Race

	Balance due, All		**Balance due, *Black***		**Balance due, *White***	
LFOs Owed	**Count**	**%**	**Count**	**%**	**Count**	**%**
$0	226,319	22.6%	72,370	17.8%	149,217	26.0%
Up to $100	47,318	4.7%	16,072	3.9%	30,315	5.3%
Up to $250	34,102	3.4%	12,880	3.2%	20,537	3.6%
Up to $500	82,818	8.3%	33,750	8.3%	47,353	8.3%
Up to $1,000	152,089	15.2%	60,826	14.9%	87,320	15.2%
Up to $5,000	279,778	28.0%	119,168	29.3%	154,574	26.9%
Up to $10,000	32,207	3.2%	13,652	3.4%	17,493	3.0%

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> $10,000	146,178	14.6%	78,174	19.2%	66,784	11.6%
Total	1,000,809	100.0%	406,892	100.0%	573,593	100.0%

26. In the following section, I present separately data for eligible persons with felony convictions who are *not* in FDC's OBIS database and those who are in FDC's OBIS database.

VII. LFOs Balance Due of Eligible Persons with Felony Convictions who are *Not* in FDC's OBIS Database, by Race

27. **Table 4** provides the amount of LFOs owed by 768,036 individuals with felony convictions who are *not* found in FDC's OBIS inmate release database. These individuals were not convicted of murder or a sex crime under SB7066, have a release date prior to June 30, 2019, and have met all the terms of the felony sentence.[15] As mentioned previously, of these individuals, roughly one in four—26.1%—have paid off their LFOs related to a felony offense.

28. **Table 4** also provides the racial breakdown (black and white individuals) of those released from county control or supervision who owe LFOs in the various categories. As **Table 4** reveals, only 21.0% of black individuals who have otherwise met all the terms of their felony conviction are likely to owe $0.00

[15] The summary information about LFOs owed by individuals with qualifying felony convictions was received either directly from the clerks or via the FCCC. Table 4 includes data on individuals who: (1) are found in one or more county's CMS database; (2) are not found in FDC's OBIS database; (3) were not convicted of murder or a sexual offense as defined by SB7066; and (4) have met the terms of their felony sentence as of June 30, 2019. Individuals whose outstanding LFOs appear to be negative are dropped.

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in LFOs, compared to 29.7% of white individuals. In addition, black individuals are disproportionately more likely than white individuals to owe over $10,000 in LFOs. In my opinion, it is clear from **Table 4** that black individuals who have otherwise met all the terms of their felony conviction at the county-level are significantly less likely to be able to gain or re-gain their voting rights under SB7066, as compared to similar white individuals, because of the amount of outstanding LFOs tied to their felony conviction.

Table 4:
LFOs Balance Due of Eligible Persons with Felony Convictions who are *Not* in FDC's OBIS Database, by Race

	Balance due, All		**Balance due, *Black***		**Balance due, *White***	
LFOs Owed	**Count**	**%**	**Count**	**%**	**Count**	**%**
$0	200,567	26.1%	64,245	21.0%	131,694	29.7%
Up to $100	38,314	5.0%	12,661	4.1%	24,758	5.6%
Up to $250	26,912	3.5%	9,780	3.2%	16,463	3.7%
Up to $500	63,824	8.3%	25,306	8.3%	36,877	8.3%
Up to $1,000	113,769	14.8%	43,659	14.3%	66,362	15.0%
Up to $5,000	174,750	22.8%	69,651	22.8%	99,545	22.5%
Up to $10,000	16,967	2.2%	6,471	2.1%	9,477	2.1%
> $10,000	132,933	17.3%	73,643	24.1%	58,180	13.1%
Total	768,036	100.0%	305,416	100.0%	443,356	100.0%

VIII. LFOs Balance Due of Eligible Persons with Felony Convictions who are *in* FDC's OBIS Database, by Race

29. Finally, using the same methodology in my previous two reports which link an individual in FDC's OBIS inmate release database to that same

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individual in the data provided by county clerks of court, it is possible to provide estimates of the number of persons who were convicted of a felony (other than those convicted of murder or a sexual offense) in each county, who had a release date prior to January 2020, who have completed all the terms of their felony sentence under the authority of FDC, but who are not eligible to register to vote under SB7066 because they owe LFOs tied to a felony conviction.

30. Drawing on inmate release data from FDC's updated January 2020 OBIS database, merged with LFOs data drawn provided by the county clerks of court, **Table 5** calculates the number of individuals are prohibited under SB7066 from registering or voting, even though they have been released from FDC control or supervision, because they have outstanding LFOs tied to a felony conviction. **Table 5** also provides the racial breakdown of black and white individuals across the counties who have been released from FDC control or supervision—that is, they completed all the terms of their sentence, including parole, probation, or community control or supervision—and any outstanding LFOs tied to their felony conviction(s).

31. Overall, I calculate there to be 232,773 individuals in FDC's OBIS inmate released database, including 130,237 white individuals and 101,476 black individuals, who are qualified to re-gain their voting rights but for outstanding LFOs. These individuals were adjudicated guilty, were under the control of FDC, were not convicted of murder or a sex crime, and since 1997 were released from

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control or supervision. By linking these individuals to the databases provided by the clerks of court (all except Escambia),[16] it is possible to approximate the amounts of outstanding LFOs tied to a felony conviction. **Table 5** breaks down by each range of estimated minimum outstanding LFOs by the race of the individual (black and white).[17] Overall, only 11.1% of these individuals— just 25,752 individuals out of the 232,773 released from FDC control or supervision—owe $0 in LFOs tied to their felony conviction. Of those who have outstanding LFOs, 73.8% owe over $500 and 57.4% owe more than $1,000.

[16] The analysis does not include felons convicted in Escambia County, as the Escambia clerk of court did not provide data that included an individual's complete birthdate, making it impossible to merge county-provided LFO data with FDC's OBIS database.

[17] As in my original and supplemental reports, matching records across FDC's October 1, 2019 OBIS database and the clerks of court data is based on an exact match between first name, last name, name suffix, date of birth, race code, and sex code. Records with missing first names are not part of the match. Individuals with a negative LFOs balance due are not included, as this would indicate (implausibly) that an individual overpaid a county clerk of court. There are over 7,400 such individuals with a negative LFO balance; the bulk (over 6,400) are found in Duval County, indicating data entry/data processing errors made by the county clerk of the court. Finally, this report assumes individuals whose name suffix in the FDOC database is either "J" or "JRR" are juniors (e.g., "Jr"). Because of data reliability concerns, individuals with county sentence imposed dates prior to 1960 are excluded from the analysis, as are individuals in FDC's OBIS release database released prior to October 1, 1997. Roughly 17.4% of individuals in FDC's OBIS inmate release database that were matched with county LFOs data were in more than one of the 66 counties and had positive LFOs in more than one county.

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Table 5:
LFOs Balance Due of Eligible Persons with Felony Convictions who are *in* FDC's OBIS Database, by Race

	Balance due, All		**Balance due, *Black***		**Balance due, *White***	
LFOs Owed	**Count**	**%**	**Count**	**%**	**Count**	**%**
$0	25,752	11.1%	8,125	8.0%	17,523	13.5%
Up to $100	9,004	3.9%	3,411	3.4%	5,557	4.3%
Up to $250	7,190	3.1%	3,100	3.1%	4,074	3.1%
Up to $500	18,994	8.2%	8,444	8.3%	10,476	8.0%
Up to $1,000	38,320	16.5%	17,167	16.9%	20,958	16.1%
Up to $5,000	105,028	45.1%	49,517	48.8%	55,029	42.3%
Up to $10,000	15,240	6.5%	7,181	7.1%	8,016	6.2%
> $10,000	13,245	5.7%	4,531	4.5%	8,604	6.6%
Total	232,773	100.0%	101,476	100.0%	130,237	100.0%

32. As **Table 5** makes clear, only 8.0% of black individuals, compared to 13.5% of white individuals who have been released from FDC control or supervision, appear to be eligible to register and vote under SB7066 because they have paid off their LFOs. Black individuals released from FDC control or supervision are also more likely than similar white individuals to owe between $250 and $10,000 in LFOs across the counties.

33. In my opinion, it is clear from **Table 5** that black individuals released from the control or supervision of FDC are significantly less likely to be able to re-gain their voting rights, as compared to comparable white individuals with felony convictions, as a result of the amount of outstanding LFOs tied to a felony conviction.

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IX. LFOs and the FCCC's Annual Assessments and Collections Reports

34. In this section, I provide some additional evidence that many of the individuals LFOs remain unpaid by those who are indigent. It does not surprise me that fewer than one-in-four of the more than 1 million individuals in Florida who have been convicted of a felony and have been released from the control or supervision of FDC or county authorities are likely to be able to re-gain their voting rights because of outstanding LFOs. Indeed, all one needs to do is consult the FCCC and any "Annual Assessments and Collections Report" that it has published over the years. According to the FCCC, circuit criminal, county criminal, and juvenile court divisions use a "risk factor" methodology to assess which associated cases are likely to have a "minimal collections expectation." Such conditions include whether a "defendant was incarcerated, indigent, or had a judgment/lien case status."[18] According to the FCCC's various annual reports, "Risk factor amounts include all mandatory and discretionary fines, court costs,

[18] See, variously, FLORIDA COURT CLERKS & COMPTROLLERS, "Annual Assessments and Collections Report" (2014-2018). Links to the FCCC's five most recent reports are available at: https://finesandfeesjusticecenter.org/content/uploads/2019/01/2018-Annual-Assessments-and-Collections-Report.pdf, https://finesandfeesjusticecenter.org/content/uploads/2019/01/2017-Annual-Assessments-and-Collections-Consolidated-Summary-SMUSHED-2.pdf, https://finesandfeesjusticecenter.org/content/uploads/2019/01/2016-Fl-Court-Clerks-and-Comptrollers-Annual-Assessments-and-Collections-Consolidated-Summary-Report-2015-2016.pdf, https://finesandfeesjusticecenter.org/content/uploads/2019/01/2015-Assessments-and-Collections-Report-2014-2015.pdf, and https://finesandfeesjusticecenter.org/content/uploads/2019/01/2014-Clerk-Annual-Assessments-and-Collections-Report-2013-2014-2.pdf.

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monetary penalties, and fees, service charges and costs." In its 2018 report, for example, the FCCC's statewide summary (page 11) for the 2017-2018 fiscal year (October 1, 2017 to September 30, 2018), calculates the total Risk Factor Impacts expected LFOs (for people who are incarcerated, indigent, or judgment/lien) to be $226,976,841, which amounts to 85.79% of the "total amount actually assessed" in fiscal year 2018. The total amount of LFOs actually assessed statewide in 2018 in the criminal courts was $264,557,647.[19] If we eliminate those individuals who were assessed LFOs but who remained incarcerated during the time period, we can calculate—according to the FCCC's 2018 report—a total of $119,041,561 in LFOs for the non-incarcerated community (that is, $264,572,609 (total LFOs assessed) minus $145,516,086 (LFOs of those still incarcerated)).

35. The FCCC also reports that $81,460,756 of LFOs assessed in 2017-2018 fall into the indigent or judgment/lien categories. If we divide $81,460,756 by $119,041,561, the FCCC's own data reveals that 68.4%, or more than two-thirds, of all LFOs assessed to non-incarcerated returning citizens in fiscal year 2018 fall into the category of "minimal collections expectation." That is, these individuals according to the FCCC are either indigent or had their LFOs converted into a civil

[19] This amount is calculated by totaling three figures on pages 10 and 11 of the FCCC's 2018 report: (1) the $191,959,237 in mandatory fines, court costs, and other monetary penalties; (2) the $21,019,347 in discretionary fines, court costs, and other monetary penalties; and (3) the $51,579,063 in mandatory fees, service charges, and costs.

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judgment/lien, a common mechanism used in Florida by the courts when individuals are unable to pay their LFOs.

36. My assessment of the FCCC's "Annual Assessments and Collections Report" from the other four fiscal years is that they follow a similar pattern, that is, the FCCC concedes in its own reports that it has minimal collections expectations for a supermajority of the LFOs assessed on non-incarcerated individuals on account of the fact that these individuals are unable to pay. These figures likely include individuals on probation/parole, and might include those convicted of murder or felony sex offense, but it certainly provides strong evidence of many individuals in Florida who face significant financial barriers when assessed LFOs.

37. Using the annual assessments and collections reports in Florida from 2013-2018, I find that Florida had minimal collections expectations for between 58.2% to 68.4% of all fines and fees it assessed to returning citizens outside of incarceration during this time based on inability to pay.[20]

38. The financial hardships that people with felony offenses face are reflected in the expected collections rate for felony offenses as compared to misdemeanor offenses. The collections performance standard set by the Florida

[20] *See* Fines, Fees, and Justice Center, "Annual Assessments and Collections Report [Florida, 2013-2018], available at: https://finesandfeesjusticecenter.org/articles/annual-assessments-and-collections-report-florida-2013-2018/.

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Clerks of Court Operations Corporation is only 9% for felony cases but 40% for misdemeanor cases.[21]

39. Analysis of federal government data supports the conclusions drawn from the FCCC's Annual Assessments and Collections Reports that a comparatively high percentage of persons with a past conviction will be unable to pay outstanding LFOs. Why might this be? Income is lower among people incarcerated, even before their incarceration.[22] After a conviction, there is a significant incarceration "wage penalty" estimated to range between 10–30% between those with a conviction and those without,[23] with earnings decreases in the first year following release from incarceration.[24] The unemployment rates among formerly incarcerated persons between the ages of 25-44 years old exceeds 27%—over four times that of the general public (5.8%) and greater than the total U.S.

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[21] Assessment, Collection and Distribution of Fines and Fees in Criminal Cases, No. 19-14 (November 2019), pg. 7, available at: http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1914rpt.pdf.

[22] *See* Prison Policy Initiative (2015), available at: https://www.prisonpolicy.org/reports/income.html) ("incarcerated people had a median annual income of $19,185 prior to their incarceration, which is 41% less than non-incarcerated people of similar ages.").

[23] *See* Sara Wakefield and Christopher Uggen, "Incarceration and Stratification," *Annual Review of Sociology* 36 (2010): 387-406.

[24] Adam Looney and Nicholas Turner, "Work and opportunity before and after incarceration," The Brookings Institution, March 2018, available at: https://www.brookings.edu/wp-content/uploads/2018/03/es_20180314_looneyincarceration_final.pdf.

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unemployment rate during any historical period, including the Great Depression (24.9%).[25] Homelessness rates are also higher for persons formerly incarcerated, as "2% of formerly incarcerated people were homeless in 2008 (the most recent year for which data are available), a rate nearly 10 times higher than among the general public").[26] In short, it is clear from the data that individuals face significant economic barriers as a result of a conviction. As a scholar of Florida politics, it comes as little surprise to me, as the FCCC concedes in its own reports, that there is minimal expectation that a majority of formerly incarcerated individuals will be able to pay their assessed LFOs because they face significant economic barriers.

X. In the Two Counties for Which Data is Available, a Supermajority of Returning Citizens Were Afforded a Public Defender

40. In this final section, I provide some additional insight into the question of whether SB7066 is likely to deny persons with a past felony conviction access to the franchise due to indigency. Although the data that I received from the 67 clerks of court and FDC do not include specific information about the ability or inability of an individual with a qualifying felony conviction to pay outstanding LFOs, two counties (Escambia and Lake) provided information about whether an

[25] *See* Prison Policy Initiative, "Out of Prison & Out of Work: Unemployment among formerly incarcerated people," July 2018, available at: https://www.prisonpolicy.org/reports/outofwork.html.

[26] Prison Policy Initiative, "Nowhere to Go: Homelessness among formerly incarcerated people," August 2018, available at: https://www.prisonpolicy.org/reports/housing.html.

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individual convicted of a qualifying felony was represented by a public defender or not. As such, it is possible to determine the amount of outstanding LFOs owed by individuals in the two counties who have a felony conviction and who have been released from control or supervision, and who were represented by a public defender, versus those who were not. It is my understanding that the standard to qualify for public defender services is governed by state law. In order to qualify to be represented by a public defender, a criminal defendant in Florida attests to his or her income and assets, which must be less that 200 percent of the federal poverty guidelines and meet other criteria. Fla. Stat. Ann § 27.52.

41. As I explain above, persons with a past conviction tend to be worse-off economically both at the time of the conviction and as a result of the conviction. Thus, I reviewed data on assignment of a public defender at the time of conviction, which would have required a finding of indigency, as a proxy for an individual lacking the financial means to pay off his or her outstanding LFOs.

42. Drawing on records provided by the Escambia County clerk of courts of individuals who were *not* in FDC's OBIS database, I am able to determine that 72% of the more than 18,000 individuals released from county control or supervision with a felony conviction other than murder or a sexual offense were represented by a public defender.[27]

[27] Escambia County and Lake County were the only counties among the state's 67 clerks of court that included data that documented which individuals were assigned a public defender. The data from these two counties likely understates the rate of

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43. **Table 6** provides a breakdown of dollar ranges of LFOs owed by all individuals eligible for restoration but for their outstanding LFOs, as well as black and white individuals, who were represented by a public defender in Escambia County, and **Table 7** does the same for those convicted of a qualifying felony and who have been released who were not represented by a public defender. Over 65% of all released individuals from Escambia county control or supervision with a qualifying felony conviction and who were represented by a public defender—a proxy here for indigency—owe outstanding LFOs. Over 45% of all convicted felons who were represented by a public defender in the county owe more than $500, with 15.7% owing more than $1,000 in outstanding LFOs. Black individuals (30.3%), compared to comparable white individuals (39.1%) who were represented by a public defender, are less likely to owe $0.00 in LFOs and more likely to owe between $250 and $5,000 in outstanding LFOs.

44. As **Table 7** reveals, both black and white individuals convicted of a qualifying felony, but who were *not* represented by a public defender in Escambia County, are much more likely (56.4%) than those convicted of a qualifying felony

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public defender assignments statewide because: (1) data were only available for persons *not* in FDC's OBIS database, and these individuals are less likely to have outstanding LFOs in general, and if they do owe LFOs, they are likely to be of lower amounts, compared to those *in* FDC's OBIS database; and (2) compared to the 26.1% of persons *not* in FDC's OBIS database who have a $0.00 balance in LFOs (see **Table 4**), these two counties have higher rates of individuals not in the FDC database who have $0.00 balance of LFOs (40.7% in Escambia County and 32.8% in Lake County).

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and represented by a public defender (34.7%) to owe $0.00 in LFOs, and about half as likely to owe more than $500 in LFOs.

45. It is clear from my analysis of data provided by the Escambia County clerk of court that over 60% of all individuals convicted of a felony *not* in the FDC OBIS system, and who were represented by a public defender owe more than $500 in LFOs.

Table 6:
Escambia County, LFOs Balance Due of Otherwise Eligible Persons with Felony Convictions Represented by a *Public Defender*, by Race

	Balance due, All		**Balance due, *Black***		**Balance due, *White***	
LFOs Owed	**Count**	**%**	**Count**	**%**	**Count**	**%**
$0	4,557	34.7%	1,906	30.3%	2,525	39.1%
Up to $100	683	5.2%	257	4.1%	416	6.5%
Up to $250	612	4.7%	242	3.9%	345	5.4%
Up to $500	1,362	10.4%	669	10.6%	652	10.1%
Up to $1,000	3,806	29.0%	1,939	30.9%	1,726	26.7%
Up to $5,000	2,059	15.7%	1,258	20.0%	766	11.9%
Up to $10,000	29	0.2%	12	0.2%	17	0.3%
> $10,000	10	0.08%	3	0.05%	7	0.11%
Total	13,118	100.00%	6,286	100.00%	6,454	100.00%

Table 7:
Escambia County, LFOs Balance Due of Otherwise Eligible Persons with Felony Convictions *Not* Represented by a *Public Defender*, by Race

	Balance due, All		**Balance due, *Black***		**Balance due, *White***	
LFOs Owed	**Count**	**%**	**Count**	**%**	**Count**	**%**
$0	2,831	56.4%	836	45.9%	1,886	62.7%
Up to $100	261	5.2%	81	4.4%	174	5.8%
Up to $250	186	3.7%	80	4.4%	104	3.5%
Up to $500	447	8.9%	185	10.1%	241	8.0%
Up to $1,000	731	14.6%	325	17.8%	368	12.2%

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Up to $5,000	537	10.7%	305	16.7%	221	7.3%
Up to $10,000	14	0.3%	7	0.4%	5	0.2%
> $10,000	16	0.3%	4	0.2%	11	0.4%
Total	5,023	100.0%	1,823	100.0%	3,010	100.0%

46. Similar to the analysis for Escambia County, I am able to draw on records provided by the Lake County clerk of courts to determine that 71% of the more than 21,000 individuals released from county control or supervision with a felony conviction other than murder or a sexual offense were represented by a public defender.[28]

47. **Table 8** provides a breakdown of dollar ranges of LFOs owed by all individuals, as well as black and white individuals, who were represented by a public defender in Lake County, and **Table 9** does the same for those convicted of a qualifying felony and who have been released who were not represented by a public defender. Overall, less than 29% of all released individuals with a qualifying felony conviction in Lake County who were represented by a public defender have $0.00 in LFOs, and over two-thirds of all convicted felons in the county who were represented by a public defender owe more than $500, with over 55% owing more than $5,000 in outstanding LFOs. Black and white individuals represented by a public defender are quite comparable regarding both the

[28] Information concerning whether an individual was represented by a public defender or otherwise is missing for 702 (3.2%) of the cases in the data I received from Lake County; these cases are dropped from my analysis.

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percentage who owe $0.00 in LFOs and those across the various ranges of outstanding LFOs.

48. As **Table 9** reveals, white individuals convicted of a qualifying felony, but who were *not* represented by a public defender in Lake County, are more likely than those convicted of a qualifying felony and represented by a public defender to owe $0.00 in LFOs, but that is not the case for black individuals.

49. As with Escambia County, my analysis of LFOs owed by individuals released from Lake County who were represented by a public defender excludes individuals in the county released from FDC control or supervision; these individuals in Lake County, and statewide more generally, are considerably more likely to have outstanding LFOs than individuals released from county control or supervision. Furthermore, among non-FDC individuals, Lake's percentage of people (either represented by a public defender or not) who owe $0.00 in LFOs is considerably higher than the statewide average of 26.3%.

Table 8:
Lake County, LFOs Balance Due of Otherwise Eligible Persons with Felony Convictions Represented by a *Public Defender*, by Race

	Balance due, All		**Balance due, *Black***		**Balance due, *White***	
LFOs Owed	**Count**	**%**	**Count**	**%**	**Count**	**%**
$0	4,317	28.7%	1,336	32.5%	2,777	34.7%
Up to $100	295	2.0%	89	2.2%	182	2.3%
Up to $250	92	0.6%	23	0.6%	48	0.6%
Up to $500	363	2.4%	112	2.7%	219	2.7%
Up to $1,000	1,354	9.0%	407	9.9%	751	9.4%
Up to $5,000	6,174	41.1%	1,754	42.6%	3,202	40.0%

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Up to $10,000	1,255	8.4%	210	5.1%	401	5.0%
> $10,000	1,167	7.8%	183	4.4%	428	5.3%
Total	15,017	100.0%	4,114	100.0%	8,008	100.0%

Table 9:
Lake County, LFOs Balance Due of Otherwise Eligible Persons with Felony Convictions *Not* Represented by a *Public Defender*, by Race

	Balance due, All		**Balance due, *Black***		**Balance due, *White***	
LFOs Owed	**Count**	**%**	**Count**	**%**	**Count**	**%**
$0	2,139	35.6%	470	31.3%	1,465	43.0%
Up to $100	226	3.8%	45	3.0%	169	5.0%
Up to $250	127	2.1%	28	1.9%	85	2.5%
Up to $500	305	5.1%	82	5.5%	175	5.1%
Up to $1,000	678	11.3%	186	12.4%	327	9.6%
Up to $5,000	1,640	27.3%	510	33.9%	814	23.9%
Up to $10,000	378	6.3%	91	6.1%	155	4.6%
> $10,000	521	8.7%	92	6.1%	216	6.3%
Total	6,014	100.0%	1,504	100.0%	3,406	100.0%

50. Studies in Volusia and Lee Counties found similar results. A study of cases in Volusia County from fiscal years 2010-2014 found 69% of defendants were adjudicated indigent and 62% of all LFOs were assessed against individuals found indigent.[29] Likewise, a survey conducted by the Lee County Clerk of Court

[29] *See* Why Crime Doesn't Pay: Examining Felony Collections, Circuit Court Clerk (May 2015), Appendix F, available at: https://www.ncsc.org/~/media/Files/PDF/Education%20and%20Careers/CEDP%20Papers/2015/Why%20Crime%20Doesnt%20Pay-Examining%20Felony%20CollectionsMurphy.ashx).

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of experts in this field found that 92.3% of survey respondents indicated that inability to pay is a significant factor in the low collections rates for LFOs.[30]

XI. Conclusion

51. Despite the absence of data on out-of-state and federal convictions of persons with felony convictions living in Florida, and the inconsistent and often unreliable correctional data from various State of Florida agencies or clerks of court that are needed to establish more definitively which persons with Florida non-disqualifying felony convictions who reside in Florida might be eligible to vote, there is little doubt that the financial requirements of SB7066 will severely limit the ability of otherwise eligible Floridians with a past felony conviction to be able to register or vote. This is because there is a large share of individuals who still have outstanding LFOs originally assessed as part of their felony conviction. Due to outstanding LFOs, my analysis finds that a little more than one-in-five of the 1,000,809 individuals identified as having a felony conviction other than murder or a sexual offense, who have been released from either county or FDC control or supervision, are likely to be qualified to register to vote under SB7066. The rate of an individual released from either county or FDC control or supervision who owes $0.00 in LFOs is lower for black individuals in nearly every one of the state's 67 counties.

[30] *Id.* at 36.

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52. In sum, my findings should be taken as conservative due to the limitations of available data. I do not have accurate or comprehensive data on federal or out-of-state felony convictions, and even within the Florida criminal justice systems, I do not have comprehensive or systematic data on individuals convicted of a felony who were never referred to FDC, e.g., those who served time in a county jail or under county control or supervision. This is because, to the best of my knowledge, no such database exists in the State of Florida.

53. Because of missing and unreliable data, I am unable to cross-reference whether an individual with an LFO balance of $0.00 in one county has outstanding debt from a felony conviction in all other counties, and the available data from FDC and the county clerks of court only go back as far as the 1990s. Short of calling each county clerk of court to identify, on an individual basis, LFOs owed by as many as a million people—which still may not yield results—I have not uncovered a database that allows me to determine whether LFOs have been converted into a civil lien, or to track restitution obligations not recorded or updated by the clerks of court. In addition, I do not have data to confirm that those I have identified meet other voter eligibility requirements (such as mental competence and U.S. citizenship). I would like to reserve the right to continue to supplement my declarations in light of additional facts, data, and testimony.

54. I also provide evidence from five years of Florida's own data indicating that Florida has minimal collections expectations for the majority of

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fines and fees it assessed to non-incarcerated individuals between 2013-2018. And I provide evidence from two counties showing that more than seven-in-ten individuals released from supervision for a felony conviction other than murder or a sex offense were represented by a public defender, and studies from two additional counties showing significant LFOs assessed against those who are indigent. Many of these individuals, who would be eligible to register to vote but for their outstanding LFOs, are unlikely to be able to pay their LFOs.

55. I declare under penalty of perjury that the foregoing is true and correct. Executed this 2nd day of March, 2020, at Alachua County, Florida.



Daniel A. Smith, Ph.D.

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FDOC report

Date and time of this document: 06 February, 2020 (10:41:02 America/New_York)

Purpose of this document

This report calculates statistics associated with balance owed for released felons in the Florida Division of Corrections database.

Balance owed amounts are taken from individual county clerk reports. When it appears to be necessary, balance owed amounts are conservative. In particular, for some case numbers it is not clear how to interpret repeated balance owed amounts; as such, minimum values are taken conditonal on case number. While this is conservative in terms of amounts owed, it could mean that some released felons are associated with a balance owed amount of zero yet have actual balances owed.

Data notes

- This script relies on data from the January 2020 FDOC database, available at http://www.dc.state.fl.us/pub/obis_request.html (http://www.dc.state.fl.us/pub/obis_request.html).
- Felons records that have no first name are dropped.
- Okaloosa County records with missing balances are dropped.
- The records in a county's list of felons are not exclusive of other counties. That is, if a felon has a balance due in multiple counties, this person will appear in multiple county tables.
- For FCCC counties, the amount presently due for a felon (conditional on a case number) is the difference between fields *tot_amt_due* and *tot_amt_pd.* Ignored here are the columns *rest_amt_due* and *rest_amt_pd*.
- The Duval county clerk and the Seminole County clerk may be using felon data fields in a way that is different than the rest of Florida.
- In the tables that list balance due, felons with negative balance due are dropped. Negative balances may reflect restitution payments present in a non-restitution field or data entry/data processing errors made by county clerks of the court.
- This report does not include felons convicted in Escambia County. This is because the felon-level data from the Escambia clerk of court do not include birthdates, and birthdates are used to merge county-provided data with FDOC data.
- THe FDOC database includes a name suffix field. Felons whose name suffix is either "J" or "JRR" are assumed to be juniors ("JR").

Summary of 363,941 released and free individuals

In the January 2020 FDOC database (named *FDOC_Jan_2020.mdb*) there are a total of 363,941 released and free individuals. These individuals are listed in the release table and are not listed in the offender or active inmate tables. Of the released and free individuals, there are 0 duplicated DCNumbers.

Of released and free felons, 1,794 have missing offenses. For these individuals, it is not possible to determine if they have committed MSC offenses. Of all felons in inmate release root table, 0 have missing race codes. Of all felons in inmate release root table, 0 have missing prison release years.

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From this point onward, the report restricts attention to individuals with release dates of 1997 or later. These individuals, broken down by race and MSC crime status, are described in the following table. For the purposes of this report, a felon has committed an MSC offence if he or she has “murder” or “homicide” in his or her adjudication charge description; the field for this is *adjudicationcharge_descr*. Note that attempted murder and attempted homicide are excluded based on the word “attempt” in the field *adjudicationcharge_descr*. In addition, an individual committed an MSC offense if he or she has the word “RAPE” or “SEX” in *adjudicationcharge_descr*. Lastly, an individual committed an MSC offense if he or she has“MAT SUPP OF TERR” or “BECOME WILLFUL TERR” in *adjudicationcharge_descr*.

Race and MSC status, full release from FDOC starting in 1997

	White	Black	Other	Total
Committed MSC	8,855	4,659	717	14,231
Did not commit MSC	185,426	148,365	14,054	347,845
Total	194,281	153,024	14,771	362,076

Overall match success

Here is the number of felons who have a release year of 1997 or after, are released and free according to the FDOC, and have not committed an MSC crime. This number does not double count any felons. Each unique felon ID is counted only once: 347,745

Here is the number of felons who have a release year of 1997 or after, are released and free according to the FDOC, have not committed an MSC crime, and *are matched to a county record*. This number does not double count any felons, and felons who match in multiple counties are only counted once: 238,133

Results broken down by county

The following tables present balance results broken down by county and race. The felons described have a release year of 1997 or after, are matched from county files, have not committed an MSC crime, and are released and free. Note that some counties have matched felons who are neither black nor white. No negative balances are included in the tables that follow.

County: Alachua

Balances due, all

	Count	Percentage
$0	469	8.2
Up to $100	112	2.0

AMERICAN OVERSIGHT

	Count	Percentage
Up to $250	119	2.1
Up to $500	797	14.0
Up to $1,000	1,328	23.3
Up to $5,000	2,489	43.7
Up to $10,0000	206	3.6
More than $10,000	179	3.1
Total	5,699	100.0

Balances due, black

	Count	Percentage
$0	163	5.0
Up to $100	47	1.4
Up to $250	56	1.7
Up to $500	419	12.9
Up to $1,000	698	21.5
Up to $5,000	1,609	49.4
Up to $10,0000	152	4.7
More than $10,000	110	3.4
Total	3,254	100.0

Balances due, white

	Count	Percentage
$0	306	12.5
Up to $100	65	2.7
Up to $250	63	2.6

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	378	15.5
Up to $1,000	630	25.8
Up to $5,000	880	36.0
Up to $10,0000	54	2.2
More than $10,000	69	2.8
Total	2,445	100.0

County: Baker

Balances due, all

	Count	Percentage
$0	119	15.2
Up to $100	16	2.0
Up to $250	21	2.7
Up to $500	118	15.1
Up to $1,000	176	22.5
Up to $5,000	296	37.8
Up to $10,0000	9	1.1
More than $10,000	28	3.6
Total	783	100.0

Balances due, black

	Count	Percentage
$0	28	11.57
Up to $100	5	2.07
Up to $250	4	1.65

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	31	12.81
Up to $1,000	69	28.51
Up to $5,000	101	41.74
Up to $10,0000	2	0.83
More than $10,000	2	0.83
Total	242	100.00

Balances due, white

	Count	Percentage
$0	89	16.6
Up to $100	11	2.1
Up to $250	17	3.2
Up to $500	85	15.9
Up to $1,000	107	20.0
Up to $5,000	193	36.1
Up to $10,0000	7	1.3
More than $10,000	26	4.9
Total	535	100.0

County: Bay

Balances due, all

	Count	Percentage
$0	386	13.265
Up to $100	135	4.639
Up to $250	151	5.189

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	522	17.938
Up to $1,000	1,189	40.859
Up to $5,000	522	17.938
Up to $10,0000	1	0.034
More than $10,000	4	0.137
Total	2,910	100.000

Balances due, black

	Count	Percentage
$0	62	8.47
Up to $100	21	2.87
Up to $250	32	4.37
Up to $500	150	20.49
Up to $1,000	303	41.39
Up to $5,000	163	22.27
Up to $10,0000	0	0.00
More than $10,000	1	0.14
Total	732	100.00

Balances due, white

	Count	Percentage
$0	322	14.901
Up to $100	114	5.275
Up to $250	118	5.460
Up to $500	366	16.937

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	880	40.722
Up to $5,000	357	16.520
Up to $10,0000	1	0.046
More than $10,000	3	0.139
Total	2,161	100.000

County: Bradford

Balances due, all

	Count	Percentage
$0	247	25.9
Up to $100	37	3.9
Up to $250	30	3.2
Up to $500	125	13.1
Up to $1,000	224	23.5
Up to $5,000	261	27.4
Up to $10,0000	17	1.8
More than $10,000	11	1.2
Total	952	100.0

Balances due, black

	Count	Percentage
$0	82	24.8
Up to $100	8	2.4
Up to $250	10	3.0
Up to $500	47	14.2

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	81	24.5
Up to $5,000	92	27.8
Up to $10,0000	5	1.5
More than $10,000	6	1.8
Total	331	100.0

Balances due, white

	Count	Percentage
$0	162	26.47
Up to $100	28	4.58
Up to $250	20	3.27
Up to $500	77	12.58
Up to $1,000	141	23.04
Up to $5,000	168	27.45
Up to $10,0000	11	1.80
More than $10,000	5	0.82
Total	612	100.00

County: Brevard

Balances due, all

	Count	Percentage
$0	2,225	22.6
Up to $100	353	3.6
Up to $250	410	4.2
Up to $500	852	8.7

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	1,838	18.7
Up to $5,000	3,722	37.8
Up to $10,0000	242	2.5
More than $10,000	197	2.0
Total	9,839	100.0

Balances due, black

	Count	Percentage
$0	519	15.7
Up to $100	99	3.0
Up to $250	118	3.6
Up to $500	295	9.0
Up to $1,000	686	20.8
Up to $5,000	1,408	42.7
Up to $10,0000	92	2.8
More than $10,000	79	2.4
Total	3,296	100.0

Balances due, white

	Count	Percentage
$0	1,706	26.1
Up to $100	254	3.9
Up to $250	292	4.5
Up to $500	557	8.5
Up to $1,000	1,152	17.6

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	2,312	35.4
Up to $10,0000	150	2.3
More than $10,000	117	1.8
Total	6,540	100.0

County: Broward

Balances due, all

	Count	Percentage
$0	6,497	21.0
Up to $100	3,982	12.9
Up to $250	3,548	11.5
Up to $500	4,140	13.4
Up to $1,000	4,444	14.4
Up to $5,000	7,434	24.0
Up to $10,0000	504	1.6
More than $10,000	384	1.2
Total	30,933	100.0

Balances due, black

	Count	Percentage
$0	2,772	16.3
Up to $100	1,957	11.5
Up to $250	1,810	10.7
Up to $500	2,335	13.7
Up to $1,000	2,532	14.9

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	5,003	29.4
Up to $10,0000	380	2.2
More than $10,000	201	1.2
Total	16,990	100.0

Balances due, white

	Count	Percentage
$0	3,725	26.72
Up to $100	2,025	14.52
Up to $250	1,738	12.47
Up to $500	1,805	12.95
Up to $1,000	1,912	13.71
Up to $5,000	2,431	17.44
Up to $10,0000	124	0.89
More than $10,000	183	1.31
Total	13,943	100.00

County: Calhoun

Balances due, all

	Count	Percentage
$0	53	9.25
Up to $100	1	0.17
Up to $250	13	2.27
Up to $500	19	3.32
Up to $1,000	89	15.53

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	342	59.69
Up to $10,0000	44	7.68
More than $10,000	12	2.09
Total	573	100.00

Balances due, black

	Count	Percentage
$0	18	10.7
Up to $100	1	0.6
Up to $250	4	2.4
Up to $500	10	6.0
Up to $1,000	37	22.0
Up to $5,000	83	49.4
Up to $10,0000	14	8.3
More than $10,000	1	0.6
Total	168	100.0

Balances due, white

	Count	Percentage
$0	35	8.7
Up to $100	0	0.0
Up to $250	9	2.2
Up to $500	9	2.2
Up to $1,000	52	12.9
Up to $5,000	258	63.9

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	30	7.4
More than $10,000	11	2.7
Total	404	100.0

County: Charlotte

Balances due, all

	Count	Percentage
$0	295	8.67
Up to $100	314	9.23
Up to $250	280	8.23
Up to $500	657	19.31
Up to $1,000	868	25.51
Up to $5,000	942	27.68
Up to $10,0000	18	0.53
More than $10,000	29	0.85
Total	3,403	100.00

Balances due, black

	Count	Percentage
$0	46	6.70
Up to $100	72	10.48
Up to $250	65	9.46
Up to $500	149	21.69
Up to $1,000	186	27.07
Up to $5,000	159	23.14

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	1	0.15
More than $10,000	9	1.31
Total	687	100.00

Balances due, white

	Count	Percentage
$0	249	9.17
Up to $100	242	8.91
Up to $250	215	7.92
Up to $500	508	18.70
Up to $1,000	682	25.11
Up to $5,000	783	28.83
Up to $10,0000	17	0.63
More than $10,000	20	0.74
Total	2,716	100.00

County: Citrus

Balances due, all

	Count	Percentage
$0	505	16.6
Up to $100	41	1.3
Up to $250	53	1.7
Up to $500	116	3.8
Up to $1,000	160	5.3
Up to $5,000	530	17.4

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	158	5.2
More than $10,000	1,480	48.6
Total	3,043	100.0

Balances due, black

	Count	Percentage
$0	44	11.7
Up to $100	6	1.6
Up to $250	12	3.2
Up to $500	21	5.6
Up to $1,000	28	7.5
Up to $5,000	90	24.0
Up to $10,0000	24	6.4
More than $10,000	150	40.0
Total	375	100.0

Balances due, white

	Count	Percentage
$0	461	17.3
Up to $100	35	1.3
Up to $250	41	1.5
Up to $500	95	3.6
Up to $1,000	132	5.0
Up to $5,000	440	16.5
Up to $10,0000	134	5.0

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	1,325	49.8
Total	2,663	100.0

County: Clay

Balances due, all

	Count	Percentage
$0	1,212	34.95
Up to $100	59	1.70
Up to $250	66	1.90
Up to $500	247	7.12
Up to $1,000	1,170	33.74
Up to $5,000	622	17.94
Up to $10,0000	5	0.14
More than $10,000	87	2.51
Total	3,468	100.00

Balances due, black

	Count	Percentage
$0	290	28.265
Up to $100	19	1.852
Up to $250	25	2.437
Up to $500	94	9.162
Up to $1,000	384	37.427
Up to $5,000	190	18.519
Up to $10,0000	1	0.097

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	23	2.242
Total	1,026	100.000

Balances due, white

	Count	Percentage
$0	922	37.76
Up to $100	40	1.64
Up to $250	41	1.68
Up to $500	153	6.27
Up to $1,000	786	32.19
Up to $5,000	432	17.69
Up to $10,0000	4	0.16
More than $10,000	64	2.62
Total	2,442	100.00

County: Collier

Balances due, all

	Count	Percentage
$0	556	13.7
Up to $100	135	3.3
Up to $250	102	2.5
Up to $500	435	10.7
Up to $1,000	703	17.4
Up to $5,000	1,651	40.8
Up to $10,0000	136	3.4

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	329	8.1
Total	4,047	100.0

Balances due, black

	Count	Percentage
$0	85	8.5
Up to $100	33	3.3
Up to $250	20	2.0
Up to $500	118	11.9
Up to $1,000	194	19.5
Up to $5,000	463	46.5
Up to $10,0000	18	1.8
More than $10,000	64	6.4
Total	995	100.0

Balances due, white

	Count	Percentage
$0	469	15.4
Up to $100	102	3.3
Up to $250	82	2.7
Up to $500	317	10.4
Up to $1,000	507	16.6
Up to $5,000	1,187	39.0
Up to $10,0000	118	3.9
More than $10,000	264	8.7

AMERICAN OVERSIGHT

	Count	Percentage
Total	3,046	100.0

County: Columbia

Balances due, all

	Count	Percentage
$0	203	7.6
Up to $100	54	2.0
Up to $250	47	1.8
Up to $500	167	6.2
Up to $1,000	532	19.8
Up to $5,000	1,457	54.3
Up to $10,0000	114	4.2
More than $10,000	109	4.1
Total	2,683	100.0

Balances due, black

	Count	Percentage
$0	56	5.8
Up to $100	22	2.3
Up to $250	15	1.6
Up to $500	61	6.3
Up to $1,000	197	20.5
Up to $5,000	523	54.3
Up to $10,0000	44	4.6
More than $10,000	45	4.7

AMERICAN OVERSIGHT

	Count	Percentage
Total	963	100.0

Balances due, white

	Count	Percentage
$0	146	8.6
Up to $100	32	1.9
Up to $250	32	1.9
Up to $500	104	6.1
Up to $1,000	331	19.4
Up to $5,000	925	54.3
Up to $10,0000	70	4.1
More than $10,000	64	3.8
Total	1,704	100.0

County: Desoto

Balances due, all

	Count	Percentage
$0	34	7.6
Up to $100	11	2.4
Up to $250	11	2.4
Up to $500	10	2.2
Up to $1,000	57	12.7
Up to $5,000	291	64.8
Up to $10,0000	17	3.8
More than $10,000	18	4.0

AMERICAN OVERSIGHT

	Count	Percentage
Total	449	100.0

Balances due, black

	Count	Percentage
$0	10	8.2
Up to $100	3	2.5
Up to $250	4	3.3
Up to $500	4	3.3
Up to $1,000	12	9.8
Up to $5,000	75	61.5
Up to $10,0000	5	4.1
More than $10,000	9	7.4
Total	122	100.0

Balances due, white

	Count	Percentage
$0	23	7.3
Up to $100	6	1.9
Up to $250	7	2.2
Up to $500	6	1.9
Up to $1,000	44	14.0
Up to $5,000	209	66.6
Up to $10,0000	11	3.5
More than $10,000	8	2.5
Total	314	100.0

AMERICAN OVERSIGHT

County: Dixie

Balances due, all

	Count	Percentage
$0	37	9.6
Up to $100	12	3.1
Up to $250	19	4.9
Up to $500	21	5.5
Up to $1,000	59	15.4
Up to $5,000	207	53.9
Up to $10,0000	16	4.2
More than $10,000	13	3.4
Total	384	100.0

Balances due, black

	Count	Percentage
$0	3	4.5
Up to $100	3	4.5
Up to $250	0	0.0
Up to $500	6	9.0
Up to $1,000	7	10.4
Up to $5,000	35	52.2
Up to $10,0000	7	10.4
More than $10,000	6	9.0
Total	67	100.0

AMERICAN OVERSIGHT

Balances due, white

	Count	Percentage
$0	34	10.8
Up to $100	9	2.8
Up to $250	19	6.0
Up to $500	15	4.7
Up to $1,000	51	16.1
Up to $5,000	172	54.4
Up to $10,0000	9	2.8
More than $10,000	7	2.2
Total	316	100.0

County: Duval

Balances due, all

	Count	Percentage
$0	458	8.18
Up to $100	151	2.70
Up to $250	80	1.43
Up to $500	265	4.73
Up to $1,000	2,547	45.47
Up to $5,000	1,770	31.60
Up to $10,0000	35	0.62
More than $10,000	296	5.28
Total	5,602	100.00

AMERICAN OVERSIGHT

Balances due, black

	Count	Percentage
$0	212	6.35
Up to $100	84	2.52
Up to $250	51	1.53
Up to $500	151	4.53
Up to $1,000	1,554	46.58
Up to $5,000	1,106	33.15
Up to $10,0000	12	0.36
More than $10,000	166	4.98
Total	3,336	100.00

Balances due, white

	Count	Percentage
$0	246	10.9
Up to $100	67	3.0
Up to $250	29	1.3
Up to $500	114	5.0
Up to $1,000	993	43.8
Up to $5,000	664	29.3
Up to $10,0000	23	1.0
More than $10,000	130	5.7
Total	2,266	100.0

County: Flagler

AMERICAN OVERSIGHT

Balances due, all

	Count	Percentage
$0	57	8.82
Up to $100	45	6.97
Up to $250	15	2.32
Up to $500	51	7.89
Up to $1,000	250	38.70
Up to $5,000	217	33.59
Up to $10,0000	8	1.24
More than $10,000	3	0.46
Total	646	100.00

Balances due, black

	Count	Percentage
$0	21	9.4
Up to $100	14	6.3
Up to $250	9	4.0
Up to $500	19	8.5
Up to $1,000	83	37.2
Up to $5,000	71	31.8
Up to $10,0000	4	1.8
More than $10,000	2	0.9
Total	223	100.0

Balances due, white

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	36	8.74
Up to $100	31	7.52
Up to $250	6	1.46
Up to $500	30	7.28
Up to $1,000	158	38.35
Up to $5,000	146	35.44
Up to $10,0000	4	0.97
More than $10,000	1	0.24
Total	412	100.00

County: Franklin

Balances due, all

	Count	Percentage
$0	50	10.68
Up to $100	6	1.28
Up to $250	8	1.71
Up to $500	46	9.83
Up to $1,000	96	20.51
Up to $5,000	238	50.85
Up to $10,0000	22	4.70
More than $10,000	2	0.43
Total	468	100.00

Balances due, black

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	7	4.83
Up to $100	3	2.07
Up to $250	3	2.07
Up to $500	13	8.97
Up to $1,000	40	27.59
Up to $5,000	72	49.66
Up to $10,0000	6	4.14
More than $10,000	1	0.69
Total	145	100.00

Balances due, white

	Count	Percentage
$0	43	13.40
Up to $100	3	0.93
Up to $250	5	1.56
Up to $500	33	10.28
Up to $1,000	56	17.45
Up to $5,000	164	51.09
Up to $10,0000	16	4.98
More than $10,000	1	0.31
Total	321	100.00

County: Gadsden

Balances due, all

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	116	9.831
Up to $100	179	15.169
Up to $250	186	15.763
Up to $500	279	23.644
Up to $1,000	233	19.746
Up to $5,000	183	15.508
Up to $10,0000	1	0.085
More than $10,000	3	0.254
Total	1,180	100.000

Balances due, black

	Count	Percentage
$0	84	8.5
Up to $100	143	14.5
Up to $250	152	15.4
Up to $500	238	24.2
Up to $1,000	200	20.3
Up to $5,000	164	16.7
Up to $10,0000	1	0.1
More than $10,000	2	0.2
Total	984	100.0

Balances due, white

	Count	Percentage
$0	32	16.33

AMERICAN OVERSIGHT

	Count	Percentage
Up to $100	36	18.37
Up to $250	34	17.35
Up to $500	41	20.92
Up to $1,000	33	16.84
Up to $5,000	19	9.69
Up to $10,0000	0	0.00
More than $10,000	1	0.51
Total	196	100.00

County: Gilchrist

Balances due, all

	Count	Percentage
$0	44	10.7
Up to $100	14	3.4
Up to $250	8	1.9
Up to $500	59	14.4
Up to $1,000	76	18.5
Up to $5,000	52	12.7
Up to $10,0000	12	2.9
More than $10,000	146	35.5
Total	411	100.0

Balances due, black

	Count	Percentage
$0	6	7.1

AMERICAN OVERSIGHT

	Count	Percentage
Up to $100	0	0.0
Up to $250	1	1.2
Up to $500	15	17.9
Up to $1,000	23	27.4
Up to $5,000	10	11.9
Up to $10,0000	3	3.6
More than $10,000	26	31.0
Total	84	100.0

Balances due, white

	Count	Percentage
$0	38	11.8
Up to $100	14	4.3
Up to $250	7	2.2
Up to $500	44	13.6
Up to $1,000	52	16.1
Up to $5,000	41	12.7
Up to $10,0000	9	2.8
More than $10,000	118	36.5
Total	323	100.0

County: Glades

Balances due, all

	Count	Percentage
$0	32	15.09

AMERICAN OVERSIGHT

	Count	Percentage
Up to $100	22	10.38
Up to $250	23	10.85
Up to $500	35	16.51
Up to $1,000	45	21.23
Up to $5,000	46	21.70
Up to $10,0000	1	0.47
More than $10,000	8	3.77
Total	212	100.00

Balances due, black

	Count	Percentage
$0	6	9.2
Up to $100	6	9.2
Up to $250	8	12.3
Up to $500	15	23.1
Up to $1,000	17	26.2
Up to $5,000	13	20.0
Up to $10,0000	0	0.0
More than $10,000	0	0.0
Total	65	100.0

Balances due, white

	Count	Percentage
$0	25	17.73
Up to $100	16	11.35

AMERICAN OVERSIGHT

	Count	Percentage
Up to $250	15	10.64
Up to $500	17	12.06
Up to $1,000	28	19.86
Up to $5,000	32	22.70
Up to $10,0000	1	0.71
More than $10,000	7	4.96
Total	141	100.00

County: Gulf

Balances due, all

	Count	Percentage
$0	68	14.81
Up to $100	1	0.22
Up to $250	11	2.40
Up to $500	19	4.14
Up to $1,000	65	14.16
Up to $5,000	271	59.04
Up to $10,0000	23	5.01
More than $10,000	1	0.22
Total	459	100.00

Balances due, black

	Count	Percentage
$0	17	11.49
Up to $100	0	0.00

AMERICAN OVERSIGHT

	Count	Percentage
Up to $250	7	4.73
Up to $500	7	4.73
Up to $1,000	22	14.86
Up to $5,000	84	56.76
Up to $10,0000	10	6.76
More than $10,000	1	0.68
Total	148	100.00

Balances due, white

	Count	Percentage
$0	51	16.50
Up to $100	1	0.32
Up to $250	4	1.29
Up to $500	12	3.88
Up to $1,000	43	13.92
Up to $5,000	185	59.87
Up to $10,0000	13	4.21
More than $10,000	0	0.00
Total	309	100.00

County: Hamilton

Balances due, all

	Count	Percentage
$0	7	1.9
Up to $100	23	6.4

AMERICAN OVERSIGHT

	Count	Percentage
Up to $250	16	4.4
Up to $500	46	12.7
Up to $1,000	57	15.8
Up to $5,000	169	46.8
Up to $10,0000	26	7.2
More than $10,000	17	4.7
Total	361	100.0

Balances due, black

	Count	Percentage
$0	4	1.9
Up to $100	9	4.2
Up to $250	9	4.2
Up to $500	24	11.1
Up to $1,000	34	15.7
Up to $5,000	105	48.6
Up to $10,0000	19	8.8
More than $10,000	12	5.6
Total	216	100.0

Balances due, white

	Count	Percentage
$0	3	2.1
Up to $100	14	9.8
Up to $250	7	4.9

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	22	15.4
Up to $1,000	23	16.1
Up to $5,000	62	43.4
Up to $10,0000	7	4.9
More than $10,000	5	3.5
Total	143	100.0

County: Hardee

Balances due, all

	Count	Percentage
$0	53	10.06
Up to $100	15	2.85
Up to $250	3	0.57
Up to $500	20	3.80
Up to $1,000	87	16.51
Up to $5,000	289	54.84
Up to $10,0000	31	5.88
More than $10,000	29	5.50
Total	527	100.00

Balances due, black

	Count	Percentage
$0	3	2.4
Up to $100	5	3.9
Up to $250	0	0.0

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	7	5.5
Up to $1,000	30	23.6
Up to $5,000	68	53.5
Up to $10,0000	11	8.7
More than $10,000	3	2.4
Total	127	100.0

Balances due, white

	Count	Percentage
$0	49	12.89
Up to $100	10	2.63
Up to $250	2	0.53
Up to $500	13	3.42
Up to $1,000	55	14.47
Up to $5,000	209	55.00
Up to $10,0000	16	4.21
More than $10,000	26	6.84
Total	380	100.00

County: Hendry

Balances due, all

	Count	Percentage
$0	54	8.0
Up to $100	33	4.9
Up to $250	24	3.6

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	107	15.9
Up to $1,000	176	26.1
Up to $5,000	251	37.2
Up to $10,0000	12	1.8
More than $10,000	17	2.5
Total	674	100.0

Balances due, black

	Count	Percentage
$0	18	6.87
Up to $100	11	4.20
Up to $250	8	3.05
Up to $500	41	15.65
Up to $1,000	71	27.10
Up to $5,000	108	41.22
Up to $10,0000	3	1.15
More than $10,000	2	0.76
Total	262	100.00

Balances due, white

	Count	Percentage
$0	35	9.4
Up to $100	18	4.9
Up to $250	13	3.5
Up to $500	62	16.7

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	90	24.3
Up to $5,000	133	35.8
Up to $10,0000	8	2.2
More than $10,000	12	3.2
Total	371	100.0

County: Hernando

Balances due, all

	Count	Percentage
$0	765	22.34
Up to $100	83	2.42
Up to $250	31	0.91
Up to $500	50	1.46
Up to $1,000	245	7.16
Up to $5,000	1,752	51.17
Up to $10,0000	296	8.64
More than $10,000	202	5.90
Total	3,424	100.00

Balances due, black

	Count	Percentage
$0	95	17.12
Up to $100	10	1.80
Up to $250	3	0.54
Up to $500	11	1.98

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	38	6.85
Up to $5,000	310	55.86
Up to $10,0000	60	10.81
More than $10,000	28	5.05
Total	555	100.00

Balances due, white

	Count	Percentage
$0	663	23.38
Up to $100	71	2.50
Up to $250	28	0.99
Up to $500	39	1.38
Up to $1,000	204	7.19
Up to $5,000	1,428	50.35
Up to $10,0000	235	8.29
More than $10,000	168	5.92
Total	2,836	100.00

County: Highlands

Balances due, all

	Count	Percentage
$0	139	8.92
Up to $100	19	1.22
Up to $250	12	0.77
Up to $500	23	1.48

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	116	7.45
Up to $5,000	1,042	66.88
Up to $10,0000	153	9.82
More than $10,000	54	3.47
Total	1,558	100.00

Balances due, black

	Count	Percentage
$0	29	5.39
Up to $100	6	1.12
Up to $250	2	0.37
Up to $500	10	1.86
Up to $1,000	35	6.51
Up to $5,000	395	73.42
Up to $10,0000	54	10.04
More than $10,000	7	1.30
Total	538	100.00

Balances due, white

	Count	Percentage
$0	110	11.12
Up to $100	13	1.31
Up to $250	9	0.91
Up to $500	11	1.11
Up to $1,000	78	7.89

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	625	63.20
Up to $10,0000	99	10.01
More than $10,000	44	4.45
Total	989	100.00

County: Hillsborough

Balances due, all

	Count	Percentage
$0	4,178	13.5
Up to $100	1,057	3.4
Up to $250	770	2.5
Up to $500	3,040	9.8
Up to $1,000	5,178	16.8
Up to $5,000	12,636	40.9
Up to $10,0000	1,992	6.4
More than $10,000	2,034	6.6
Total	30,885	100.0

Balances due, black

	Count	Percentage
$0	1,511	10.7
Up to $100	356	2.5
Up to $250	259	1.8
Up to $500	1,177	8.4
Up to $1,000	2,064	14.7

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	6,693	47.6
Up to $10,0000	1,178	8.4
More than $10,000	827	5.9
Total	14,065	100.0

Balances due, white

	Count	Percentage
$0	2,666	15.9
Up to $100	700	4.2
Up to $250	509	3.0
Up to $500	1,860	11.1
Up to $1,000	3,105	18.5
Up to $5,000	5,911	35.3
Up to $10,0000	809	4.8
More than $10,000	1,201	7.2
Total	16,761	100.0

County: Holmes

Balances due, all

	Count	Percentage
$0	72	8.16
Up to $100	4	0.45
Up to $250	6	0.68
Up to $500	15	1.70
Up to $1,000	70	7.94

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	572	64.85
Up to $10,0000	88	9.98
More than $10,000	55	6.24
Total	882	100.00

Balances due, black

	Count	Percentage
$0	3	3.5
Up to $100	0	0.0
Up to $250	2	2.3
Up to $500	2	2.3
Up to $1,000	8	9.3
Up to $5,000	63	73.3
Up to $10,0000	4	4.7
More than $10,000	4	4.7
Total	86	100.0

Balances due, white

	Count	Percentage
$0	69	8.71
Up to $100	4	0.51
Up to $250	4	0.51
Up to $500	13	1.64
Up to $1,000	61	7.70
Up to $5,000	506	63.89

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	84	10.61
More than $10,000	51	6.44
Total	792	100.00

County: Indianriver

Balances due, all

	Count	Percentage
$0	92	3.5
Up to $100	88	3.3
Up to $250	70	2.7
Up to $500	383	14.6
Up to $1,000	533	20.3
Up to $5,000	1,027	39.1
Up to $10,0000	59	2.2
More than $10,000	376	14.3
Total	2,628	100.0

Balances due, black

	Count	Percentage
$0	16	1.7
Up to $100	24	2.6
Up to $250	34	3.6
Up to $500	149	15.9
Up to $1,000	186	19.8
Up to $5,000	377	40.2

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	27	2.9
More than $10,000	125	13.3
Total	938	100.0

Balances due, white

	Count	Percentage
$0	76	4.5
Up to $100	64	3.8
Up to $250	35	2.1
Up to $500	231	13.7
Up to $1,000	345	20.5
Up to $5,000	650	38.6
Up to $10,0000	32	1.9
More than $10,000	251	14.9
Total	1,684	100.0

County: Jackson

Balances due, all

	Count	Percentage
$0	111	6.81
Up to $100	14	0.86
Up to $250	16	0.98
Up to $500	79	4.85
Up to $1,000	372	22.84
Up to $5,000	1,008	61.88

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	13	0.80
More than $10,000	16	0.98
Total	1,629	100.00

Balances due, black

	Count	Percentage
$0	35	5.21
Up to $100	5	0.74
Up to $250	6	0.89
Up to $500	26	3.87
Up to $1,000	165	24.55
Up to $5,000	426	63.39
Up to $10,0000	6	0.89
More than $10,000	3	0.45
Total	672	100.00

Balances due, white

	Count	Percentage
$0	76	8.01
Up to $100	9	0.95
Up to $250	10	1.05
Up to $500	53	5.58
Up to $1,000	205	21.60
Up to $5,000	576	60.70
Up to $10,0000	7	0.74

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	13	1.37
Total	949	100.00

County: Jefferson

Balances due, all

	Count	Percentage
$0	95	22.84
Up to $100	29	6.97
Up to $250	16	3.85
Up to $500	109	26.20
Up to $1,000	106	25.48
Up to $5,000	56	13.46
Up to $10,0000	1	0.24
More than $10,000	4	0.96
Total	416	100.00

Balances due, black

	Count	Percentage
$0	50	17.2
Up to $100	23	7.9
Up to $250	11	3.8
Up to $500	85	29.3
Up to $1,000	74	25.5
Up to $5,000	43	14.8
Up to $10,0000	0	0.0

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	4	1.4
Total	290	100.0

Balances due, white

	Count	Percentage
$0	45	35.71
Up to $100	6	4.76
Up to $250	5	3.97
Up to $500	24	19.05
Up to $1,000	32	25.40
Up to $5,000	13	10.32
Up to $10,0000	1	0.79
More than $10,000	0	0.00
Total	126	100.00

County: Lafayette

Balances due, all

	Count	Percentage
$0	17	12.0
Up to $100	9	6.3
Up to $250	7	4.9
Up to $500	16	11.3
Up to $1,000	23	16.2
Up to $5,000	64	45.1
Up to $10,0000	6	4.2

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	0	0.0
Total	142	100.0

Balances due, black

	Count	Percentage
$0	3	10.0
Up to $100	2	6.7
Up to $250	2	6.7
Up to $500	2	6.7
Up to $1,000	9	30.0
Up to $5,000	11	36.7
Up to $10,0000	1	3.3
More than $10,000	0	0.0
Total	30	100.0

Balances due, white

	Count	Percentage
$0	14	12.6
Up to $100	7	6.3
Up to $250	5	4.5
Up to $500	14	12.6
Up to $1,000	13	11.7
Up to $5,000	53	47.7
Up to $10,0000	5	4.5
More than $10,000	0	0.0

AMERICAN OVERSIGHT

	Count	Percentage
Total	111	100.0

County: Lake

Balances due, all

	Count	Percentage
$0	1,866	28.0
Up to $100	212	3.2
Up to $250	69	1.0
Up to $500	181	2.7
Up to $1,000	576	8.6
Up to $5,000	2,546	38.1
Up to $10,0000	513	7.7
More than $10,000	713	10.7
Total	6,676	100.0

Balances due, black

	Count	Percentage
$0	590	24.9
Up to $100	60	2.5
Up to $250	27	1.1
Up to $500	64	2.7
Up to $1,000	193	8.1
Up to $5,000	973	41.1
Up to $10,0000	230	9.7
More than $10,000	232	9.8

AMERICAN OVERSIGHT

	Count	Percentage
Total	2,369	100.0

Balances due, white

	Count	Percentage
$0	1,253	30.2
Up to $100	147	3.5
Up to $250	42	1.0
Up to $500	111	2.7
Up to $1,000	359	8.7
Up to $5,000	1,494	36.1
Up to $10,0000	277	6.7
More than $10,000	460	11.1
Total	4,143	100.0

County: Lee

Balances due, all

	Count	Percentage
$0	632	9.9
Up to $100	723	11.4
Up to $250	450	7.1
Up to $500	669	10.5
Up to $1,000	1,190	18.7
Up to $5,000	2,349	36.9
Up to $10,0000	147	2.3
More than $10,000	202	3.2

AMERICAN OVERSIGHT

	Count	Percentage
Total	6,362	100.0

Balances due, black

	Count	Percentage
$0	134	6.4
Up to $100	208	9.9
Up to $250	149	7.1
Up to $500	209	10.0
Up to $1,000	411	19.6
Up to $5,000	873	41.7
Up to $10,0000	54	2.6
More than $10,000	57	2.7
Total	2,095	100.0

Balances due, white

	Count	Percentage
$0	498	11.7
Up to $100	515	12.1
Up to $250	301	7.1
Up to $500	460	10.8
Up to $1,000	779	18.3
Up to $5,000	1,476	34.6
Up to $10,0000	93	2.2
More than $10,000	145	3.4
Total	4,267	100.0

AMERICAN OVERSIGHT

County: Leon

Balances due, all

	Count	Percentage
$0	1,528	19.2
Up to $100	127	1.6
Up to $250	149	1.9
Up to $500	428	5.4
Up to $1,000	873	11.0
Up to $5,000	3,984	50.0
Up to $10,0000	673	8.5
More than $10,000	199	2.5
Total	7,961	100.0

Balances due, black

	Count	Percentage
$0	939	17.2
Up to $100	73	1.3
Up to $250	98	1.8
Up to $500	271	5.0
Up to $1,000	579	10.6
Up to $5,000	2,813	51.7
Up to $10,0000	525	9.6
More than $10,000	146	2.7
Total	5,444	100.0

AMERICAN OVERSIGHT

Balances due, white

	Count	Percentage
$0	589	23.4
Up to $100	54	2.1
Up to $250	51	2.0
Up to $500	157	6.2
Up to $1,000	294	11.7
Up to $5,000	1,171	46.5
Up to $10,0000	148	5.9
More than $10,000	53	2.1
Total	2,517	100.0

County: Levy

Balances due, all

	Count	Percentage
$0	59	12.4
Up to $100	14	2.9
Up to $250	28	5.9
Up to $500	162	34.0
Up to $1,000	123	25.8
Up to $5,000	48	10.1
Up to $10,0000	8	1.7
More than $10,000	35	7.3
Total	477	100.0

AMERICAN OVERSIGHT

Balances due, black

	Count	Percentage
$0	8	6.35
Up to $100	1	0.79
Up to $250	5	3.97
Up to $500	56	44.44
Up to $1,000	30	23.81
Up to $5,000	13	10.32
Up to $10,0000	2	1.59
More than $10,000	11	8.73
Total	126	100.00

Balances due, white

	Count	Percentage
$0	51	14.6
Up to $100	13	3.7
Up to $250	23	6.6
Up to $500	105	30.0
Up to $1,000	93	26.6
Up to $5,000	35	10.0
Up to $10,0000	6	1.7
More than $10,000	24	6.9
Total	350	100.0

County: Liberty

AMERICAN OVERSIGHT

Balances due, all

	Count	Percentage
$0	49	18.28
Up to $100	11	4.10
Up to $250	8	2.99
Up to $500	27	10.07
Up to $1,000	75	27.99
Up to $5,000	94	35.07
Up to $10,0000	2	0.75
More than $10,000	2	0.75
Total	268	100.00

Balances due, black

	Count	Percentage
$0	13	17.8
Up to $100	2	2.7
Up to $250	3	4.1
Up to $500	8	11.0
Up to $1,000	27	37.0
Up to $5,000	20	27.4
Up to $10,0000	0	0.0
More than $10,000	0	0.0
Total	73	100.0

Balances due, white

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	35	18.3
Up to $100	9	4.7
Up to $250	5	2.6
Up to $500	17	8.9
Up to $1,000	47	24.6
Up to $5,000	74	38.7
Up to $10,0000	2	1.0
More than $10,000	2	1.0
Total	191	100.0

County: Madison

Balances due, all

	Count	Percentage
$0	36	6.8
Up to $100	24	4.6
Up to $250	18	3.4
Up to $500	47	8.9
Up to $1,000	73	13.9
Up to $5,000	295	56.1
Up to $10,0000	27	5.1
More than $10,000	6	1.1
Total	526	100.0

Balances due, black

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	24	6.9
Up to $100	18	5.2
Up to $250	13	3.7
Up to $500	32	9.2
Up to $1,000	43	12.4
Up to $5,000	193	55.5
Up to $10,0000	21	6.0
More than $10,000	4	1.1
Total	348	100.0

Balances due, white

	Count	Percentage
$0	12	6.7
Up to $100	6	3.4
Up to $250	5	2.8
Up to $500	15	8.4
Up to $1,000	30	16.9
Up to $5,000	102	57.3
Up to $10,0000	6	3.4
More than $10,000	2	1.1
Total	178	100.0

County: Manatee

Balances due, all

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	384	8.5
Up to $100	115	2.6
Up to $250	90	2.0
Up to $500	426	9.5
Up to $1,000	1,019	22.6
Up to $5,000	2,046	45.4
Up to $10,0000	227	5.0
More than $10,000	195	4.3
Total	4,502	100.0

Balances due, black

	Count	Percentage
$0	97	5.8
Up to $100	23	1.4
Up to $250	25	1.5
Up to $500	165	9.9
Up to $1,000	393	23.5
Up to $5,000	840	50.3
Up to $10,0000	62	3.7
More than $10,000	66	3.9
Total	1,671	100.0

Balances due, white

	Count	Percentage
$0	285	10.3

AMERICAN OVERSIGHT

	Count	Percentage
Up to $100	87	3.1
Up to $250	65	2.3
Up to $500	257	9.3
Up to $1,000	606	21.8
Up to $5,000	1,191	42.9
Up to $10,0000	163	5.9
More than $10,000	124	4.5
Total	2,778	100.0

County: Marion

Balances due, all

	Count	Percentage
$0	1,358	16.6
Up to $100	346	4.2
Up to $250	186	2.3
Up to $500	339	4.2
Up to $1,000	1,179	14.4
Up to $5,000	3,200	39.2
Up to $10,0000	792	9.7
More than $10,000	761	9.3
Total	8,161	100.0

Balances due, black

	Count	Percentage
$0	300	10.9

AMERICAN OVERSIGHT

	Count	Percentage
Up to $100	114	4.1
Up to $250	62	2.3
Up to $500	105	3.8
Up to $1,000	385	14.0
Up to $5,000	1,127	40.9
Up to $10,0000	315	11.4
More than $10,000	347	12.6
Total	2,755	100.0

Balances due, white

	Count	Percentage
$0	1,058	19.6
Up to $100	232	4.3
Up to $250	124	2.3
Up to $500	234	4.3
Up to $1,000	793	14.7
Up to $5,000	2,064	38.3
Up to $10,0000	477	8.8
More than $10,000	412	7.6
Total	5,394	100.0

County: Martin

Balances due, all

	Count	Percentage
$0	462	14.1

AMERICAN OVERSIGHT

	Count	Percentage
Up to $100	70	2.1
Up to $250	81	2.5
Up to $500	210	6.4
Up to $1,000	634	19.4
Up to $5,000	1,505	46.0
Up to $10,0000	167	5.1
More than $10,000	142	4.3
Total	3,271	100.0

Balances due, black

	Count	Percentage
$0	76	6.9
Up to $100	18	1.6
Up to $250	25	2.3
Up to $500	67	6.1
Up to $1,000	244	22.3
Up to $5,000	566	51.6
Up to $10,0000	54	4.9
More than $10,000	46	4.2
Total	1,096	100.0

Balances due, white

	Count	Percentage
$0	386	17.9
Up to $100	52	2.4

AMERICAN OVERSIGHT

	Count	Percentage
Up to $250	56	2.6
Up to $500	142	6.6
Up to $1,000	386	17.9
Up to $5,000	928	43.0
Up to $10,0000	113	5.2
More than $10,000	93	4.3
Total	2,156	100.0

County: Miamidade

Balances due, all

	Count	Percentage
$0	3,612	12.0
Up to $100	504	1.7
Up to $250	1,102	3.6
Up to $500	5,674	18.8
Up to $1,000	6,187	20.5
Up to $5,000	11,043	36.6
Up to $10,0000	1,083	3.6
More than $10,000	989	3.3
Total	30,194	100.0

Balances due, black

	Count	Percentage
$0	1,399	8.2
Up to $100	224	1.3

AMERICAN OVERSIGHT

	Count	Percentage
Up to $250	613	3.6
Up to $500	2,927	17.2
Up to $1,000	3,458	20.3
Up to $5,000	7,282	42.7
Up to $10,0000	764	4.5
More than $10,000	385	2.3
Total	17,052	100.0

Balances due, white

	Count	Percentage
$0	2,213	16.8
Up to $100	280	2.1
Up to $250	489	3.7
Up to $500	2,747	20.9
Up to $1,000	2,729	20.8
Up to $5,000	3,761	28.6
Up to $10,0000	319	2.4
More than $10,000	604	4.6
Total	13,142	100.0

County: Monroe

Balances due, all

	Count	Percentage
$0	105	5.46
Up to $100	312	16.22

AMERICAN OVERSIGHT

	Count	Percentage
Up to $250	100	5.20
Up to $500	231	12.01
Up to $1,000	525	27.30
Up to $5,000	606	31.51
Up to $10,0000	15	0.78
More than $10,000	29	1.51
Total	1,923	100.00

Balances due, black

	Count	Percentage
$0	14	3.0
Up to $100	61	12.9
Up to $250	29	6.1
Up to $500	56	11.8
Up to $1,000	132	27.8
Up to $5,000	168	35.4
Up to $10,0000	8	1.7
More than $10,000	6	1.3
Total	474	100.0

Balances due, white

	Count	Percentage
$0	91	6.28
Up to $100	251	17.32
Up to $250	71	4.90

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	175	12.08
Up to $1,000	393	27.12
Up to $5,000	438	30.23
Up to $10,0000	7	0.48
More than $10,000	23	1.59
Total	1,449	100.00

County: Nassau

Balances due, all

	Count	Percentage
$0	161	11.4
Up to $100	31	2.2
Up to $250	27	1.9
Up to $500	267	18.9
Up to $1,000	394	27.9
Up to $5,000	481	34.0
Up to $10,0000	23	1.6
More than $10,000	30	2.1
Total	1,414	100.0

Balances due, black

	Count	Percentage
$0	33	7.71
Up to $100	10	2.34
Up to $250	9	2.10

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	100	23.36
Up to $1,000	123	28.74
Up to $5,000	147	34.35
Up to $10,0000	2	0.47
More than $10,000	4	0.93
Total	428	100.00

Balances due, white

	Count	Percentage
$0	128	13.0
Up to $100	21	2.1
Up to $250	18	1.8
Up to $500	167	16.9
Up to $1,000	271	27.5
Up to $5,000	334	33.9
Up to $10,0000	21	2.1
More than $10,000	26	2.6
Total	986	100.0

County: Okaloosa

Balances due, all

	Count	Percentage
$0	255	12.48
Up to $100	505	24.72
Up to $250	147	7.20

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	157	7.68
Up to $1,000	540	26.43
Up to $5,000	427	20.90
Up to $10,0000	9	0.44
More than $10,000	3	0.15
Total	2,043	100.00

Balances due, black

	Count	Percentage
$0	49	7.59
Up to $100	142	21.98
Up to $250	50	7.74
Up to $500	75	11.61
Up to $1,000	168	26.01
Up to $5,000	159	24.61
Up to $10,0000	3	0.46
More than $10,000	0	0.00
Total	646	100.00

Balances due, white

	Count	Percentage
$0	206	14.75
Up to $100	363	25.98
Up to $250	97	6.94
Up to $500	82	5.87

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	372	26.63
Up to $5,000	268	19.18
Up to $10,0000	6	0.43
More than $10,000	3	0.21
Total	1,397	100.00

County: Okeechobee

Balances due, all

	Count	Percentage
$0	55	5.3
Up to $100	22	2.1
Up to $250	12	1.2
Up to $500	36	3.5
Up to $1,000	151	14.5
Up to $5,000	659	63.4
Up to $10,0000	74	7.1
More than $10,000	31	3.0
Total	1,040	100.0

Balances due, black

	Count	Percentage
$0	8	3.57
Up to $100	4	1.79
Up to $250	1	0.45
Up to $500	9	4.02

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	47	20.98
Up to $5,000	133	59.38
Up to $10,0000	16	7.14
More than $10,000	6	2.68
Total	224	100.00

Balances due, white

	Count	Percentage
$0	47	6.1
Up to $100	16	2.1
Up to $250	11	1.4
Up to $500	26	3.4
Up to $1,000	100	13.0
Up to $5,000	493	64.1
Up to $10,0000	56	7.3
More than $10,000	20	2.6
Total	769	100.0

County: Orange

Balances due, all

	Count	Percentage
$0	1,469	13.5
Up to $100	191	1.8
Up to $250	169	1.6
Up to $500	449	4.1

AMERICAN OVERSIGHT

	Count	Percentage
Up to $1,000	2,682	24.7
Up to $5,000	4,967	45.7
Up to $10,0000	636	5.9
More than $10,000	306	2.8
Total	10,869	100.0

Balances due, black

	Count	Percentage
$0	607	9.8
Up to $100	91	1.5
Up to $250	94	1.5
Up to $500	236	3.8
Up to $1,000	1,533	24.7
Up to $5,000	3,104	50.0
Up to $10,0000	424	6.8
More than $10,000	124	2.0
Total	6,213	100.0

Balances due, white

	Count	Percentage
$0	862	18.5
Up to $100	100	2.1
Up to $250	75	1.6
Up to $500	213	4.6
Up to $1,000	1,149	24.7

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	1,863	40.0
Up to $10,0000	212	4.6
More than $10,000	182	3.9
Total	4,656	100.0

County: Osceola

Balances due, all

	Count	Percentage
$0	98	4.0
Up to $100	118	4.8
Up to $250	40	1.6
Up to $500	89	3.6
Up to $1,000	300	12.1
Up to $5,000	1,446	58.4
Up to $10,0000	222	9.0
More than $10,000	163	6.6
Total	2,476	100.0

Balances due, black

	Count	Percentage
$0	30	3.6
Up to $100	33	4.0
Up to $250	9	1.1
Up to $500	26	3.1
Up to $1,000	110	13.3

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	494	59.5
Up to $10,0000	88	10.6
More than $10,000	40	4.8
Total	830	100.0

Balances due, white

	Count	Percentage
$0	68	4.1
Up to $100	85	5.2
Up to $250	31	1.9
Up to $500	63	3.8
Up to $1,000	190	11.5
Up to $5,000	952	57.8
Up to $10,0000	134	8.1
More than $10,000	123	7.5
Total	1,646	100.0

County: Palmbeach

Balances due, all

	Count	Percentage
$0	1,438	11.4
Up to $100	167	1.3
Up to $250	167	1.3
Up to $500	1,175	9.3
Up to $1,000	3,475	27.5

AMERICAN OVERSIGHT

	Count	Percentage
Up to $5,000	5,359	42.4
Up to $10,0000	466	3.7
More than $10,000	396	3.1
Total	12,643	100.0

Balances due, black

	Count	Percentage
$0	487	7.50
Up to $100	55	0.85
Up to $250	77	1.19
Up to $500	574	8.84
Up to $1,000	1,698	26.16
Up to $5,000	3,137	48.34
Up to $10,0000	288	4.44
More than $10,000	174	2.68
Total	6,490	100.00

Balances due, white

	Count	Percentage
$0	951	15.5
Up to $100	112	1.8
Up to $250	90	1.5
Up to $500	601	9.8
Up to $1,000	1,777	28.9
Up to $5,000	2,222	36.1

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	178	2.9
More than $10,000	222	3.6
Total	6,153	100.0

County: Pasco

Balances due, all

	Count	Percentage
$0	144	2.0
Up to $100	239	3.2
Up to $250	180	2.4
Up to $500	394	5.4
Up to $1,000	1,375	18.7
Up to $5,000	4,312	58.6
Up to $10,0000	515	7.0
More than $10,000	201	2.7
Total	7,360	100.0

Balances due, black

	Count	Percentage
$0	17	1.8
Up to $100	18	1.9
Up to $250	26	2.8
Up to $500	41	4.4
Up to $1,000	218	23.3
Up to $5,000	535	57.1

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	50	5.3
More than $10,000	32	3.4
Total	937	100.0

Balances due, white

	Count	Percentage
$0	124	2.0
Up to $100	219	3.5
Up to $250	152	2.4
Up to $500	343	5.4
Up to $1,000	1,128	17.9
Up to $5,000	3,727	59.0
Up to $10,0000	462	7.3
More than $10,000	160	2.5
Total	6,315	100.0

County: Pinellas

Balances due, all

	Count	Percentage
$0	904	5.4
Up to $100	285	1.7
Up to $250	175	1.0
Up to $500	682	4.1
Up to $1,000	4,331	25.8
Up to $5,000	8,665	51.6

AMERICAN OVERSIGHT

	Count	Percentage
Up to $10,0000	1,019	6.1
More than $10,000	737	4.4
Total	16,798	100.0

Balances due, black

	Count	Percentage
$0	187	2.79
Up to $100	87	1.30
Up to $250	60	0.89
Up to $500	250	3.73
Up to $1,000	1,618	24.13
Up to $5,000	3,703	55.23
Up to $10,0000	474	7.07
More than $10,000	326	4.86
Total	6,705	100.00

Balances due, white

	Count	Percentage
$0	717	7.1
Up to $100	198	2.0
Up to $250	115	1.1
Up to $500	432	4.3
Up to $1,000	2,713	26.9
Up to $5,000	4,962	49.2
Up to $10,0000	545	5.4

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	411	4.1
Total	10,093	100.0

County: Polk

Balances due, all

	Count	Percentage
$0	1,118	10.6
Up to $100	881	8.4
Up to $250	233	2.2
Up to $500	375	3.6
Up to $1,000	1,029	9.8
Up to $5,000	5,802	55.1
Up to $10,0000	758	7.2
More than $10,000	339	3.2
Total	10,535	100.0

Balances due, black

	Count	Percentage
$0	322	8.6
Up to $100	314	8.4
Up to $250	69	1.8
Up to $500	127	3.4
Up to $1,000	378	10.1
Up to $5,000	2,155	57.6
Up to $10,0000	286	7.6

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	89	2.4
Total	3,740	100.0

Balances due, white

	Count	Percentage
$0	785	11.7
Up to $100	557	8.3
Up to $250	163	2.4
Up to $500	246	3.7
Up to $1,000	649	9.7
Up to $5,000	3,601	53.6
Up to $10,0000	466	6.9
More than $10,000	250	3.7
Total	6,717	100.0

County: Putnam

Balances due, all

	Count	Percentage
$0	135	6.5
Up to $100	54	2.6
Up to $250	61	2.9
Up to $500	282	13.6
Up to $1,000	531	25.5
Up to $5,000	905	43.5
Up to $10,0000	37	1.8

AMERICAN OVERSIGHT

	Count	Percentage
More than $10,000	76	3.7
Total	2,081	100.0

Balances due, black

	Count	Percentage
$0	37	4.5
Up to $100	24	2.9
Up to $250	29	3.5
Up to $500	124	15.0
Up to $1,000	193	23.4
Up to $5,000	368	44.6
Up to $10,0000	18	2.2
More than $10,000	32	3.9
Total	825	100.0

Balances due, white

	Count	Percentage
$0	98	7.9
Up to $100	30	2.4
Up to $250	31	2.5
Up to $500	156	12.5
Up to $1,000	335	26.9
Up to $5,000	533	42.8
Up to $10,0000	19	1.5
More than $10,000	42	3.4

AMERICAN OVERSIGHT

	Count	Percentage
Total	1,244	100.0

County: Santarosa

Balances due, all

	Count	Percentage
$0	589	22.2
Up to $100	28	1.1
Up to $250	43	1.6
Up to $500	84	3.2
Up to $1,000	601	22.6
Up to $5,000	1,066	40.1
Up to $10,0000	141	5.3
More than $10,000	104	3.9
Total	2,656	100.0

Balances due, black

	Count	Percentage
$0	57	12.7
Up to $100	8	1.8
Up to $250	5	1.1
Up to $500	19	4.2
Up to $1,000	133	29.6
Up to $5,000	195	43.3
Up to $10,0000	21	4.7
More than $10,000	12	2.7

AMERICAN OVERSIGHT

	Count	Percentage
Total	450	100.0

Balances due, white

	Count	Percentage
$0	530	24.22
Up to $100	20	0.91
Up to $250	38	1.74
Up to $500	63	2.88
Up to $1,000	460	21.02
Up to $5,000	866	39.58
Up to $10,0000	120	5.48
More than $10,000	91	4.16
Total	2,188	100.00

County: Sarasota

Balances due, all

	Count	Percentage
$0	618	10.7
Up to $100	222	3.8
Up to $250	200	3.5
Up to $500	1,001	17.3
Up to $1,000	1,318	22.8
Up to $5,000	1,980	34.3
Up to $10,0000	184	3.2
More than $10,000	255	4.4

AMERICAN OVERSIGHT

	Count	Percentage
Total	5,778	100.0

Balances due, black

	Count	Percentage
$0	103	5.7
Up to $100	44	2.4
Up to $250	45	2.5
Up to $500	306	16.8
Up to $1,000	440	24.2
Up to $5,000	754	41.5
Up to $10,0000	70	3.9
More than $10,000	55	3.0
Total	1,817	100.0

Balances due, white

	Count	Percentage
$0	505	13.0
Up to $100	177	4.6
Up to $250	155	4.0
Up to $500	681	17.6
Up to $1,000	853	22.0
Up to $5,000	1,203	31.1
Up to $10,0000	113	2.9
More than $10,000	183	4.7
Total	3,870	100.0

AMERICAN OVERSIGHT

County: Seminole

Balances due, all

	Count	Percentage
$0	569	16.83
Up to $100	628	18.58
Up to $250	448	13.25
Up to $500	937	27.72
Up to $1,000	549	16.24
Up to $5,000	242	7.16
Up to $10,0000	1	0.03
More than $10,000	6	0.18
Total	3,380	100.00

Balances due, black

	Count	Percentage
$0	174	11.6
Up to $100	288	19.1
Up to $250	219	14.6
Up to $500	440	29.2
Up to $1,000	262	17.4
Up to $5,000	119	7.9
Up to $10,0000	0	0.0
More than $10,000	3	0.2
Total	1,505	100.0

AMERICAN OVERSIGHT

Balances due, white

	Count	Percentage
$0	395	21.112
Up to $100	339	18.119
Up to $250	229	12.239
Up to $500	494	26.403
Up to $1,000	287	15.339
Up to $5,000	123	6.574
Up to $10,0000	1	0.053
More than $10,000	3	0.160
Total	1,871	100.000

County: Stjohns

Balances due, all

	Count	Percentage
$0	1,351	37.11
Up to $100	99	2.72
Up to $250	95	2.61
Up to $500	530	14.56
Up to $1,000	598	16.42
Up to $5,000	868	23.84
Up to $10,0000	35	0.96
More than $10,000	65	1.79
Total	3,641	100.00

AMERICAN OVERSIGHT

Balances due, black

	Count	Percentage
$0	406	33.75
Up to $100	33	2.74
Up to $250	38	3.16
Up to $500	190	15.79
Up to $1,000	220	18.29
Up to $5,000	279	23.19
Up to $10,0000	9	0.75
More than $10,000	28	2.33
Total	1,203	100.00

Balances due, white

	Count	Percentage
$0	942	39.0
Up to $100	66	2.7
Up to $250	57	2.4
Up to $500	337	14.0
Up to $1,000	370	15.3
Up to $5,000	581	24.1
Up to $10,0000	26	1.1
More than $10,000	36	1.5
Total	2,415	100.0

County: Stlucie

AMERICAN OVERSIGHT

Balances due, all

	Count	Percentage
$0	866	22.65
Up to $100	38	0.99
Up to $250	46	1.20
Up to $500	90	2.35
Up to $1,000	392	10.25
Up to $5,000	2,055	53.75
Up to $10,0000	139	3.64
More than $10,000	197	5.15
Total	3,823	100.00

Balances due, black

	Count	Percentage
$0	262	15.0
Up to $100	18	1.0
Up to $250	20	1.1
Up to $500	37	2.1
Up to $1,000	195	11.2
Up to $5,000	1,074	61.7
Up to $10,0000	77	4.4
More than $10,000	58	3.3
Total	1,741	100.0

Balances due, white

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	575	29.0
Up to $100	20	1.0
Up to $250	24	1.2
Up to $500	52	2.6
Up to $1,000	188	9.5
Up to $5,000	934	47.1
Up to $10,0000	60	3.0
More than $10,000	128	6.5
Total	1,981	100.0

County: Sumter

Balances due, all

	Count	Percentage
$0	121	7.7
Up to $100	21	1.3
Up to $250	11	0.7
Up to $500	32	2.0
Up to $1,000	149	9.5
Up to $5,000	961	61.3
Up to $10,0000	199	12.7
More than $10,000	73	4.7
Total	1,567	100.0

Balances due, black

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	39	7.17
Up to $100	7	1.29
Up to $250	3	0.55
Up to $500	7	1.29
Up to $1,000	48	8.82
Up to $5,000	305	56.07
Up to $10,0000	96	17.65
More than $10,000	39	7.17
Total	544	100.00

Balances due, white

	Count	Percentage
$0	82	8.2
Up to $100	14	1.4
Up to $250	8	0.8
Up to $500	25	2.5
Up to $1,000	97	9.6
Up to $5,000	644	64.0
Up to $10,0000	102	10.1
More than $10,000	34	3.4
Total	1,006	100.0

County: Suwannee

Balances due, all

	Count	Percentage

AMERICAN OVERSIGHT

	Count	Percentage
$0	40	2.8
Up to $100	99	6.9
Up to $250	33	2.3
Up to $500	71	5.0
Up to $1,000	177	12.4
Up to $5,000	843	59.1
Up to $10,0000	102	7.2
More than $10,000	61	4.3
Total	1,426	100.0

Balances due, black

	Count	Percentage
$0	2	0.41
Up to $100	30	6.13
Up to $250	9	1.84
Up to $500	24	4.91
Up to $1,000	55	11.25
Up to $5,000	295	60.33
Up to $10,0000	47	9.61
More than $10,000	27	5.52
Total	489	100.00

Balances due, white

	Count	Percentage
$0	38	4.1

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	Count	Percentage
Up to $100	69	7.5
Up to $250	23	2.5
Up to $500	47	5.1
Up to $1,000	121	13.1
Up to $5,000	543	58.6
Up to $10,0000	53	5.7
More than $10,000	32	3.5
Total	926	100.0

County: Taylor

Balances due, all

	Count	Percentage
$0	77	9.55
Up to $100	8	0.99
Up to $250	16	1.99
Up to $500	16	1.99
Up to $1,000	62	7.69
Up to $5,000	513	63.65
Up to $10,0000	87	10.79
More than $10,000	27	3.35
Total	806	100.00

Balances due, black

	Count	Percentage
$0	22	7.5

AMERICAN OVERSIGHT

	Count	Percentage
Up to $100	3	1.0
Up to $250	4	1.4
Up to $500	8	2.7
Up to $1,000	26	8.9
Up to $5,000	182	62.3
Up to $10,0000	36	12.3
More than $10,000	11	3.8
Total	292	100.0

Balances due, white

	Count	Percentage
$0	54	10.57
Up to $100	5	0.98
Up to $250	12	2.35
Up to $500	8	1.57
Up to $1,000	36	7.05
Up to $5,000	329	64.38
Up to $10,0000	51	9.98
More than $10,000	16	3.13
Total	511	100.00

County: Union

Balances due, all

	Count	Percentage
$0	94	27.7

AMERICAN OVERSIGHT

	Count	Percentage
Up to $100	19	5.6
Up to $250	14	4.1
Up to $500	29	8.6
Up to $1,000	61	18.0
Up to $5,000	83	24.5
Up to $10,0000	7	2.1
More than $10,000	32	9.4
Total	339	100.0

Balances due, black

	Count	Percentage
$0	28	23.3
Up to $100	8	6.7
Up to $250	4	3.3
Up to $500	11	9.2
Up to $1,000	22	18.3
Up to $5,000	30	25.0
Up to $10,0000	2	1.7
More than $10,000	15	12.5
Total	120	100.0

Balances due, white

	Count	Percentage
$0	65	30.4
Up to $100	11	5.1

AMERICAN OVERSIGHT

	Count	Percentage
Up to $250	10	4.7
Up to $500	18	8.4
Up to $1,000	37	17.3
Up to $5,000	51	23.8
Up to $10,0000	5	2.3
More than $10,000	17	7.9
Total	214	100.0

County: Volusia

Balances due, all

	Count	Percentage
$0	331	6.6
Up to $100	164	3.3
Up to $250	67	1.3
Up to $500	349	7.0
Up to $1,000	1,718	34.4
Up to $5,000	2,189	43.8
Up to $10,0000	86	1.7
More than $10,000	89	1.8
Total	4,993	100.0

Balances due, black

	Count	Percentage
$0	90	5.0
Up to $100	46	2.6

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	Count	Percentage
Up to $250	27	1.5
Up to $500	118	6.6
Up to $1,000	648	36.0
Up to $5,000	813	45.1
Up to $10,0000	27	1.5
More than $10,000	32	1.8
Total	1,801	100.0

Balances due, white

	Count	Percentage
$0	241	7.6
Up to $100	118	3.7
Up to $250	40	1.3
Up to $500	231	7.2
Up to $1,000	1,070	33.5
Up to $5,000	1,376	43.1
Up to $10,0000	59	1.8
More than $10,000	57	1.8
Total	3,192	100.0

County: Wakulla

Balances due, all

	Count	Percentage
$0	222	32.36
Up to $100	4	0.58

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	Count	Percentage
Up to $250	9	1.31
Up to $500	25	3.64
Up to $1,000	80	11.66
Up to $5,000	278	40.52
Up to $10,0000	58	8.45
More than $10,000	10	1.46
Total	686	100.00

Balances due, black

	Count	Percentage
$0	48	25.00
Up to $100	1	0.52
Up to $250	3	1.56
Up to $500	8	4.17
Up to $1,000	21	10.94
Up to $5,000	89	46.35
Up to $10,0000	19	9.90
More than $10,000	3	1.56
Total	192	100.00

Balances due, white

	Count	Percentage
$0	174	35.29
Up to $100	3	0.61
Up to $250	6	1.22

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	Count	Percentage
Up to $500	17	3.45
Up to $1,000	59	11.97
Up to $5,000	189	38.34
Up to $10,0000	38	7.71
More than $10,000	7	1.42
Total	493	100.00

County: Walton

Balances due, all

	Count	Percentage
$0	253	17.7
Up to $100	34	2.4
Up to $250	21	1.5
Up to $500	44	3.1
Up to $1,000	171	11.9
Up to $5,000	779	54.4
Up to $10,0000	47	3.3
More than $10,000	83	5.8
Total	1,432	100.0

Balances due, black

	Count	Percentage
$0	33	14.35
Up to $100	6	2.61
Up to $250	2	0.87

AMERICAN OVERSIGHT

	Count	Percentage
Up to $500	6	2.61
Up to $1,000	28	12.17
Up to $5,000	146	63.48
Up to $10,0000	7	3.04
More than $10,000	2	0.87
Total	230	100.00

Balances due, white

	Count	Percentage
$0	217	18.2
Up to $100	28	2.4
Up to $250	19	1.6
Up to $500	38	3.2
Up to $1,000	142	11.9
Up to $5,000	628	52.7
Up to $10,0000	40	3.4
More than $10,000	79	6.6
Total	1,191	100.0

County: Washington

Balances due, all

	Count	Percentage
$0	85	8.5
Up to $100	11	1.1
Up to $250	15	1.5

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	Count	Percentage
Up to $500	31	3.1
Up to $1,000	52	5.2
Up to $5,000	675	67.2
Up to $10,0000	97	9.7
More than $10,000	39	3.9
Total	1,005	100.0

Balances due, black

	Count	Percentage
$0	16	6.3
Up to $100	0	0.0
Up to $250	6	2.4
Up to $500	9	3.5
Up to $1,000	14	5.5
Up to $5,000	173	67.8
Up to $10,0000	28	11.0
More than $10,000	9	3.5
Total	255	100.0

Balances due, white

	Count	Percentage
$0	68	9.2
Up to $100	11	1.5
Up to $250	9	1.2
Up to $500	22	3.0

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	Count	Percentage
Up to $1,000	38	5.1
Up to $5,000	496	66.8
Up to $10,0000	69	9.3
More than $10,000	30	4.0
Total	743	100.0

Summary of matched records with negative balances

Some felons are recorded as having negative balances, and the following table describes negative balance counts and percentages by county for felons who have a release year of 1997 or after, are matched to a county record, are released and free, and did not commit an MSC crime.

Negative balance percents across counties

County	Matched felons	Negative balances	Percentage
Duval	12,035	6,433	53.4524
Seminole	4,127	747	18.1003
St Johns	3,727	86	2.3075
Hernando	3,473	49	1.4109
Palm Beach	12,705	62	0.4880
Orange	10,908	39	0.3575
Gadsden	1,182	2	0.1692
Lake	6,687	11	0.1645
Okaloosa	2,046	3	0.1466
St Lucie	3,826	3	0.0784
Walton	1,433	1	0.0698
Broward	30,950	17	0.0549
Clay	3,469	1	0.0288

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County	Matched felons	Negative balances	Percentage
Brevard	9,841	2	0.0203
Hillsborough	30,888	3	0.0097

Summary of matched records, aggregating across counties by felon ID number

The following tables contain balance due amount, aggregating across counties by felon ID number. It includes felons who have a release year of 1997 or later, are released and free, did not commit an MSC crime, and are matched to a county recod. No felon is double-counted in the tables, regardless of how many counties he or she may have a balance due. Balance due amounts that are negative are dropped prior to aggregating by felon ID number.

Balance due, all counties, all felons

	Count	Percentage
$0	25,752	11.1
Up to $100	9,004	3.9
Up to $250	7,190	3.1
Up to $500	18,994	8.2
Up to $1,000	38,320	16.5
Up to $5,000	105,028	45.1
Up to $10,0000	15,240	6.5
More than $10,000	13,245	5.7
Total	232,773	100.0

Balance due, all counties, black felons

	Count	Percentage
$0	8,125	8.0
Up to $100	3,411	3.4
Up to $250	3,100	3.1

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	Count	Percentage
Up to $500	8,444	8.3
Up to $1,000	17,167	16.9
Up to $5,000	49,517	48.8
Up to $10,0000	7,181	7.1
More than $10,000	4,531	4.5
Total	101,476	100.0

Balance due, all counties, white felons

	Count	Percentage
$0	17,523	13.5
Up to $100	5,557	4.3
Up to $250	4,074	3.1
Up to $500	10,476	8.0
Up to $1,000	20,958	16.1
Up to $5,000	55,029	42.3
Up to $10,0000	8,016	6.2
More than $10,000	8,604	6.6
Total	130,237	100.0

Summary of matched records across all counties

As noted above, matching records is based on an exact match between first name, last name, name suffix, birth date, race, and gender. The following tables describe results across the counties considered in this report. Note: a felon who committed a crime in two counties, and has balances due in two counties, is treated here as two separate individuals. Negative balances are disregarded. This table only includes felons who have a release date of 1997 or later, are released and free, did not commit an MSC crime, and matched to a county record.

Balances due, all counties, all felons

	Count	Percentage

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	Count	Percentage
$0	40,330	13.9
Up to $100	13,380	4.6
Up to $250	10,682	3.7
Up to $500	28,407	9.8
Up to $1,000	56,302	19.4
Up to $5,000	115,680	39.8
Up to $10,0000	12,862	4.4
More than $10,000	12,739	4.4
Total	290,382	100.0

Balances due, all counties, black felons

	Count	Percentage
$0	12,949	10.5
Up to $100	5,069	4.1
Up to $250	4,600	3.7
Up to $500	12,437	10.1
Up to $1,000	24,160	19.6
Up to $5,000	53,370	43.3
Up to $10,0000	6,267	5.1
More than $10,000	4,340	3.5
Total	123,192	100.0

Balances due, all counties, white felons

	Count	Percentage

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	Count	Percentage
$0	27,269	16.4
Up to $100	8,275	5.0
Up to $250	6,066	3.7
Up to $500	15,890	9.6
Up to $1,000	31,932	19.2
Up to $5,000	61,816	37.2
Up to $10,0000	6,556	3.9
More than $10,000	8,289	5.0
Total	166,093	100.0

Matched felon balances across multiple counties

Some matched felons have committed crimes and have balances due in multiple counties. The following table describes the free and released felons who matched from at least one county to the FDOC database and have a positive balance in each county. The table only includes felons who have a release year of 1997 or later and did not commit an MSC crime.

Times matched felons touch multiple counties

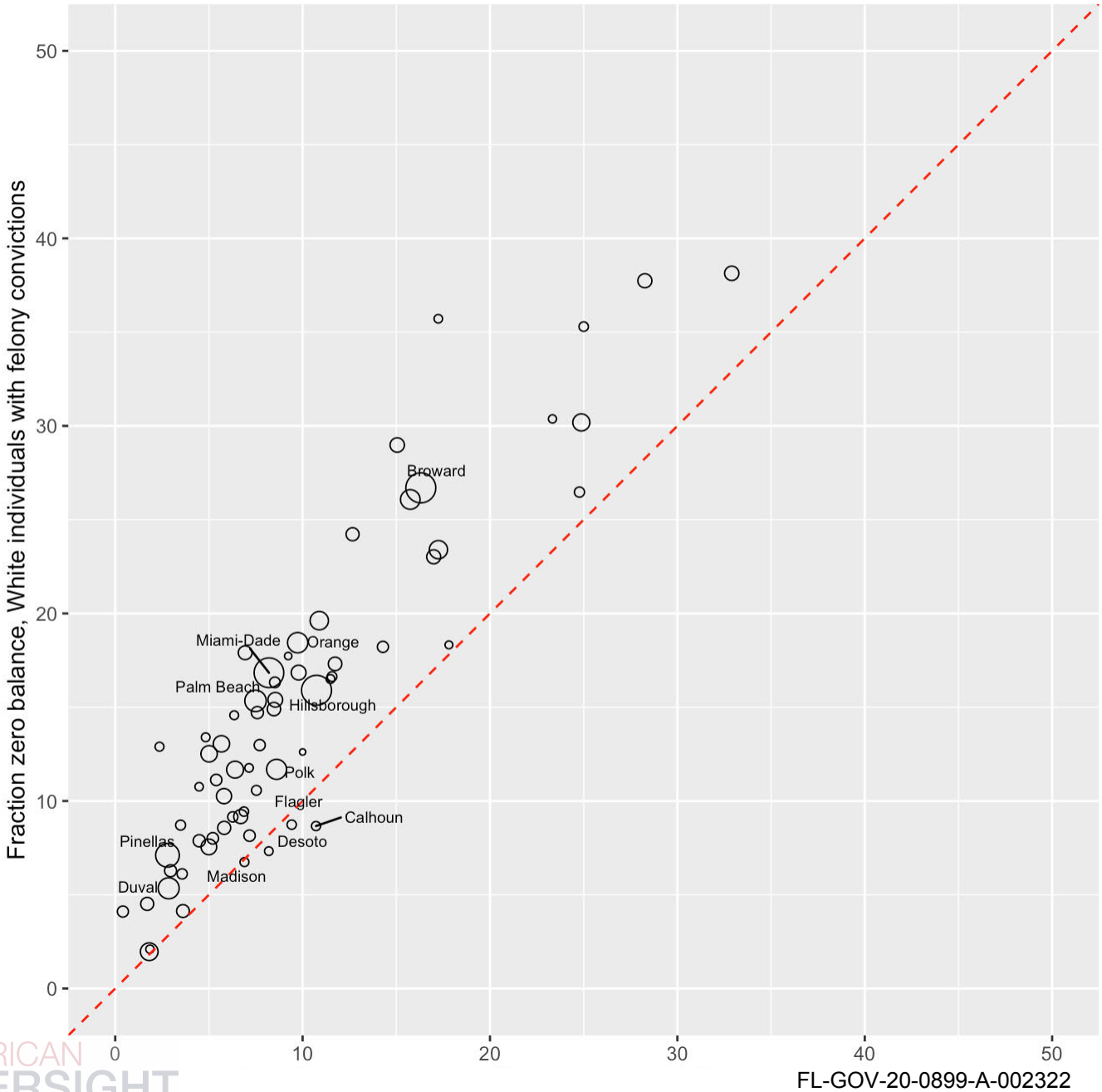
Number of counties	Count	Percentage
1	171,082	82.639925
2	30,255	14.614459
3	4,689	2.264988
4	778	0.375807
5	158	0.076321
6	41	0.019805
7	9	0.004347
8	4	0.001932
9	3	0.001449

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Number of counties	Count	Percentage
10	1	0.000483
11	1	0.000483
Total	207,021	100.000000

Black and white rates of zero balance among matched individuals

The following plot shows the distribution, by county and race, of the fraction of matched individuals who owe zero balance. The felons who are part of this plot were released in 1997 or later and did not commit an MSC crime.



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Fraction zero balance, Black individuals with felony convictions

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Individual County Reports

Date and time of this document: 16 February, 2020 (09:15:33 America/New_York)

Note on individuals described

This document describes individuals in 67 Florida counties, who satisfy the following requirements:

- Were not incarcerated in Florida state prison, to the extent that this can be determined.
- Were adjudicated guilty and did not have that adjudication withheld (assuming that a value of “W” in the data field *c_action*, when it exists, means adjudication withheld).
- Did not commit murder or a sex crime, based on the word “murder” or “sex” in an appropriate data field. Any felon with multiple felonies in a single county, with possibly different offense dates, is excluded from this report if any of the felon’s felonies is a murder or a sex crime.
- Have a release date prior to or on June 30, 2019 with release date calculated as sentence effective date plus time in jail plus time probation plus time community control, to the extent that a county data file contains information on these details. Release dates for “Time Served” sentences as calculated as sentence imposition dates.
- Have a zero or a positive balance due to a county office (individuals with negative balances are discarded).
- Have a least one valid sentence effective date, even if the person has a positive court balance (it is not possible to estimate release dates when no sentence effective dates are provided).
- Have a least one valid sentence length variable for a non-monetary sentence (it is not possible to estimate release dates when no sentence length information is available) or have at least one monetary sentence imposed on a valid sentence effectiveness date.
- Have a sentence imposed date year of 1960 or thereafter.

Individuals who do not satisfy the above requirements are not part of the analysis in this report.

Data issues

Some counties have idiosyncratic data issues, and these are noted below.

Issue: sentence lengths

The FCCC counties in this report describe sentence lengths in a field named *sent_conf_len*. This field should be six digits long (years, months, days). However, this is not always the case. In some counties (e.g., Gadsden) there are spaces in the *sent_conf_len* field. To deal with this, all spaces are removed from *sent_conf_len*. Then, any values of *sent_conf_len* that are fewer than six digits long are prepended with zeroes. Lastly, all data rows that have letters in *sent_conf_len* are dropped from the analysis.

Issue: calculating balance due

There are 12 counties that have unique formats. For these counties, balance due per felon is determined based on the idiosyncrasies of the county’s data format.

In addition, there are 55 counties whose data formats accord with the Floride Clerk of the Courts. These FCCC

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counties have data files with identical formats. However, it appears that the individual FCCC counties employed varying rules for how they used their data files. This variance complicates determining balance due per felon.

For the FCCC counties, the approach used here is as follows. For any crime incident, corresponding to a row or set of rows associated with a single ucn number, the incident's balance due amount is the minimum value across all of the rows' values of the difference between *tot_amt_due* and *tot_amt_pd* (total amount due minus total amount paid). This is conservative since it uses minimum values of total amount due minus total amount paid.

Issue: Lake County

Like some of the FCCC counties, the Lake County data contain multiple rows per crime incident. This, for any such incident, corresponding to a row or set of rows associated with a single OBTS number, the incident's balance due amount is the minimum value across all of the rows' values of *Total_Case_Fines_Fees_Balance_Due*. This is conservative since it uses minimum values of total amount due. For a Lake County felon, balance due is summed over OBTS numbers.

Issue: Brevard County

In the Brevard data, when a given crime has a value of "DEPARTMENT OF CORRECTIONS" in *jail_sentencing_agency*, the crime is assumed to be one that led to a felon being incarcerated in a state facility. However, the field *probation_sentencing_agency* is ignored here. In some cases, this variable has a value of, "DOC STATE PROBATION." However, to maintain consistency with other counties in the report, the variable *probation_sentencing_agency* is not used to determine whether a given crime is associated with state-level incarceration or probation.

Issue: Miami-Dade County

The Miami-Dade felon is spread across two files. Each file is combination of case rows and charge rows. There are several notable features of the Miami-Dade files.

- Felons who have sentences that are greater in length than a year are assumed to be in the Florida state prison system.
- There is no name suffix in the Miami-Dade files. Suffixes sometimes appear in last name fields and sometimes in middle names fields.
- The files appear to contain both felony convictions and cases that did not lead to felonies. The latter are screened out by looking for the word "withheld" in a disposition field (other screens are used as well, i.e., for records associated with deceased individuals).
- The Miami-Dade files contain no information on the dates that sentences were imposed. For felons who have probation end dates, these dates are assumed to be final release dates. For felons who have sentences but no probation end dates, final release dates are assumed to be the case filed date plus a two years plus sentence (this is conservative as long as cases are resolved within two years of filing). Felons who have no probation dates and no sentence information are dropped from the analysis.

Issue: Broward

Broward County data appear in a set of Excel files.

- Amounts due that are NULL are assumed to be zero.
- Amounts owed are carried across lines in the Broward files based on case numbers. For each case

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number, the amount due is taken as the minimum value. This is summed by felon ID to create a conservative measure for the balanced owed per felon.
- Name suffixes sometimes appear in last names and sometimes in middle name fields.
- The case disposition field is used to eliminate cases that do not appear to have resulted in felony convictions. Acquittals are dropped as are cases with disposition *Nolle Prosequi*.

Issue: Duval

- The Duval county clerk may be using its data fields in a way that is different than other counties in Florida.
- There are 45,718 entries in the Duval County felon data that have a *tot_amt_pd* field value of exactly $16380.50. The regularity in this number is puzzling. These entries are associated with 23,634 individuals.

Issue: Escambia

Escambia data appear in a set of ascii files.

- The Escambia County data have a field named *DateofBirth*. This field, however, only contains years, which are assumed here to be years of birth.
- The race description field *RaceDescription* contains a small number of erroneous entries (i.e., one entry of “HEATHER,” one entry of “DALE,” and several others).
- The field *SexDescription* has similar issues (e.g., nine entries of “PUBLIC DEFENDER PD” and so forth).
- The column in the Escamiba County data describing balance owed has 33 problematic entries. Seven of these consist of the words “THIRD DEGREE.” It is assumed here that the aforementioned 33 entries should be zero.
- There is not a separate name suffix field in the Escambia data. Instead, suffixes appear in middle name and last name fields.
- Amounts owed are carried across lines in the Escambia files based on uniform case numbers (*UniformCaseNumber*). For each such number, the amount due is taken as the minimum value across applicable rows. This is summed by felon ID to create a conservative measure for the balanced owed per felon.
- Misdemeanors are dropped using the variable *ChargeLevel*. When a charge has this variable set to “M” then the charge is ignored here.
- MSC status is based on the variable *ProsecutorStatuteDescription*
- The data have multiple fields for confinement, probation, and community controls length, e.g., “MaxConfinementYears” and “OBTSMaxConfinementYears.” OBTS fields are used here, and to be conservative release dates are computed using maximum sentence lengths as opposed to minimum lengths.
- Release dates are based on time after the date that a sentence was imposed via the field *SentenceImposedDate*. There appears to be no field for sentence effective date.
- Records with missing first and last names are dropped from the analysis.

Issue: Hillsborough County

The Hillsborough data do not contain a field for name suffix. Instead, name suffixes are spread across middle and last name. Visual inspection shows there are a small number of individuals whose middle name fields have “JR” elided with a name, i.e., “LEEJR.” For the purposes of this report, fields like this are not assumed to be associated with a suffix of “junior.”

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Issue: abbreviations for “junior”

Name suffixes equal to “JR” and “JRR” are assumed to connote junior. If a suffix field is “J,” this is also assumed to mean junior.

Issue: types of probation

For the purposes of this report, all types of probation (regular probation, drug offender probation, and administrative probation) are assumed to be equivalent.

Issue: individuals with felony convictions yet no post-conviction prison and no post-conviction probation

There are Florida felons in the counties analyzed in this report who were adjudicated guilty of a felony but served neither post-conviction prison time nor probation. Two such classes of felons are those who were sentenced to time served and those who served no time at all but were assessed monetary penalties. Individuals with felony convictions yet no post-conviction prison and no post-conviction probation are considered released as of the date of sentence imposition.

County reports

The tables that follow report balanced owed amount by county and race. An individual who has a balanced owed amount in more than one county will appear in each county report. Here, each instance of a felon in a county contributes one individual to “all” felons.

County: Alachua

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	4,816	43.00
Black	6,355	56.74
Other	30	0.27
Total	11,201	100.00

Balance due calculations

Balance due, all

	Count	Percent

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	Count	Percent
$0	1,946	17.4
Up to $100	478	4.3
Up to $250	305	2.7
Up to $500	1,742	15.6
Up to $1,000	2,432	21.7
Up to $5,000	3,805	34.0
Up to $10,000	323	2.9
More than $10,000	170	1.5
Total	11,201	100.0

Balance due, white

	Count	Percent
$0	1,205	25.0
Up to $100	284	5.9
Up to $250	155	3.2
Up to $500	759	15.8
Up to $1,000	1,107	23.0
Up to $5,000	1,188	24.7
Up to $10,000	67	1.4
More than $10,000	51	1.1
Total	4,816	100.0

Balance due, black

	Count	Percent
$0	732	11.5

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	Count	Percent
Up to $100	192	3.0
Up to $250	148	2.3
Up to $500	977	15.4
Up to $1,000	1,318	20.7
Up to $5,000	2,614	41.1
Up to $10,000	256	4.0
More than $10,000	118	1.9
Total	6,355	100.0

County: Baker

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	1,098	74.0
Black	366	24.7
Other	20	1.3
Total	1,484	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	401	27.02
Up to $100	55	3.71
Up to $250	67	4.51
Up to $500	222	14.96

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	Count	Percent
Up to $1,000	335	22.57
Up to $5,000	370	24.93
Up to $10,000	20	1.35
More than $10,000	14	0.94
Total	1,484	100.00

Balance due, white

	Count	Percent
$0	325	29.6
Up to $100	42	3.8
Up to $250	46	4.2
Up to $500	171	15.6
Up to $1,000	224	20.4
Up to $5,000	262	23.9
Up to $10,000	15	1.4
More than $10,000	13	1.2
Total	1,098	100.0

Balance due, black

	Count	Percent
$0	69	18.9
Up to $100	13	3.6
Up to $250	20	5.5
Up to $500	48	13.1
Up to $1,000	104	28.4

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	Count	Percent
Up to $5,000	107	29.2
Up to $10,000	5	1.4
More than $10,000	0	0.0
Total	366	100.0

County: Bay

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	492	70.2
Black	189	27.0
Other	20	2.9
Total	701	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	145	20.68
Up to $100	36	5.14
Up to $250	37	5.28
Up to $500	149	21.26
Up to $1,000	211	30.10
Up to $5,000	120	17.12
Up to $10,000	0	0.00
More than $10,000	3	0.43

AMERICAN OVERSIGHT

	Count	Percent
Total	701	100.00

Balance due, white

	Count	Percent
$0	110	22.36
Up to $100	26	5.28
Up to $250	28	5.69
Up to $500	108	21.95
Up to $1,000	139	28.25
Up to $5,000	78	15.85
Up to $10,000	0	0.00
More than $10,000	3	0.61
Total	492	100.00

Balance due, black

	Count	Percent
$0	28	14.8
Up to $100	10	5.3
Up to $250	7	3.7
Up to $500	34	18.0
Up to $1,000	68	36.0
Up to $5,000	42	22.2
Up to $10,000	0	0.0
More than $10,000	0	0.0
Total	189	100.0

AMERICAN OVERSIGHT

County: Bradford

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	1,245	67.6
Black	565	30.7
Other	33	1.8
Total	1,843	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	607	32.94
Up to $100	90	4.88
Up to $250	78	4.23
Up to $500	229	12.43
Up to $1,000	416	22.57
Up to $5,000	392	21.27
Up to $10,000	23	1.25
More than $10,000	8	0.43
Total	1,843	100.00

Balance due, white

	Count	Percent
$0	442	35.50
Up to $100	62	4.98

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	52	4.18
Up to $500	139	11.16
Up to $1,000	272	21.85
Up to $5,000	255	20.48
Up to $10,000	17	1.37
More than $10,000	6	0.48
Total	1,245	100.00

Balance due, black

	Count	Percent
$0	156	27.61
Up to $100	24	4.25
Up to $250	22	3.89
Up to $500	88	15.58
Up to $1,000	134	23.72
Up to $5,000	133	23.54
Up to $10,000	6	1.06
More than $10,000	2	0.35
Total	565	100.00

County: Brevard

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	9,796	65.6

AMERICAN OVERSIGHT

	Count	Percent
Black	4,973	33.3
Other	173	1.2
Total	14,942	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	4,457	29.83
Up to $100	524	3.51
Up to $250	684	4.58
Up to $500	1,594	10.67
Up to $1,000	3,332	22.30
Up to $5,000	4,052	27.12
Up to $10,000	256	1.71
More than $10,000	43	0.29
Total	14,942	100.00

Balance due, white

	Count	Percent
$0	3,195	32.62
Up to $100	304	3.10
Up to $250	419	4.28
Up to $500	940	9.60
Up to $1,000	2,045	20.88
Up to $5,000	2,670	27.26
Up to $10,000	193	1.97

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	30	0.31
Total	9,796	100.00

Balance due, black

	Count	Percent
$0	1,185	23.83
Up to $100	212	4.26
Up to $250	254	5.11
Up to $500	639	12.85
Up to $1,000	1,262	25.38
Up to $5,000	1,347	27.09
Up to $10,000	61	1.23
More than $10,000	13	0.26
Total	4,973	100.00

County: Broward

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	54,549	53.90
Black	45,861	45.31
Other	795	0.79
Total	101,205	100.00

Balance due calculations

AMERICAN OVERSIGHT

Balance due, all

	Count	Percent
$0	45,406	44.865
Up to $100	13,912	13.746
Up to $250	9,123	9.014
Up to $500	12,334	12.187
Up to $1,000	9,853	9.736
Up to $5,000	10,321	10.198
Up to $10,000	202	0.200
More than $10,000	54	0.053
Total	101,205	100.000

Balance due, white

	Count	Percent
$0	28,407	52.076
Up to $100	7,300	13.382
Up to $250	4,636	8.499
Up to $500	5,647	10.352
Up to $1,000	4,433	8.127
Up to $5,000	4,012	7.355
Up to $10,000	77	0.141
More than $10,000	37	0.068
Total	54,549	100.000

Balance due, black

	Count	Percent

AMERICAN OVERSIGHT

	Count	Percent
$0	16,661	36.329
Up to $100	6,534	14.247
Up to $250	4,383	9.557
Up to $500	6,608	14.409
Up to $1,000	5,323	11.607
Up to $5,000	6,211	13.543
Up to $10,000	124	0.270
More than $10,000	17	0.037
Total	45,861	100.000

County: Calhoun

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	572	74.7
Black	176	23.0
Other	18	2.3
Total	766	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	251	32.77
Up to $100	28	3.66
Up to $250	43	5.61

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	38	4.96
Up to $1,000	97	12.66
Up to $5,000	286	37.34
Up to $10,000	21	2.74
More than $10,000	2	0.26
Total	766	100.00

Balance due, white

	Count	Percent
$0	199	34.79
Up to $100	21	3.67
Up to $250	31	5.42
Up to $500	28	4.90
Up to $1,000	66	11.54
Up to $5,000	212	37.06
Up to $10,000	13	2.27
More than $10,000	2	0.35
Total	572	100.00

Balance due, black

	Count	Percent
$0	46	26.1
Up to $100	5	2.8
Up to $250	11	6.2
Up to $500	9	5.1

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	27	15.3
Up to $5,000	70	39.8
Up to $10,000	8	4.5
More than $10,000	0	0.0
Total	176	100.0

County: Charlotte

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	6,449	84.90
Black	1,112	14.64
Other	35	0.46
Total	7,596	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	1,665	21.92
Up to $100	753	9.91
Up to $250	878	11.56
Up to $500	1,465	19.29
Up to $1,000	1,527	20.10
Up to $5,000	1,275	16.79
Up to $10,000	21	0.28

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	12	0.16
Total	7,596	100.00

Balance due, white

	Count	Percent
$0	1,462	22.67
Up to $100	639	9.91
Up to $250	724	11.23
Up to $500	1,215	18.84
Up to $1,000	1,290	20.00
Up to $5,000	1,092	16.93
Up to $10,000	18	0.28
More than $10,000	9	0.14
Total	6,449	100.00

Balance due, black

	Count	Percent
$0	192	17.27
Up to $100	113	10.16
Up to $250	149	13.40
Up to $500	241	21.67
Up to $1,000	229	20.59
Up to $5,000	182	16.37
Up to $10,000	3	0.27
More than $10,000	3	0.27

AMERICAN OVERSIGHT

	Count	Percent
Total	1,112	100.00

County: Citrus

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	3,036	86.7
Black	401	11.5
Other	64	1.8
Total	3,501	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	660	18.9
Up to $100	103	2.9
Up to $250	93	2.7
Up to $500	203	5.8
Up to $1,000	364	10.4
Up to $5,000	681	19.5
Up to $10,000	171	4.9
More than $10,000	1,226	35.0
Total	3,501	100.0

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	585	19.3
Up to $100	87	2.9
Up to $250	77	2.5
Up to $500	142	4.7
Up to $1,000	296	9.7
Up to $5,000	568	18.7
Up to $10,000	155	5.1
More than $10,000	1,126	37.1
Total	3,036	100.0

Balance due, black

	Count	Percent
$0	60	15.0
Up to $100	15	3.7
Up to $250	13	3.2
Up to $500	56	14.0
Up to $1,000	59	14.7
Up to $5,000	100	24.9
Up to $10,000	11	2.7
More than $10,000	87	21.7
Total	401	100.0

County: Clay

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	4,320	70
Black	1,701	28
Other	120	2
Total	6,141	100

Balance due calculations

Balance due, all

	Count	Percent
$0	2,721	44.31
Up to $100	84	1.37
Up to $250	86	1.40
Up to $500	436	7.10
Up to $1,000	1,857	30.24
Up to $5,000	906	14.75
Up to $10,000	7	0.11
More than $10,000	44	0.72
Total	6,141	100.00

Balance due, white

	Count	Percent
$0	2,006	46.44
Up to $100	47	1.09
Up to $250	61	1.41
Up to $500	283	6.55

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	1,259	29.14
Up to $5,000	636	14.72
Up to $10,000	6	0.14
More than $10,000	22	0.51
Total	4,320	100.00

Balance due, black

	Count	Percent
$0	650	38.213
Up to $100	37	2.175
Up to $250	24	1.411
Up to $500	143	8.407
Up to $1,000	570	33.510
Up to $5,000	257	15.109
Up to $10,000	1	0.059
More than $10,000	19	1.117
Total	1,701	100.000

County: Collier

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	11,656	81.4
Black	2,336	16.3
Other	331	2.3

AMERICAN OVERSIGHT

	Count	Percent
Total	14,323	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	4,376	30.55
Up to $100	1,066	7.44
Up to $250	664	4.64
Up to $500	2,254	15.74
Up to $1,000	3,017	21.06
Up to $5,000	2,874	20.07
Up to $10,000	40	0.28
More than $10,000	32	0.22
Total	14,323	100.00

Balance due, white

	Count	Percent
$0	3,703	31.77
Up to $100	878	7.53
Up to $250	550	4.72
Up to $500	1,757	15.07
Up to $1,000	2,408	20.66
Up to $5,000	2,303	19.76
Up to $10,000	33	0.28
More than $10,000	24	0.21
Total	11,656	100.00

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	555	23.76
Up to $100	166	7.11
Up to $250	107	4.58
Up to $500	481	20.59
Up to $1,000	511	21.88
Up to $5,000	503	21.53
Up to $10,000	7	0.30
More than $10,000	6	0.26
Total	2,336	100.00

County: Columbia

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	3,271	64.8
Black	1,634	32.4
Other	144	2.9
Total	5,049	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	1,101	21.8
Up to $100	200	4.0

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	167	3.3
Up to $500	375	7.4
Up to $1,000	859	17.0
Up to $5,000	2,089	41.4
Up to $10,000	165	3.3
More than $10,000	93	1.8
Total	5,049	100.0

Balance due, white

	Count	Percent
$0	793	24.2
Up to $100	130	4.0
Up to $250	108	3.3
Up to $500	250	7.6
Up to $1,000	539	16.5
Up to $5,000	1,302	39.8
Up to $10,000	97	3.0
More than $10,000	52	1.6
Total	3,271	100.0

Balance due, black

	Count	Percent
$0	271	16.6
Up to $100	63	3.9
Up to $250	52	3.2

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	113	6.9
Up to $1,000	299	18.3
Up to $5,000	734	44.9
Up to $10,000	65	4.0
More than $10,000	37	2.3
Total	1,634	100.0

County: Desoto

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	539	26.1
Black	191	9.3
Other	1,334	64.6
Total	2,064	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	482	23.4
Up to $100	60	2.9
Up to $250	47	2.3
Up to $500	150	7.3
Up to $1,000	374	18.1
Up to $5,000	882	42.7

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	47	2.3
More than $10,000	22	1.1
Total	2,064	100.0

Balance due, white

	Count	Percent
$0	119	22.08
Up to $100	11	2.04
Up to $250	7	1.30
Up to $500	22	4.08
Up to $1,000	65	12.06
Up to $5,000	294	54.55
Up to $10,000	17	3.15
More than $10,000	4	0.74
Total	539	100.00

Balance due, black

	Count	Percent
$0	32	16.8
Up to $100	3	1.6
Up to $250	3	1.6
Up to $500	8	4.2
Up to $1,000	26	13.6
Up to $5,000	106	55.5
Up to $10,000	9	4.7

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	4	2.1
Total	191	100.0

County: Dixie

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	343	81.5
Black	72	17.1
Other	6	1.4
Total	421	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	58	13.78
Up to $100	18	4.28
Up to $250	27	6.41
Up to $500	37	8.79
Up to $1,000	64	15.20
Up to $5,000	197	46.79
Up to $10,000	16	3.80
More than $10,000	4	0.95
Total	421	100.00

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	55	16.03
Up to $100	15	4.37
Up to $250	22	6.41
Up to $500	27	7.87
Up to $1,000	51	14.87
Up to $5,000	161	46.94
Up to $10,000	9	2.62
More than $10,000	3	0.87
Total	343	100.00

Balance due, black

	Count	Percent
$0	3	4.2
Up to $100	3	4.2
Up to $250	5	6.9
Up to $500	9	12.5
Up to $1,000	13	18.1
Up to $5,000	31	43.1
Up to $10,000	7	9.7
More than $10,000	1	1.4
Total	72	100.0

County: Duval

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	4,218	45.6
Black	4,930	53.3
Other	105	1.1
Total	9,253	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	1,178	12.73
Up to $100	179	1.93
Up to $250	106	1.15
Up to $500	456	4.93
Up to $1,000	4,685	50.63
Up to $5,000	2,468	26.67
Up to $10,000	38	0.41
More than $10,000	143	1.55
Total	9,253	100.00

Balance due, white

	Count	Percent
$0	674	15.98
Up to $100	89	2.11
Up to $250	66	1.56
Up to $500	202	4.79

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	2,061	48.86
Up to $5,000	1,068	25.32
Up to $10,000	18	0.43
More than $10,000	40	0.95
Total	4,218	100.00

Balance due, black

	Count	Percent
$0	481	9.76
Up to $100	89	1.81
Up to $250	40	0.81
Up to $500	248	5.03
Up to $1,000	2,564	52.01
Up to $5,000	1,387	28.13
Up to $10,000	19	0.39
More than $10,000	102	2.07
Total	4,930	100.00

County: Escambia

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	9,464	52.2
Black	8,109	44.7
Other	568	3.1

AMERICAN OVERSIGHT

	Count	Percent
Total	18,141	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	7,388	40.73
Up to $100	944	5.20
Up to $250	798	4.40
Up to $500	1,809	9.97
Up to $1,000	4,537	25.01
Up to $5,000	2,596	14.31
Up to $10,000	43	0.24
More than $10,000	26	0.14
Total	18,141	100.00

Balance due, white

	Count	Percent
$0	4,411	46.61
Up to $100	590	6.23
Up to $250	449	4.74
Up to $500	893	9.44
Up to $1,000	2,094	22.13
Up to $5,000	987	10.43
Up to $10,000	22	0.23
More than $10,000	18	0.19
Total	9,464	100.00

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	2,742	33.814
Up to $100	338	4.168
Up to $250	322	3.971
Up to $500	854	10.532
Up to $1,000	2,264	27.920
Up to $5,000	1,563	19.275
Up to $10,000	19	0.234
More than $10,000	7	0.086
Total	8,109	100.000

County: Flagler

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	716	68.0
Black	277	26.3
Other	60	5.7
Total	1,053	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	178	16.904
Up to $100	62	5.888

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	27	2.564
Up to $500	100	9.497
Up to $1,000	391	37.132
Up to $5,000	286	27.160
Up to $10,000	8	0.760
More than $10,000	1	0.095
Total	1,053	100.000

Balance due, white

	Count	Percent
$0	137	19.1
Up to $100	49	6.8
Up to $250	18	2.5
Up to $500	60	8.4
Up to $1,000	259	36.2
Up to $5,000	188	26.3
Up to $10,000	5	0.7
More than $10,000	0	0.0
Total	716	100.0

Balance due, black

	Count	Percent
$0	28	10.11
Up to $100	12	4.33
Up to $250	8	2.89

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	33	11.91
Up to $1,000	108	38.99
Up to $5,000	86	31.05
Up to $10,000	2	0.72
More than $10,000	0	0.00
Total	277	100.00

County: Franklin

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	653	78.6
Black	159	19.1
Other	19	2.3
Total	831	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	227	27.32
Up to $100	35	4.21
Up to $250	27	3.25
Up to $500	84	10.11
Up to $1,000	137	16.49
Up to $5,000	302	36.34

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	18	2.17
More than $10,000	1	0.12
Total	831	100.00

Balance due, white

	Count	Percent
$0	188	28.8
Up to $100	29	4.4
Up to $250	20	3.1
Up to $500	62	9.5
Up to $1,000	99	15.2
Up to $5,000	241	36.9
Up to $10,000	14	2.1
More than $10,000	0	0.0
Total	653	100.0

Balance due, black

	Count	Percent
$0	29	18.24
Up to $100	6	3.77
Up to $250	6	3.77
Up to $500	20	12.58
Up to $1,000	34	21.38
Up to $5,000	59	37.11
Up to $10,000	4	2.52

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	1	0.63
Total	159	100.00

County: Gadsden

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	286	19
Black	1,211	78
Other	46	3
Total	1,543	100

Balance due calculations

Balance due, all

	Count	Percent
$0	444	28.78
Up to $100	230	14.91
Up to $250	204	13.22
Up to $500	241	15.62
Up to $1,000	206	13.35
Up to $5,000	216	14.00
Up to $10,000	0	0.00
More than $10,000	2	0.13
Total	1,543	100.00

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	121	42
Up to $100	47	16
Up to $250	34	12
Up to $500	38	13
Up to $1,000	23	8
Up to $5,000	23	8
Up to $10,000	0	0
More than $10,000	0	0
Total	286	100

Balance due, black

	Count	Percent
$0	305	25.19
Up to $100	177	14.62
Up to $250	160	13.21
Up to $500	200	16.52
Up to $1,000	176	14.53
Up to $5,000	191	15.77
Up to $10,000	0	0.00
More than $10,000	2	0.17
Total	1,211	100.00

County: Gilchrist

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	591	83.8
Black	99	14.0
Other	15	2.1
Total	705	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	176	25.0
Up to $100	40	5.7
Up to $250	30	4.3
Up to $500	101	14.3
Up to $1,000	102	14.5
Up to $5,000	121	17.2
Up to $10,000	56	7.9
More than $10,000	79	11.2
Total	705	100.0

Balance due, white

	Count	Percent
$0	160	27.1
Up to $100	39	6.6
Up to $250	27	4.6
Up to $500	77	13.0

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	74	12.5
Up to $5,000	99	16.8
Up to $10,000	47	8.0
More than $10,000	68	11.5
Total	591	100.0

Balance due, black

	Count	Percent
$0	14	14.1
Up to $100	0	0.0
Up to $250	1	1.0
Up to $500	23	23.2
Up to $1,000	25	25.3
Up to $5,000	19	19.2
Up to $10,000	7	7.1
More than $10,000	10	10.1
Total	99	100.0

County: Glades

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	323	58
Black	123	22
Other	115	20

AMERICAN OVERSIGHT

	Count	Percent
Total	561	100

Balance due calculations

Balance due, all

	Count	Percent
$0	175	31.19
Up to $100	50	8.91
Up to $250	54	9.63
Up to $500	93	16.58
Up to $1,000	112	19.96
Up to $5,000	67	11.94
Up to $10,000	5	0.89
More than $10,000	5	0.89
Total	561	100.00

Balance due, white

	Count	Percent
$0	96	29.7
Up to $100	27	8.4
Up to $250	33	10.2
Up to $500	54	16.7
Up to $1,000	66	20.4
Up to $5,000	37	11.5
Up to $10,000	5	1.5
More than $10,000	5	1.5
Total	323	100.0

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	30	24.4
Up to $100	13	10.6
Up to $250	10	8.1
Up to $500	20	16.3
Up to $1,000	30	24.4
Up to $5,000	20	16.3
Up to $10,000	0	0.0
More than $10,000	0	0.0
Total	123	100.0

County: Gulf

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	405	76.3
Black	114	21.5
Other	12	2.3
Total	531	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	210	39.55
Up to $100	6	1.13

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	9	1.69
Up to $500	29	5.46
Up to $1,000	54	10.17
Up to $5,000	203	38.23
Up to $10,000	19	3.58
More than $10,000	1	0.19
Total	531	100.00

Balance due, white

	Count	Percent
$0	178	44.0
Up to $100	5	1.2
Up to $250	5	1.2
Up to $500	23	5.7
Up to $1,000	38	9.4
Up to $5,000	143	35.3
Up to $10,000	13	3.2
More than $10,000	0	0.0
Total	405	100.0

Balance due, black

	Count	Percent
$0	29	25.44
Up to $100	1	0.88
Up to $250	4	3.51

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	6	5.26
Up to $1,000	14	12.28
Up to $5,000	53	46.49
Up to $10,000	6	5.26
More than $10,000	1	0.88
Total	114	100.00

County: Hamilton

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	440	44.1
Black	521	52.2
Other	37	3.7
Total	998	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	53	5.3
Up to $100	124	12.4
Up to $250	74	7.4
Up to $500	92	9.2
Up to $1,000	189	18.9
Up to $5,000	403	40.4

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	41	4.1
More than $10,000	22	2.2
Total	998	100.0

Balance due, white

	Count	Percent
$0	26	5.9
Up to $100	77	17.5
Up to $250	45	10.2
Up to $500	39	8.9
Up to $1,000	78	17.7
Up to $5,000	162	36.8
Up to $10,000	5	1.1
More than $10,000	8	1.8
Total	440	100.0

Balance due, black

	Count	Percent
$0	20	3.8
Up to $100	44	8.4
Up to $250	27	5.2
Up to $500	51	9.8
Up to $1,000	103	19.8
Up to $5,000	226	43.4
Up to $10,000	36	6.9

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	14	2.7
Total	521	100.0

County: Hardee

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	1,062	72
Black	244	16
Other	174	12
Total	1,480	100

Balance due calculations

Balance due, all

	Count	Percent
$0	321	21.7
Up to $100	65	4.4
Up to $250	21	1.4
Up to $500	66	4.5
Up to $1,000	309	20.9
Up to $5,000	621	42.0
Up to $10,000	60	4.1
More than $10,000	17	1.1
Total	1,480	100.0

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	248	23.4
Up to $100	47	4.4
Up to $250	13	1.2
Up to $500	58	5.5
Up to $1,000	204	19.2
Up to $5,000	438	41.2
Up to $10,000	41	3.9
More than $10,000	13	1.2
Total	1,062	100.0

Balance due, black

	Count	Percent
$0	36	14.8
Up to $100	13	5.3
Up to $250	4	1.6
Up to $500	3	1.2
Up to $1,000	59	24.2
Up to $5,000	114	46.7
Up to $10,000	12	4.9
More than $10,000	3	1.2
Total	244	100.0

County: Hendry

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	1,283	46
Black	773	27
Other	755	27
Total	2,811	100

Balance due calculations

Balance due, all

	Count	Percent
$0	827	29.42
Up to $100	198	7.04
Up to $250	150	5.34
Up to $500	393	13.98
Up to $1,000	597	21.24
Up to $5,000	613	21.81
Up to $10,000	20	0.71
More than $10,000	13	0.46
Total	2,811	100.00

Balance due, white

	Count	Percent
$0	408	31.80
Up to $100	99	7.72
Up to $250	61	4.75
Up to $500	183	14.26

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	236	18.39
Up to $5,000	274	21.36
Up to $10,000	10	0.78
More than $10,000	12	0.94
Total	1,283	100.00

Balance due, black

	Count	Percent
$0	165	21.35
Up to $100	42	5.43
Up to $250	52	6.73
Up to $500	120	15.52
Up to $1,000	182	23.54
Up to $5,000	205	26.52
Up to $10,000	7	0.91
More than $10,000	0	0.00
Total	773	100.00

County: Hernando

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	6,148	80.3
Black	1,011	13.2
Other	494	6.5

AMERICAN OVERSIGHT

	Count	Percent
Total	7,653	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	2,342	30.6
Up to $100	239	3.1
Up to $250	78	1.0
Up to $500	150	2.0
Up to $1,000	654	8.5
Up to $5,000	3,415	44.6
Up to $10,000	473	6.2
More than $10,000	302	3.9
Total	7,653	100.0

Balance due, white

	Count	Percent
$0	1,966	32.0
Up to $100	195	3.2
Up to $250	65	1.1
Up to $500	109	1.8
Up to $1,000	507	8.2
Up to $5,000	2,744	44.6
Up to $10,000	333	5.4
More than $10,000	229	3.7
Total	6,148	100.0

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	224	22.16
Up to $100	26	2.57
Up to $250	5	0.49
Up to $500	29	2.87
Up to $1,000	82	8.11
Up to $5,000	469	46.39
Up to $10,000	120	11.87
More than $10,000	56	5.54
Total	1,011	100.00

County: Highlands

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	2,404	67.5
Black	867	24.4
Other	288	8.1
Total	3,559	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	949	26.7
Up to $100	151	4.2

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	62	1.7
Up to $500	86	2.4
Up to $1,000	317	8.9
Up to $5,000	1,729	48.6
Up to $10,000	206	5.8
More than $10,000	59	1.7
Total	3,559	100.0

Balance due, white

	Count	Percent
$0	709	29.5
Up to $100	109	4.5
Up to $250	41	1.7
Up to $500	59	2.5
Up to $1,000	216	9.0
Up to $5,000	1,106	46.0
Up to $10,000	127	5.3
More than $10,000	37	1.5
Total	2,404	100.0

Balance due, black

	Count	Percent
$0	150	17.3
Up to $100	24	2.8
Up to $250	12	1.4

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	17	2.0
Up to $1,000	70	8.1
Up to $5,000	502	57.9
Up to $10,000	73	8.4
More than $10,000	19	2.2
Total	867	100.0

County: Hillsborough

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	53,055	59.9
Black	33,729	38.1
Other	1,823	2.1
Total	88,607	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	19,169	21.6
Up to $100	5,461	6.2
Up to $250	5,641	6.4
Up to $500	16,279	18.4
Up to $1,000	20,647	23.3
Up to $5,000	18,838	21.3

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	1,059	1.2
More than $10,000	1,513	1.7
Total	88,607	100.0

Balance due, white

	Count	Percent
$0	13,476	25.40
Up to $100	3,776	7.12
Up to $250	3,677	6.93
Up to $500	9,572	18.04
Up to $1,000	11,583	21.83
Up to $5,000	9,407	17.73
Up to $10,000	516	0.97
More than $10,000	1,048	1.98
Total	53,055	100.00

Balance due, black

	Count	Percent
$0	5,202	15.4
Up to $100	1,563	4.6
Up to $250	1,856	5.5
Up to $500	6,397	19.0
Up to $1,000	8,659	25.7
Up to $5,000	9,112	27.0
Up to $10,000	529	1.6

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	411	1.2
Total	33,729	100.0

County: Holmes

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	1,393	89.4
Black	142	9.1
Other	23	1.5
Total	1,558	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	389	25.0
Up to $100	26	1.7
Up to $250	56	3.6
Up to $500	76	4.9
Up to $1,000	161	10.3
Up to $5,000	713	45.8
Up to $10,000	94	6.0
More than $10,000	43	2.8
Total	1,558	100.0

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	358	25.7
Up to $100	25	1.8
Up to $250	53	3.8
Up to $500	67	4.8
Up to $1,000	139	10.0
Up to $5,000	621	44.6
Up to $10,000	90	6.5
More than $10,000	40	2.9
Total	1,393	100.0

Balance due, black

	Count	Percent
$0	25	17.6
Up to $100	1	0.7
Up to $250	2	1.4
Up to $500	8	5.6
Up to $1,000	17	12.0
Up to $5,000	82	57.7
Up to $10,000	4	2.8
More than $10,000	3	2.1
Total	142	100.0

County: Indianriver

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	4,177	69.7
Black	1,686	28.1
Other	128	2.1
Total	5,991	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	505	8.4
Up to $100	399	6.7
Up to $250	267	4.5
Up to $500	1,058	17.7
Up to $1,000	1,138	19.0
Up to $5,000	1,888	31.5
Up to $10,000	202	3.4
More than $10,000	534	8.9
Total	5,991	100.0

Balance due, white

	Count	Percent
$0	422	10.1
Up to $100	325	7.8
Up to $250	174	4.2
Up to $500	722	17.3

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	752	18.0
Up to $5,000	1,270	30.4
Up to $10,000	146	3.5
More than $10,000	366	8.8
Total	4,177	100.0

Balance due, black

	Count	Percent
$0	64	3.8
Up to $100	65	3.9
Up to $250	78	4.6
Up to $500	283	16.8
Up to $1,000	367	21.8
Up to $5,000	607	36.0
Up to $10,000	56	3.3
More than $10,000	166	9.8
Total	1,686	100.0

County: Jackson

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	1,243	60.2
Black	771	37.3
Other	52	2.5

AMERICAN OVERSIGHT

	Count	Percent
Total	2,066	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	571	27.64
Up to $100	41	1.98
Up to $250	30	1.45
Up to $500	219	10.60
Up to $1,000	365	17.67
Up to $5,000	804	38.92
Up to $10,000	30	1.45
More than $10,000	6	0.29
Total	2,066	100.00

Balance due, white

	Count	Percent
$0	388	31.21
Up to $100	27	2.17
Up to $250	18	1.45
Up to $500	143	11.50
Up to $1,000	197	15.85
Up to $5,000	454	36.52
Up to $10,000	12	0.97
More than $10,000	4	0.32
Total	1,243	100.00

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	170	22.05
Up to $100	12	1.56
Up to $250	12	1.56
Up to $500	75	9.73
Up to $1,000	153	19.84
Up to $5,000	329	42.67
Up to $10,000	18	2.33
More than $10,000	2	0.26
Total	771	100.00

County: Jefferson

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	410	35.2
Black	734	63.0
Other	22	1.9
Total	1,166	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	468	40.137
Up to $100	99	8.491

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	66	5.660
Up to $500	209	17.925
Up to $1,000	214	18.353
Up to $5,000	106	9.091
Up to $10,000	3	0.257
More than $10,000	1	0.086
Total	1,166	100.000

Balance due, white

	Count	Percent
$0	200	48.78
Up to $100	36	8.78
Up to $250	19	4.63
Up to $500	57	13.90
Up to $1,000	65	15.85
Up to $5,000	29	7.07
Up to $10,000	3	0.73
More than $10,000	1	0.24
Total	410	100.00

Balance due, black

	Count	Percent
$0	261	35.6
Up to $100	62	8.4
Up to $250	47	6.4

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	145	19.8
Up to $1,000	145	19.8
Up to $5,000	74	10.1
Up to $10,000	0	0.0
More than $10,000	0	0.0
Total	734	100.0

County: Lafayette

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	196	75.4
Black	52	20.0
Other	12	4.6
Total	260	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	53	20.38
Up to $100	18	6.92
Up to $250	13	5.00
Up to $500	44	16.92
Up to $1,000	27	10.38
Up to $5,000	99	38.08

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	4	1.54
More than $10,000	2	0.77
Total	260	100.00

Balance due, white

	Count	Percent
$0	39	19.9
Up to $100	14	7.1
Up to $250	10	5.1
Up to $500	36	18.4
Up to $1,000	16	8.2
Up to $5,000	77	39.3
Up to $10,000	2	1.0
More than $10,000	2	1.0
Total	196	100.0

Balance due, black

	Count	Percent
$0	11	21.2
Up to $100	3	5.8
Up to $250	3	5.8
Up to $500	5	9.6
Up to $1,000	10	19.2
Up to $5,000	18	34.6
Up to $10,000	2	3.8

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	0	0.0
Total	52	100.0

County: Lake

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	11,935	55
Black	5,794	27
Other	4,004	18
Total	21,733	100

Balance due calculations

Balance due, all

	Count	Percent
$0	7,120	32.8
Up to $100	537	2.5
Up to $250	225	1.0
Up to $500	676	3.1
Up to $1,000	2,037	9.4
Up to $5,000	7,817	36.0
Up to $10,000	1,633	7.5
More than $10,000	1,688	7.8
Total	21,733	100.0

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	4,733	39.7
Up to $100	365	3.1
Up to $250	138	1.2
Up to $500	400	3.4
Up to $1,000	1,081	9.1
Up to $5,000	4,018	33.7
Up to $10,000	556	4.7
More than $10,000	644	5.4
Total	11,935	100.0

Balance due, black

	Count	Percent
$0	1,976	34.10
Up to $100	135	2.33
Up to $250	51	0.88
Up to $500	196	3.38
Up to $1,000	595	10.27
Up to $5,000	2,265	39.09
Up to $10,000	301	5.20
More than $10,000	275	4.75
Total	5,794	100.00

County: Lee

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	12,101	72.41
Black	4,445	26.60
Other	166	0.99
Total	16,712	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	3,370	20.17
Up to $100	2,004	11.99
Up to $250	1,258	7.53
Up to $500	1,608	9.62
Up to $1,000	3,004	17.98
Up to $5,000	5,068	30.33
Up to $10,000	261	1.56
More than $10,000	139	0.83
Total	16,712	100.00

Balance due, white

	Count	Percent
$0	2,795	23.10
Up to $100	1,519	12.55
Up to $250	946	7.82
Up to $500	1,164	9.62

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	2,105	17.40
Up to $5,000	3,316	27.40
Up to $10,000	167	1.38
More than $10,000	89	0.74
Total	12,101	100.00

Balance due, black

	Count	Percent
$0	530	11.9
Up to $100	471	10.6
Up to $250	299	6.7
Up to $500	428	9.6
Up to $1,000	871	19.6
Up to $5,000	1,706	38.4
Up to $10,000	93	2.1
More than $10,000	47	1.1
Total	4,445	100.0

County: Leon

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	5,801	33.81
Black	11,317	65.96
Other	40	0.23

AMERICAN OVERSIGHT

	Count	Percent
Total	17,158	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	5,975	34.82
Up to $100	382	2.23
Up to $250	505	2.94
Up to $500	1,479	8.62
Up to $1,000	2,532	14.76
Up to $5,000	5,896	34.36
Up to $10,000	331	1.93
More than $10,000	58	0.34
Total	17,158	100.00

Balance due, white

	Count	Percent
$0	2,345	40.42
Up to $100	143	2.47
Up to $250	178	3.07
Up to $500	498	8.58
Up to $1,000	807	13.91
Up to $5,000	1,728	29.79
Up to $10,000	83	1.43
More than $10,000	19	0.33
Total	5,801	100.00

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	3,614	31.93
Up to $100	238	2.10
Up to $250	327	2.89
Up to $500	974	8.61
Up to $1,000	1,719	15.19
Up to $5,000	4,159	36.75
Up to $10,000	248	2.19
More than $10,000	38	0.34
Total	11,317	100.00

County: Levy

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	684	42
Black	231	14
Other	725	44
Total	1,640	100

Balance due calculations

Balance due, all

	Count	Percent
$0	484	29.5
Up to $100	82	5.0

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	87	5.3
Up to $500	399	24.3
Up to $1,000	302	18.4
Up to $5,000	130	7.9
Up to $10,000	73	4.5
More than $10,000	83	5.1
Total	1,640	100.0

Balance due, white

	Count	Percent
$0	220	32.2
Up to $100	37	5.4
Up to $250	41	6.0
Up to $500	191	27.9
Up to $1,000	125	18.3
Up to $5,000	43	6.3
Up to $10,000	14	2.0
More than $10,000	13	1.9
Total	684	100.0

Balance due, black

	Count	Percent
$0	41	17.7
Up to $100	13	5.6
Up to $250	14	6.1

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	70	30.3
Up to $1,000	48	20.8
Up to $5,000	32	13.9
Up to $10,000	7	3.0
More than $10,000	6	2.6
Total	231	100.0

County: Liberty

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	316	76
Black	66	16
Other	33	8
Total	415	100

Balance due calculations

Balance due, all

	Count	Percent
$0	129	31.08
Up to $100	20	4.82
Up to $250	25	6.02
Up to $500	44	10.60
Up to $1,000	84	20.24
Up to $5,000	109	26.27

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	2	0.48
More than $10,000	2	0.48
Total	415	100.00

Balance due, white

	Count	Percent
$0	97	30.70
Up to $100	13	4.11
Up to $250	21	6.65
Up to $500	31	9.81
Up to $1,000	59	18.67
Up to $5,000	91	28.80
Up to $10,000	2	0.63
More than $10,000	2	0.63
Total	316	100.00

Balance due, black

	Count	Percent
$0	21	31.8
Up to $100	4	6.1
Up to $250	1	1.5
Up to $500	10	15.2
Up to $1,000	18	27.3
Up to $5,000	12	18.2
Up to $10,000	0	0.0

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	0	0.0
Total	66	100.0

County: Madison

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	395	36.8
Black	661	61.5
Other	18	1.7
Total	1,074	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	116	10.80
Up to $100	84	7.82
Up to $250	50	4.66
Up to $500	145	13.50
Up to $1,000	152	14.15
Up to $5,000	468	43.58
Up to $10,000	52	4.84
More than $10,000	7	0.65
Total	1,074	100.00

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	63	15.95
Up to $100	29	7.34
Up to $250	23	5.82
Up to $500	60	15.19
Up to $1,000	61	15.44
Up to $5,000	151	38.23
Up to $10,000	6	1.52
More than $10,000	2	0.51
Total	395	100.00

Balance due, black

	Count	Percent
$0	50	7.56
Up to $100	54	8.17
Up to $250	24	3.63
Up to $500	84	12.71
Up to $1,000	87	13.16
Up to $5,000	311	47.05
Up to $10,000	46	6.96
More than $10,000	5	0.76
Total	661	100.00

County: Manatee

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	10,059	67.5
Black	4,458	29.9
Other	387	2.6
Total	14,904	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	2,284	15.3
Up to $100	768	5.2
Up to $250	478	3.2
Up to $500	1,821	12.2
Up to $1,000	3,706	24.9
Up to $5,000	5,216	35.0
Up to $10,000	427	2.9
More than $10,000	204	1.4
Total	14,904	100.0

Balance due, white

	Count	Percent
$0	1,744	17.3
Up to $100	605	6.0
Up to $250	330	3.3
Up to $500	1,166	11.6

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	2,459	24.4
Up to $5,000	3,332	33.1
Up to $10,000	296	2.9
More than $10,000	127	1.3
Total	10,059	100.0

Balance due, black

	Count	Percent
$0	461	10.3
Up to $100	136	3.1
Up to $250	129	2.9
Up to $500	594	13.3
Up to $1,000	1,130	25.3
Up to $5,000	1,806	40.5
Up to $10,000	127	2.8
More than $10,000	75	1.7
Total	4,458	100.0

County: Marion

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	9,504	68.94
Black	4,150	30.11
Other	131	0.95

AMERICAN OVERSIGHT

	Count	Percent
Total	13,785	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	3,243	23.5
Up to $100	592	4.3
Up to $250	332	2.4
Up to $500	551	4.0
Up to $1,000	2,193	15.9
Up to $5,000	5,065	36.7
Up to $10,000	1,040	7.5
More than $10,000	769	5.6
Total	13,785	100.0

Balance due, white

	Count	Percent
$0	2,559	26.9
Up to $100	418	4.4
Up to $250	247	2.6
Up to $500	383	4.0
Up to $1,000	1,559	16.4
Up to $5,000	3,318	34.9
Up to $10,000	641	6.7
More than $10,000	379	4.0
Total	9,504	100.0

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	649	15.6
Up to $100	172	4.1
Up to $250	83	2.0
Up to $500	163	3.9
Up to $1,000	617	14.9
Up to $5,000	1,688	40.7
Up to $10,000	393	9.5
More than $10,000	385	9.3
Total	4,150	100.0

County: Martin

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	4,758	72.7
Black	1,474	22.5
Other	313	4.8
Total	6,545	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	1,760	26.9
Up to $100	247	3.8

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	194	3.0
Up to $500	502	7.7
Up to $1,000	1,293	19.8
Up to $5,000	2,293	35.0
Up to $10,000	170	2.6
More than $10,000	86	1.3
Total	6,545	100.0

Balance due, white

	Count	Percent
$0	1,498	31.5
Up to $100	196	4.1
Up to $250	145	3.0
Up to $500	344	7.2
Up to $1,000	886	18.6
Up to $5,000	1,520	31.9
Up to $10,000	113	2.4
More than $10,000	56	1.2
Total	4,758	100.0

Balance due, black

	Count	Percent
$0	187	12.7
Up to $100	39	2.6
Up to $250	41	2.8

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	125	8.5
Up to $1,000	329	22.3
Up to $5,000	672	45.6
Up to $10,000	55	3.7
More than $10,000	26	1.8
Total	1,474	100.0

County: Miamidade

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	80,903	46.41
Black	93,232	53.48
Other	193	0.11
Total	174,328	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	49,039	28.130
Up to $100	317	0.182
Up to $250	23	0.013
Up to $500	96	0.055
Up to $1,000	135	0.077
Up to $5,000	1,136	0.652

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	732	0.420
More than $10,000	122,850	70.471
Total	174,328	100.000

Balance due, white

	Count	Percent
$0	27,430	33.905
Up to $100	193	0.239
Up to $250	15	0.019
Up to $500	63	0.078
Up to $1,000	86	0.106
Up to $5,000	654	0.808
Up to $10,000	415	0.513
More than $10,000	52,047	64.333
Total	80,903	100.000

Balance due, black

	Count	Percent
$0	21,515	2.3e+01
Up to $100	123	1.3e-01
Up to $250	8	8.6e-03
Up to $500	33	3.5e-02
Up to $1,000	49	5.3e-02
Up to $5,000	481	5.2e-01
Up to $10,000	317	3.4e-01

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	70,706	7.6e+01
Total	93,232	1.0e+02

County: Monroe

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	3,237	77.9
Black	783	18.8
Other	134	3.2
Total	4,154	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	395	9.51
Up to $100	867	20.87
Up to $250	261	6.28
Up to $500	526	12.66
Up to $1,000	1,175	28.29
Up to $5,000	878	21.14
Up to $10,000	28	0.67
More than $10,000	24	0.58
Total	4,154	100.00

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	346	10.69
Up to $100	688	21.25
Up to $250	210	6.49
Up to $500	391	12.08
Up to $1,000	926	28.61
Up to $5,000	649	20.05
Up to $10,000	13	0.40
More than $10,000	14	0.43
Total	3,237	100.00

Balance due, black

	Count	Percent
$0	39	5.0
Up to $100	134	17.1
Up to $250	48	6.1
Up to $500	119	15.2
Up to $1,000	209	26.7
Up to $5,000	211	26.9
Up to $10,000	15	1.9
More than $10,000	8	1.0
Total	783	100.0

County: Nassau

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	2,110	76.84
Black	619	22.54
Other	17	0.62
Total	2,746	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	629	22.91
Up to $100	37	1.35
Up to $250	48	1.75
Up to $500	384	13.98
Up to $1,000	919	33.47
Up to $5,000	674	24.54
Up to $10,000	35	1.27
More than $10,000	20	0.73
Total	2,746	100.00

Balance due, white

	Count	Percent
$0	528	25.02
Up to $100	30	1.42
Up to $250	39	1.85
Up to $500	281	13.32

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	691	32.75
Up to $5,000	495	23.46
Up to $10,000	29	1.37
More than $10,000	17	0.81
Total	2,110	100.00

Balance due, black

	Count	Percent
$0	94	15.19
Up to $100	7	1.13
Up to $250	9	1.45
Up to $500	102	16.48
Up to $1,000	223	36.03
Up to $5,000	175	28.27
Up to $10,000	6	0.97
More than $10,000	3	0.48
Total	619	100.00

County: Okaloosa

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	2,375	71.0
Black	919	27.5
Other	51	1.5

AMERICAN OVERSIGHT

	Count	Percent
Total	3,345	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	655	19.58
Up to $100	675	20.18
Up to $250	285	8.52
Up to $500	268	8.01
Up to $1,000	880	26.31
Up to $5,000	561	16.77
Up to $10,000	14	0.42
More than $10,000	7	0.21
Total	3,345	100.00

Balance due, white

	Count	Percent
$0	517	21.768
Up to $100	505	21.263
Up to $250	186	7.832
Up to $500	179	7.537
Up to $1,000	612	25.768
Up to $5,000	364	15.326
Up to $10,000	10	0.421
More than $10,000	2	0.084
Total	2,375	100.000

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	116	12.62
Up to $100	163	17.74
Up to $250	94	10.23
Up to $500	87	9.47
Up to $1,000	259	28.18
Up to $5,000	191	20.78
Up to $10,000	4	0.44
More than $10,000	5	0.54
Total	919	100.00

County: Okeechobee

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	1,414	73
Black	262	14
Other	256	13
Total	1,932	100

Balance due calculations

Balance due, all

	Count	Percent
$0	344	17.8
Up to $100	57	3.0

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	41	2.1
Up to $500	77	4.0
Up to $1,000	329	17.0
Up to $5,000	984	50.9
Up to $10,000	78	4.0
More than $10,000	22	1.1
Total	1,932	100.0

Balance due, white

	Count	Percent
$0	263	18.6
Up to $100	48	3.4
Up to $250	29	2.1
Up to $500	61	4.3
Up to $1,000	224	15.8
Up to $5,000	713	50.4
Up to $10,000	59	4.2
More than $10,000	17	1.2
Total	1,414	100.0

Balance due, black

	Count	Percent
$0	27	10.31
Up to $100	1	0.38
Up to $250	5	1.91

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	7	2.67
Up to $1,000	55	20.99
Up to $5,000	153	58.40
Up to $10,000	12	4.58
More than $10,000	2	0.76
Total	262	100.00

County: Orange

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	19,659	52.39
Black	17,636	47.00
Other	230	0.61
Total	37,525	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	7,956	21.20
Up to $100	1,030	2.74
Up to $250	636	1.69
Up to $500	2,173	5.79
Up to $1,000	10,243	27.30
Up to $5,000	14,009	37.33

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	1,165	3.10
More than $10,000	313	0.83
Total	37,525	100.00

Balance due, white

	Count	Percent
$0	5,204	26.47
Up to $100	633	3.22
Up to $250	341	1.73
Up to $500	1,118	5.69
Up to $1,000	5,354	27.23
Up to $5,000	6,389	32.50
Up to $10,000	445	2.26
More than $10,000	175	0.89
Total	19,659	100.00

Balance due, black

	Count	Percent
$0	2,655	15.05
Up to $100	385	2.18
Up to $250	290	1.64
Up to $500	1,036	5.87
Up to $1,000	4,844	27.47
Up to $5,000	7,574	42.95
Up to $10,000	716	4.06

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	136	0.77
Total	17,636	100.00

County: Osceola

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	6,005	74.59
Black	1,984	24.64
Other	62	0.77
Total	8,051	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	727	9.0
Up to $100	582	7.2
Up to $250	196	2.4
Up to $500	431	5.4
Up to $1,000	1,146	14.2
Up to $5,000	4,405	54.7
Up to $10,000	428	5.3
More than $10,000	136	1.7
Total	8,051	100.0

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	581	9.7
Up to $100	443	7.4
Up to $250	152	2.5
Up to $500	335	5.6
Up to $1,000	879	14.6
Up to $5,000	3,213	53.5
Up to $10,000	300	5.0
More than $10,000	102	1.7
Total	6,005	100.0

Balance due, black

	Count	Percent
$0	135	6.8
Up to $100	125	6.3
Up to $250	42	2.1
Up to $500	92	4.6
Up to $1,000	259	13.1
Up to $5,000	1,169	58.9
Up to $10,000	128	6.5
More than $10,000	34	1.7
Total	1,984	100.0

County: Palmbeach

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	19,130	54.03
Black	16,196	45.74
Other	81	0.23
Total	35,407	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	5,558	15.7
Up to $100	658	1.9
Up to $250	943	2.7
Up to $500	5,548	15.7
Up to $1,000	10,314	29.1
Up to $5,000	11,395	32.2
Up to $10,000	744	2.1
More than $10,000	247	0.7
Total	35,407	100.0

Balance due, white

	Count	Percent
$0	3,974	20.77
Up to $100	470	2.46
Up to $250	516	2.70
Up to $500	3,069	16.04

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	5,590	29.22
Up to $5,000	5,133	26.83
Up to $10,000	286	1.50
More than $10,000	92	0.48
Total	19,130	100.00

Balance due, black

	Count	Percent
$0	1,557	9.61
Up to $100	188	1.16
Up to $250	423	2.61
Up to $500	2,468	15.24
Up to $1,000	4,697	29.00
Up to $5,000	6,250	38.59
Up to $10,000	458	2.83
More than $10,000	155	0.96
Total	16,196	100.00

County: Pasco

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	12,180	86.9
Black	1,386	9.9
Other	456	3.3

AMERICAN OVERSIGHT

	Count	Percent
Total	14,022	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	799	5.70
Up to $100	925	6.60
Up to $250	506	3.61
Up to $500	934	6.66
Up to $1,000	3,319	23.67
Up to $5,000	6,786	48.40
Up to $10,000	632	4.51
More than $10,000	121	0.86
Total	14,022	100.00

Balance due, white

	Count	Percent
$0	699	5.7
Up to $100	845	6.9
Up to $250	434	3.6
Up to $500	803	6.6
Up to $1,000	2,800	23.0
Up to $5,000	5,942	48.8
Up to $10,000	560	4.6
More than $10,000	97	0.8
Total	12,180	100.0

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	74	5.3
Up to $100	52	3.8
Up to $250	53	3.8
Up to $500	93	6.7
Up to $1,000	378	27.3
Up to $5,000	660	47.6
Up to $10,000	56	4.0
More than $10,000	20	1.4
Total	1,386	100.0

County: Pinellas

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	22,817	63.3
Black	11,749	32.6
Other	1,494	4.1
Total	36,060	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	4,565	12.7
Up to $100	761	2.1

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	440	1.2
Up to $500	1,740	4.8
Up to $1,000	10,016	27.8
Up to $5,000	16,360	45.4
Up to $10,000	1,689	4.7
More than $10,000	489	1.4
Total	36,060	100.0

Balance due, white

	Count	Percent
$0	3,602	15.8
Up to $100	525	2.3
Up to $250	277	1.2
Up to $500	1,096	4.8
Up to $1,000	6,426	28.2
Up to $5,000	9,716	42.6
Up to $10,000	930	4.1
More than $10,000	245	1.1
Total	22,817	100.0

Balance due, black

	Count	Percent
$0	713	6.1
Up to $100	188	1.6
Up to $250	129	1.1

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	577	4.9
Up to $1,000	3,129	26.6
Up to $5,000	6,047	51.5
Up to $10,000	733	6.2
More than $10,000	233	2.0
Total	11,749	100.0

County: Polk

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	11,029	67.3
Black	4,939	30.2
Other	413	2.5
Total	16,381	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	2,663	16.3
Up to $100	2,081	12.7
Up to $250	435	2.7
Up to $500	512	3.1
Up to $1,000	1,807	11.0
Up to $5,000	7,616	46.5

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	1,003	6.1
More than $10,000	264	1.6
Total	16,381	100.0

Balance due, white

	Count	Percent
$0	1,999	18.1
Up to $100	1,499	13.6
Up to $250	307	2.8
Up to $500	355	3.2
Up to $1,000	1,204	10.9
Up to $5,000	4,839	43.9
Up to $10,000	633	5.7
More than $10,000	193	1.7
Total	11,029	100.0

Balance due, black

	Count	Percent
$0	600	12.1
Up to $100	509	10.3
Up to $250	124	2.5
Up to $500	151	3.1
Up to $1,000	562	11.4
Up to $5,000	2,560	51.8
Up to $10,000	362	7.3

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	71	1.4
Total	4,939	100.0

County: Putnam

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	2,449	61.7
Black	1,406	35.4
Other	115	2.9
Total	3,970	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	620	15.6
Up to $100	165	4.2
Up to $250	135	3.4
Up to $500	527	13.3
Up to $1,000	1,009	25.4
Up to $5,000	1,378	34.7
Up to $10,000	68	1.7
More than $10,000	68	1.7
Total	3,970	100.0

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	467	19.1
Up to $100	108	4.4
Up to $250	82	3.3
Up to $500	290	11.8
Up to $1,000	638	26.1
Up to $5,000	797	32.5
Up to $10,000	32	1.3
More than $10,000	35	1.4
Total	2,449	100.0

Balance due, black

	Count	Percent
$0	135	9.6
Up to $100	52	3.7
Up to $250	52	3.7
Up to $500	219	15.6
Up to $1,000	324	23.0
Up to $5,000	558	39.7
Up to $10,000	36	2.6
More than $10,000	30	2.1
Total	1,406	100.0

County: Santarosa

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	5,953	83.0
Black	1,027	14.3
Other	192	2.7
Total	7,172	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	2,598	36.2
Up to $100	120	1.7
Up to $250	94	1.3
Up to $500	221	3.1
Up to $1,000	1,535	21.4
Up to $5,000	2,346	32.7
Up to $10,000	178	2.5
More than $10,000	80	1.1
Total	7,172	100.0

Balance due, white

	Count	Percent
$0	2,314	38.9
Up to $100	105	1.8
Up to $250	77	1.3
Up to $500	176	3.0

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	1,181	19.8
Up to $5,000	1,889	31.7
Up to $10,000	145	2.4
More than $10,000	66	1.1
Total	5,953	100.0

Balance due, black

	Count	Percent
$0	218	21.2
Up to $100	13	1.3
Up to $250	16	1.6
Up to $500	35	3.4
Up to $1,000	304	29.6
Up to $5,000	398	38.8
Up to $10,000	30	2.9
More than $10,000	13	1.3
Total	1,027	100.0

County: Sarasota

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	10,208	65.7
Black	4,494	28.9
Other	832	5.4

AMERICAN OVERSIGHT

	Count	Percent
Total	15,534	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	2,716	17.48
Up to $100	598	3.85
Up to $250	694	4.47
Up to $500	3,518	22.65
Up to $1,000	4,256	27.40
Up to $5,000	3,605	23.21
Up to $10,000	112	0.72
More than $10,000	35	0.23
Total	15,534	100.00

Balance due, white

	Count	Percent
$0	2,108	20.65
Up to $100	461	4.52
Up to $250	450	4.41
Up to $500	2,216	21.71
Up to $1,000	2,698	26.43
Up to $5,000	2,176	21.32
Up to $10,000	74	0.72
More than $10,000	25	0.24
Total	10,208	100.00

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	411	9.15
Up to $100	103	2.29
Up to $250	217	4.83
Up to $500	1,133	25.21
Up to $1,000	1,287	28.64
Up to $5,000	1,299	28.91
Up to $10,000	36	0.80
More than $10,000	8	0.18
Total	4,494	100.00

County: Seminole

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	4,464	59.2
Black	2,990	39.7
Other	84	1.1
Total	7,538	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	1,696	22.499
Up to $100	1,405	18.639

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	1,095	14.526
Up to $500	2,047	27.156
Up to $1,000	918	12.178
Up to $5,000	373	4.948
Up to $10,000	1	0.013
More than $10,000	3	0.040
Total	7,538	100.000

Balance due, white

	Count	Percent
$0	1,197	26.815
Up to $100	766	17.159
Up to $250	623	13.956
Up to $500	1,188	26.613
Up to $1,000	486	10.887
Up to $5,000	200	4.480
Up to $10,000	1	0.022
More than $10,000	3	0.067
Total	4,464	100.000

Balance due, black

	Count	Percent
$0	473	15.8
Up to $100	614	20.5
Up to $250	463	15.5

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	837	28.0
Up to $1,000	431	14.4
Up to $5,000	172	5.8
Up to $10,000	0	0.0
More than $10,000	0	0.0
Total	2,990	100.0

County: Stjohns

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	4,886	69
Black	2,097	29
Other	142	2
Total	7,125	100

Balance due calculations

Balance due, all

	Count	Percent
$0	2,693	37.80
Up to $100	155	2.18
Up to $250	200	2.81
Up to $500	874	12.27
Up to $1,000	1,227	17.22
Up to $5,000	1,797	25.22

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	134	1.88
More than $10,000	45	0.63
Total	7,125	100.00

Balance due, white

	Count	Percent
$0	1,955	40.01
Up to $100	118	2.42
Up to $250	125	2.56
Up to $500	552	11.30
Up to $1,000	790	16.17
Up to $5,000	1,217	24.91
Up to $10,000	101	2.07
More than $10,000	28	0.57
Total	4,886	100.00

Balance due, black

	Count	Percent
$0	688	32.81
Up to $100	37	1.76
Up to $250	71	3.39
Up to $500	313	14.93
Up to $1,000	406	19.36
Up to $5,000	536	25.56
Up to $10,000	32	1.53

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	14	0.67
Total	2,097	100.00

County: Stlucie

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	3,098	54
Black	2,142	38
Other	456	8
Total	5,696	100

Balance due calculations

Balance due, all

	Count	Percent
$0	1,988	34.9
Up to $100	57	1.0
Up to $250	59	1.0
Up to $500	114	2.0
Up to $1,000	597	10.5
Up to $5,000	2,602	45.7
Up to $10,000	183	3.2
More than $10,000	96	1.7
Total	5,696	100.0

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	1,291	41.7
Up to $100	33	1.1
Up to $250	33	1.1
Up to $500	61	2.0
Up to $1,000	299	9.7
Up to $5,000	1,219	39.3
Up to $10,000	107	3.5
More than $10,000	55	1.8
Total	3,098	100.0

Balance due, black

	Count	Percent
$0	530	24.74
Up to $100	19	0.89
Up to $250	20	0.93
Up to $500	45	2.10
Up to $1,000	240	11.20
Up to $5,000	1,193	55.70
Up to $10,000	62	2.89
More than $10,000	33	1.54
Total	2,142	100.00

County: Sumter

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	2,386	67.3
Black	994	28.0
Other	164	4.6
Total	3,544	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	808	22.8
Up to $100	64	1.8
Up to $250	42	1.2
Up to $500	105	3.0
Up to $1,000	446	12.6
Up to $5,000	1,771	50.0
Up to $10,000	223	6.3
More than $10,000	85	2.4
Total	3,544	100.0

Balance due, white

	Count	Percent
$0	588	24.6
Up to $100	45	1.9
Up to $250	29	1.2
Up to $500	76	3.2

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	299	12.5
Up to $5,000	1,211	50.8
Up to $10,000	104	4.4
More than $10,000	34	1.4
Total	2,386	100.0

Balance due, black

	Count	Percent
$0	176	17.7
Up to $100	19	1.9
Up to $250	8	0.8
Up to $500	26	2.6
Up to $1,000	118	11.9
Up to $5,000	483	48.6
Up to $10,000	115	11.6
More than $10,000	49	4.9
Total	994	100.0

County: Suwannee

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	1,787	69.5
Black	702	27.3
Other	83	3.2

AMERICAN OVERSIGHT

	Count	Percent
Total	2,572	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	138	5.4
Up to $100	590	22.9
Up to $250	200	7.8
Up to $500	225	8.7
Up to $1,000	385	15.0
Up to $5,000	903	35.1
Up to $10,000	98	3.8
More than $10,000	33	1.3
Total	2,572	100.0

Balance due, white

	Count	Percent
$0	115	6.4
Up to $100	470	26.3
Up to $250	157	8.8
Up to $500	156	8.7
Up to $1,000	265	14.8
Up to $5,000	560	31.3
Up to $10,000	44	2.5
More than $10,000	20	1.1
Total	1,787	100.0

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	22	3.1
Up to $100	105	15.0
Up to $250	40	5.7
Up to $500	63	9.0
Up to $1,000	108	15.4
Up to $5,000	299	42.6
Up to $10,000	52	7.4
More than $10,000	13	1.9
Total	702	100.0

County: Taylor

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	756	65.3
Black	388	33.5
Other	14	1.2
Total	1,158	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	376	32.5
Up to $100	49	4.2

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	39	3.4
Up to $500	35	3.0
Up to $1,000	112	9.7
Up to $5,000	448	38.7
Up to $10,000	78	6.7
More than $10,000	21	1.8
Total	1,158	100.0

Balance due, white

	Count	Percent
$0	277	36.6
Up to $100	35	4.6
Up to $250	31	4.1
Up to $500	22	2.9
Up to $1,000	66	8.7
Up to $5,000	272	36.0
Up to $10,000	39	5.2
More than $10,000	14	1.9
Total	756	100.0

Balance due, black

	Count	Percent
$0	92	23.7
Up to $100	14	3.6
Up to $250	8	2.1

AMERICAN OVERSIGHT

	Count	Percent
Up to $500	13	3.4
Up to $1,000	43	11.1
Up to $5,000	172	44.3
Up to $10,000	39	10.1
More than $10,000	7	1.8
Total	388	100.0

County: Union

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	306	64.6
Black	153	32.3
Other	15	3.2
Total	474	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	142	30.0
Up to $100	33	7.0
Up to $250	18	3.8
Up to $500	61	12.9
Up to $1,000	94	19.8
Up to $5,000	81	17.1

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	17	3.6
More than $10,000	28	5.9
Total	474	100.0

Balance due, white

	Count	Percent
$0	100	32.7
Up to $100	19	6.2
Up to $250	14	4.6
Up to $500	40	13.1
Up to $1,000	62	20.3
Up to $5,000	44	14.4
Up to $10,000	13	4.2
More than $10,000	14	4.6
Total	306	100.0

Balance due, black

	Count	Percent
$0	38	24.8
Up to $100	13	8.5
Up to $250	4	2.6
Up to $500	19	12.4
Up to $1,000	28	18.3
Up to $5,000	34	22.2
Up to $10,000	4	2.6

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	13	8.5
Total	153	100.0

County: Volusia

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	7,224	70.57
Black	2,953	28.85
Other	60	0.59
Total	10,237	100.00

Balance due calculations

Balance due, all

	Count	Percent
$0	1,313	12.83
Up to $100	466	4.55
Up to $250	213	2.08
Up to $500	1,215	11.87
Up to $1,000	3,349	32.71
Up to $5,000	3,481	34.00
Up to $10,000	134	1.31
More than $10,000	66	0.64
Total	10,237	100.00

AMERICAN OVERSIGHT

Balance due, white

	Count	Percent
$0	1,064	14.7
Up to $100	359	5.0
Up to $250	157	2.2
Up to $500	873	12.1
Up to $1,000	2,354	32.6
Up to $5,000	2,291	31.7
Up to $10,000	90	1.2
More than $10,000	36	0.5
Total	7,224	100.0

Balance due, black

	Count	Percent
$0	235	7.96
Up to $100	104	3.52
Up to $250	56	1.90
Up to $500	335	11.34
Up to $1,000	973	32.95
Up to $5,000	1,177	39.86
Up to $10,000	44	1.49
More than $10,000	29	0.98
Total	2,953	100.00

County: Wakulla

Racial breakdown

AMERICAN OVERSIGHT

Racial breakdown, overall

	Count	Percent
White	1,148	76.9
Black	324	21.7
Other	20	1.3
Total	1,492	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	717	48.06
Up to $100	10	0.67
Up to $250	23	1.54
Up to $500	58	3.89
Up to $1,000	164	10.99
Up to $5,000	446	29.89
Up to $10,000	62	4.16
More than $10,000	12	0.80
Total	1,492	100.00

Balance due, white

	Count	Percent
$0	584	50.87
Up to $100	5	0.44
Up to $250	15	1.31
Up to $500	44	3.83

AMERICAN OVERSIGHT

	Count	Percent
Up to $1,000	119	10.37
Up to $5,000	328	28.57
Up to $10,000	42	3.66
More than $10,000	11	0.96
Total	1,148	100.00

Balance due, black

	Count	Percent
$0	125	38.58
Up to $100	5	1.54
Up to $250	8	2.47
Up to $500	14	4.32
Up to $1,000	43	13.27
Up to $5,000	109	33.64
Up to $10,000	19	5.86
More than $10,000	1	0.31
Total	324	100.00

County: Walton

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	3,282	82.8
Black	533	13.4
Other	150	3.8

AMERICAN OVERSIGHT

	Count	Percent
Total	3,965	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	1,336	33.7
Up to $100	165	4.2
Up to $250	98	2.5
Up to $500	180	4.5
Up to $1,000	385	9.7
Up to $5,000	1,675	42.2
Up to $10,000	84	2.1
More than $10,000	42	1.1
Total	3,965	100.0

Balance due, white

	Count	Percent
$0	1,154	35.2
Up to $100	145	4.4
Up to $250	85	2.6
Up to $500	153	4.7
Up to $1,000	299	9.1
Up to $5,000	1,340	40.8
Up to $10,000	67	2.0
More than $10,000	39	1.2
Total	3,282	100.0

AMERICAN OVERSIGHT

Balance due, black

	Count	Percent
$0	122	22.89
Up to $100	14	2.63
Up to $250	12	2.25
Up to $500	19	3.56
Up to $1,000	67	12.57
Up to $5,000	281	52.72
Up to $10,000	15	2.81
More than $10,000	3	0.56
Total	533	100.00

County: Washington

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	985	78.3
Black	254	20.2
Other	19	1.5
Total	1,258	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	379	30.1
Up to $100	38	3.0

AMERICAN OVERSIGHT

	Count	Percent
Up to $250	85	6.8
Up to $500	95	7.6
Up to $1,000	112	8.9
Up to $5,000	454	36.1
Up to $10,000	71	5.6
More than $10,000	24	1.9
Total	1,258	100.0

Balance due, white

	Count	Percent
$0	315	32.0
Up to $100	31	3.1
Up to $250	66	6.7
Up to $500	71	7.2
Up to $1,000	77	7.8
Up to $5,000	357	36.2
Up to $10,000	49	5.0
More than $10,000	19	1.9
Total	985	100.0

Balance due, black

	Count	Percent
$0	59	23.2
Up to $100	7	2.8
Up to $250	19	7.5

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	Count	Percent
Up to $500	21	8.3
Up to $1,000	29	11.4
Up to $5,000	94	37.0
Up to $10,000	21	8.3
More than $10,000	4	1.6
Total	254	100.0

County: all

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	475,993	58.1
Black	324,242	39.6
Other	19,421	2.4
Total	819,656	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	215,230	26.3
Up to $100	42,395	5.2
Up to $250	29,975	3.7
Up to $500	72,002	8.8
Up to $1,000	129,755	15.8
Up to $5,000	181,964	22.2

AMERICAN OVERSIGHT

	Count	Percent
Up to $10,000	15,671	1.9
More than $10,000	132,664	16.2
Total	819,656	100.0

Balance due, white

	Count	Percent
$0	141,537	29.7
Up to $100	27,355	5.7
Up to $250	18,263	3.8
Up to $500	41,848	8.8
Up to $1,000	76,468	16.1
Up to $5,000	103,926	21.8
Up to $10,000	8,592	1.8
More than $10,000	58,004	12.2
Total	475,993	100.0

Balance due, black

	Count	Percent
$0	69,004	21.3
Up to $100	14,137	4.4
Up to $250	11,035	3.4
Up to $500	28,492	8.8
Up to $1,000	49,484	15.3
Up to $5,000	72,480	22.4
Up to $10,000	6,059	1.9

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	73,551	22.7
Total	324,242	100.0

Florida-wide balance due calculations

There are 819,656 instances of felons across 67 Florida counties. *This allows for double-counting*. The number of unique felons is 768,036.

The tables that follow aggregate balance due amounts across counties. If a felon has a balance due amount in more than one county, this individual will appear only once in these tables.

Racial breakdown

Racial breakdown, overall

	Count	Percent
White	443,356	57.7
Black	305,416	39.8
Other	19,264	2.5
Total	768,036	100.0

Balance due calculations

Balance due, all

	Count	Percent
$0	200,567	26.1
Up to $100	38,314	5.0
Up to $250	26,912	3.5
Up to $500	63,824	8.3
Up to $1,000	113,769	14.8
Up to $5,000	174,750	22.8
Up to $10,000	16,967	2.2

AMERICAN OVERSIGHT

	Count	Percent
More than $10,000	132,933	17.3
Total	768,036	100.0

Balance due, white

	Count	Percent
$0	131,694	29.7
Up to $100	24,758	5.6
Up to $250	16,463	3.7
Up to $500	36,877	8.3
Up to $1,000	66,362	15.0
Up to $5,000	99,545	22.5
Up to $10,000	9,477	2.1
More than $10,000	58,180	13.1
Total	443,356	100.0

Balance due, black

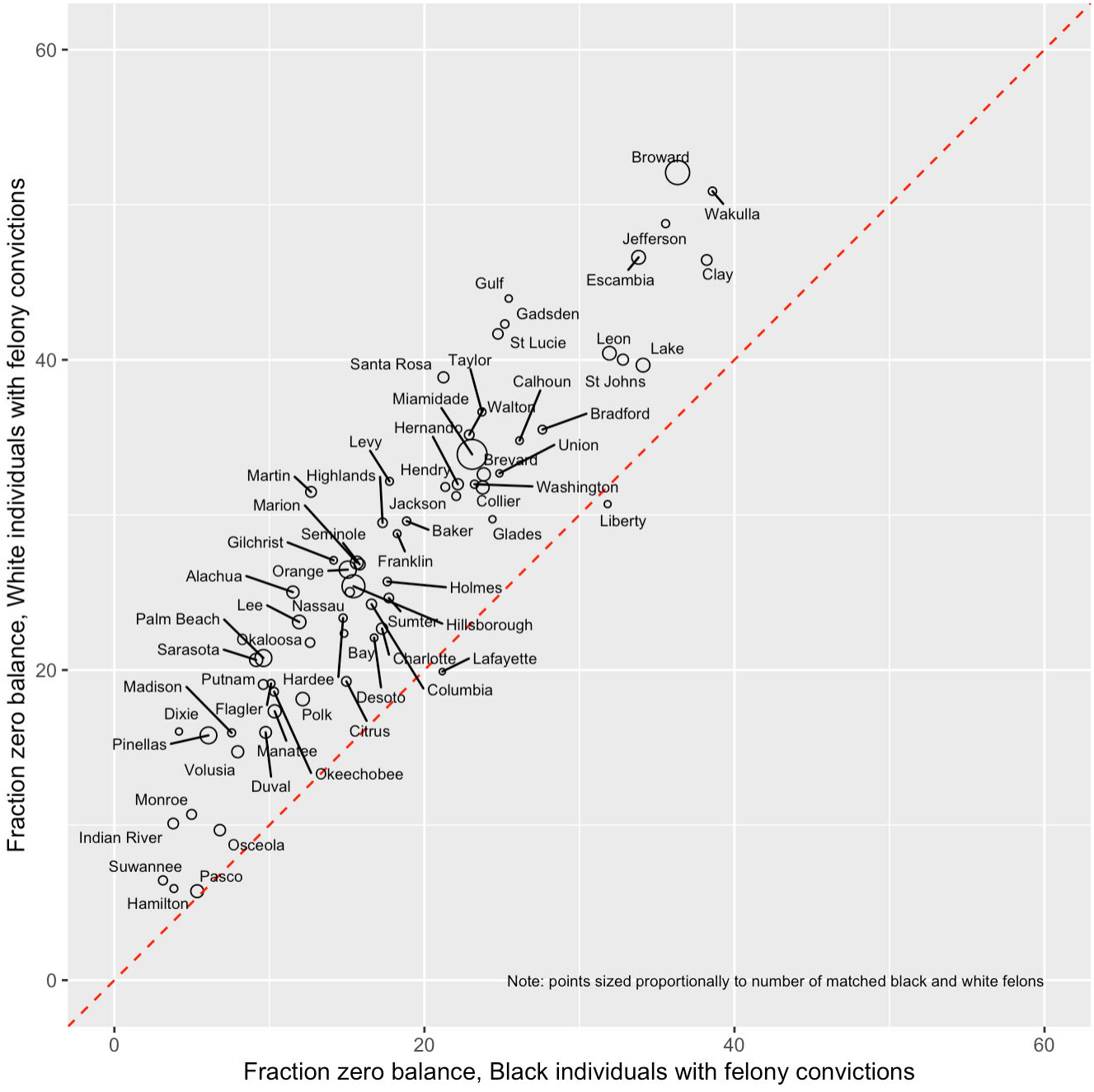
	Count	Percent
$0	64,245	21.0
Up to $100	12,661	4.1
Up to $250	9,780	3.2
Up to $500	25,306	8.3
Up to $1,000	43,659	14.3
Up to $5,000	69,651	22.8
Up to $10,000	6,471	2.1
More than $10,000	73,643	24.1

AMERICAN OVERSIGHT

	Count	Percent
Total	305,416	100.0

Plot of zero percent by county

The following plot shows the distribution by race and county of the fraction of felons who have a zero balance.



Analysis of county-level felons appearing in multiple county reports

Across the 67 counties considered in this report, there are 742,388 felons who have valid birthdates, races, and

AMERICAN OVERSIGHT

genders. Of these, 695,685 appear in exactly one county. And, 46,703 appear in multiple counties.

The following table describes the number of counties in which felons have a *positive balance owed*, restricting attention to felons with valid birthdates, races, and genders. The restriction to valid birthdates, races, and genders is implemented here because felons are being compared across counties.

Number of counties in which felons have positive balance owed

Number of counties	Count	Percentage
1	517,634	93.921964
2	30,500	5.534064
3	2,654	0.481554
4	289	0.052437
5	43	0.007802
6	9	0.001633
7	2	0.000363
8	1	0.000181
Total	551,132	100.000000

AMERICAN OVERSIGHT

March 2, 2020

United States District Court
for the Northern District of Florida
Tallahassee Division

Kelvin Jones,

Plaintiffs,

v. Consolidated Case No. 4:19-cv-300

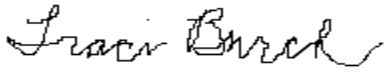
Ron DeSantis, etc., et al.,

Defendants.

Expert Report of Traci R. Burch, Ph.D.

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Traci R. Burch, Ph.D.

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I. Background and Qualifications

My name is Traci Burch. I am Associate Professor of Political Science at Northwestern University and Research Professor at the American Bar Foundation. I received my Ph.D. in Government and Social Policy from Harvard University in 2007.

Over the past 15 years, I have led several large, long-term quantitative and qualitative research projects on political participation in the United States, with a particular focus on the ways in which interactions with the criminal justice system can either mobilize or inhibit political participation. I am widely regarded as an expert on the intersection of criminal justice and political participation, having produced some of the first direct estimates of the voting patterns of individuals who had been convicted of felony offenses. My work in this field has been widely cited and has won several awards. In particular, my dissertation on felony disfranchisement, "Punishment and Participation: How Criminal Convictions Threaten American Democracy" won the Robert Noxon Toppan Prize for the Best Dissertation on a Subject of Political Science at Harvard in 2007. I also achieved national recognition for this work; the dissertation was also awarded the E.E. Schattschneider Award from the American Political Science Association for the best dissertation in American Government, and the William Anderson Award for the best dissertation in federalism, intergovernmental relations, and state and local

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politics. Several articles from this dissertation, including work evaluating voting patterns among people with felony convictions in Florida, have been published in leading peer-reviewed journals such as *Political Behavior* and *Law and Society Review*. My academic book on this matter, *Trading Democracy for Justice*, was published by the University of Chicago Press and also won multiple national awards from the American Political Science Association and its sections, including the Ralph J. Bunche Award for the best scholarly work that explores the phenomenon of ethnic and cultural pluralism and best book awards from the law and politics and urban politics sections.

I have testified before the U.S. Commission on Civil Rights about the collateral consequences of felony convictions. I have received several grants for my work, including a grant from the Stanford University Center on Poverty and Inequality. I also serve as co-Principal Investigator on a National Science Foundation grant that supports graduate and postdoctoral fellowships at the American Bar Foundation. I have served on Editorial Boards of several leading journals including *Political Behavior* and *Law and Social Inquiry*. Currently, I am on the Board of Overseers for the General Social Survey, a longstanding national public opinion survey run by the National Opinion Research Center at the University of Chicago.

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My curriculum vitae is provided in the **Appendix**. I am being compensated $300 per hour for work in this case, plus expenses. This is my first engagement as an expert witness.

Counsel for the Plaintiffs in the above-captioned litigation retained me to provide consultation and analysis on the impact of certain provisions of Senate Bill (SB) 7066, which was adopted by the Florida state legislature and signed into law on June 28, 2019. I have been asked to assess the burdens imposed on returning citizens[1] who seek to determine whether they have certain legal financial obligations (LFOs), as defined by SB7066, so that they may determine whether they are eligible to vote in the state of Florida. I also have been asked to assess the consistency and reliability of the information provided by Florida officials about what LFOs returning citizens may owe before registering to vote and voting.

In formulating my opinions in this report, I draw primarily on standard sources and methods in political science, including (1) a study conducted by me and my research team, under my direction and supervision, of the LFOs of a random sample of 153 Florida returning citizens; and (2) a second study of LFOs and payment procedures, which we conducted through (a) phone calls with offices

[1] This report uses the term returning citizens to refer to people with felony convictions (other than murder and sexual offense) who have completed any incarceration and community supervision and would be eligible to vote but for outstanding legal financial obligations under Florida law.

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of clerks of court and (b) reviewing and analyzing clerk online databases in all 67 of Florida's counties. In the course of conducting this research, I also rely upon – many other standard sources that include, but are not limited to, publicly available data and reports produced by the Florida Department of Law Enforcement (FDLE); the state's county clerks of courts and their online databases; the Florida Department of Corrections (FDOC); and other state and local agencies, national public interest groups, and scholarly studies.

II. Summary of Opinions Offered

As I will discuss below in greater detail, my report draws on a multi-stage study examining three public sources of information about LFOs from Florida state or county agencies, which do not include information about LFOs stemming from out-of-state or federal convictions. Based on my preliminary analysis of the LFOs assessed in 760 felony cases across a random sample of 153 Florida returning citizens, the State of Florida cannot provide reliable or consistent information about what LFOs returning citizens may owe when they are otherwise eligible to register to vote and vote.

SB7066 provides that county Supervisors of Elections ("Supervisors") will look to sources including, but not limited to "a clerk of the circuit court, the Board of Executive Clemency, the Department of Corrections, the Department of Law Enforcement, or a United States Attorney's Office" in making determinations that

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LFOs have or have not been satisfied. Fla. Stat. § 98.075(5). My research team and I attempted to verify criminal history and LFOs for a random sample of 153 individuals in the three public sources that contain information about LFOs assessed at sentencing for state felony convictions—reports from the FDLE, online databases of the clerks of the circuit court in several counties, and phone calls with the clerks' offices—to assess the consistency and accessibility of the information that Florida's sources are providing to the public. The goal of the research was to determine what information Florida's agencies are providing to the public and how easy or difficult it is to obtain that information. As such, I was not attempting to make a final determination of the true assessed amount for the individuals in my study. Rather, I was interested in reporting what the agencies told me and how easy or difficult it was to get these answers. With respect to accuracy, I draw my conclusions based on discrepancies in the data provided throughout these sources. Where there are discrepancies, only one (or none) of the reports can be accurate. I do not otherwise attempt to test the accuracy of the reports provided by these public sources.

I am able to draw two conclusions from my analysis of these data. *First*, I conclude that the state agencies we studied cannot provide consistent and reliable information with regard to the LFOs owed to the state assessed in the "four corners of the sentencing document." Fla. Stat. § 98.0751(2)(a). This provision conditions

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voter restoration on the repayment of all LFOs contained in the "four corners of the sentencing document." I will show that we had several indicators that the data provided by at least some of these sources was not reliable. We found major discrepancies in the amounts initially assessed and still due according to information from the county clerks' offices as compared to the FDLE reports, and as between the county clerks' staff and their own online databases. These discrepancies affect almost all of the 153 individuals in our study. In fact, only five of the 153 people did not have discrepancies between the clerk online databases and the FDLE report in any of their cases. When we include calls to the clerks of court, we had difficulty reconciling the information across the FDLE report, the clerks' online data, and the information given to us by clerk staff for almost all of the 153 individuals we researched. In particular, we were able to confirm that the three sources matched for all cases for only three of the 153 people in the sample. In other words, 98% of the 153 people in our sample experienced inconsistencies across the three sources we considered for at least one, and sometimes all, of their cases.

The discrepancies are widespread. The FDLE reports conflicted with the clerks' online data in 79.6% of the cases we studied, and we could not validate the clerks' online data over the phone in 76.5% of cases. Moreover, the discrepancies are serious. We count only discrepancies that represent more than 10% of the

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amount owed on a case or discrepancies that stem from missing cases and data. The discrepancies result from issues such as different totals for the amounts initially assessed, a lack of correspondence between cases (e.g., we found several cases that appear in the FDLE report that we could not find in the clerks' online databases and vice versa), failures to update records (e.g., a clerk told us a debt was due even though it was listed as paid on their website), and the inability or unwillingness of clerks to answer questions over the phone. The effect of these discrepancies is that a potential registrant may pay their LFOs based on information from one source—and, therefore, believe they have satisfied their obligation to vote under SB7066; and a Supervisor, relying on another source, could conclude that the registrant has not satisfied their LFO obligations under SB7066. A potential registrant also may decline to register because they cannot conclusively determine if or how much they owe, or be in jeopardy of removal from the voter rolls because a different agency or source may indicate that they owe more money on the same case or even on a different set of cases altogether.

I also find that the state will have difficulty disaggregating initially assessed amounts from interest, fees, or other penalties that have accrued in some cases. SB7066 explicitly states that the LFOs required to be paid to register to vote "include only the amount specifically ordered by the court as part of the sentence and do not include any fines, fees, or costs that accrue after the date the obligation

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is ordered as a part of the sentence." Fla. Stat. § 98.0751(2)(a)(5)(c). In some cases, it is possible to make this distinction. However, in other cases, it is unclear whether the "amount due" (sometimes the only figure given online or over the phone) includes collections fees or other surcharges in addition to the obligations originally assessed in the "four corners of the sentencing document." For instance, in response to phone inquiries, staff in several clerks' offices (Alachua, Nassau, Duval, Holmes, Leon, Gadsden, Osceola, and Pinellas) either would not or could not distinguish the portion of the LFO for the initial assessment from late charges and other penalties in 25 cases. While it may be possible to refer directly to sentencing documents to calculate the initial amount due, we found evidence that at least ten counties—including Holmes, Okaloosa, Gulf, Dixie, Columbia, Broward, and Pinellas—charge to access documents that could provide those initial assessed amounts.

Second, in addition to the widespread confusion that discrepancies in the assessed amounts and payments across government sources will cause, we identified several other burdensome policies at the state and county levels that will likely affect many, if not all, returning citizens who attempt to determine and pay their LFOs. These policies generally present three problems: (i) it can be impossible to pay *only* the amounts assessed for felony convictions at the time of sentencing and not also pay interest, collection agency fees, convenience fees, or

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other debt imposed *after* sentencing; (ii) clerks' offices lacked the expertise and capacity to help returning citizens determine their LFOs and which ones are disqualifying for voting purposes; and/or (iii) there are burdensome administrative costs associated with simply seeking access to LFO information. In fact, as a result of such policies, I conclude that the process of researching and paying LFOs is expensive, time consuming, and ultimately, discouraging for people who want to vote.

In my opinion, clerks' offices are not equipped to accept and apply payments only to amounts assessed in "the four corners of the sentencing document." SB7066's LFO payment requirements "include only the amount specifically ordered by the court as part of the sentence" and do not "include any fines, fees, or costs that accrue after the date the obligation is ordered as a part of the sentence." Fla. Stat. § 98.075(5). However, based on my examination of county online databases and Florida law, policies preventing partial payments and policies that require the payment of interest, collection agency fees, convenience fees, or other debt imposed after sentencing make it impossible for some returning citizens to pay towards *only* the amounts originally assessed "in the four corners of the sentencing document." In at least 25 counties,[2] policies require residents to pay

[2] These 25 counties are: Clay, Gilchrist, Gulf, Hardee, Charlotte, Bradford, Walton, Lake, Polk, Collier, Miami-Dade, Santa Rosa, Seminole, Escambia, Brevard, Citrus, Lee, Osceola, St. Lucie, Orange, Hernando, Manatee, St. Johns, Okaloosa, and Palm Beach.

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amounts beyond the LFOs assessed at sentencing on their felony cases when making payments in some instances. These policies are especially strict for debts that are in collections (and the state allows counties to turn over LFOs to debt collectors after 90 days, per Florida Statute §§938.35 and 28.246). Clerks' staff in eight counties (Clay, Gilchrist, Gulf, Hardee, Charlotte, Bradford, Walton, and Lake) agreed that it is not possible to make payments *only* toward the originally assessed amounts and not the fees imposed after the sentence.

Further, I also document that under the current policies against partial payments in at least five counties—including Brevard, Miami Dade, Lee, Okaloosa, and Palm Beach—clerks will refuse payments on debts in collections from anyone who attempts to pay *only* an assessed amount without the additional collections and other fees. These additional costs are not just nominal fees, as these costs may add more than 40% to the assessed amount due. In at least seven other counties (Collier, Hernando, Manatee, Orange, St. Lucie, St. Johns, and Seminole), clerks do not accept payments on debts in collections at all; the payments must go through collection agencies and are subject to the partial payment policies of the specific agency. Some counties, such as Lee, Osceola, and St. Lucie, prohibit partial payments unless the individual is enrolled in a payment plan, which means that paying a partial payment equal to just the amount assessed at sentencing is prohibited.

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I also show that when county clerks do accept partial payments, policies at the local and state levels still prevent the payment of costs exclusively from "the four corners of the sentencing document." In many counties, some of the payment will be directed toward payment fees, which would leave outstanding debt. In accordance with Florida Statute §§28.246 and 28.24(26)(b-c), some counties charge either $5 per payment or a one-time $25 fee for processing partial payments for each case, including through payment plans. I found explicit mention of these fees on the online databases of Clay, Citrus, Brevard, Santa Rosa, Seminole, Escambia, and Lee counties. These fees accrue on top of other payment or processing fees such as Polk County's $14 satisfaction fee that is added to all payments or convenience fees that are added for credit card payments. As one example, in Polk County, even if a returning citizen pays the $100 assessed against her at sentencing, the clerk will not certify that the LFO is paid unless the returning citizen also pays an additional $14 satisfaction fee. Therefore, such policies ensure that only payment of *all* debts for felony cases—including the after-applied fees, interest, and surcharges that are assessed on top of the originally ordered amount—will practically meet SB7066's obligation because counties may divert part of a payment to satisfy these payment fees and not the amount from the four corners of the sentencing document.

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We uncovered additional burdens on determining the amount of and paying off LFOs through our research on clerks' online databases and processes and from our analysis of LFOs in 760 cases of 153 Florida returning citizens. These issues also complicated our attempts to get data on LFOs for our sample of 153 people. In addition to the discrepancies we found with respect to missing cases and differing assessed amounts, we found online databases with broken links or links to entirely different cases than the ones we selected. We sometimes found it difficult to look up cases in the online databases or by calling the clerks using case numbers from the FDLE reports because the formats were not the same. One county (Escambia) requires a certain format for case number searches on their website that sometimes do not match FDLE Uniform Case Numbers. Calling the clerks' offices can take multiple attempts and long holds. Ultimately, we were unable to get through to clerks to research 171 (of 677) cases (for 153 individuals) because no one answered the phone in some counties despite repeated attempts.[3] Other offices operate under limited business hours because of cost constraints: for instance, the Miami-Dade court of the circuit clerks' office is open only three hours per day. Some clerks refused to answer questions about cases or directed us to other

[3] These 171 cases were from Hillsborough, Orange, Pinellas, Miami-Dade, Lee, Escambia, Alachua, Palm Beach, Madison, Wakulla, and Broward counties. Phone calls have only 677 cases in the denominator because we were not able to make multiple attempts to call 83 cases out of the 760.

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agencies. We were unable to research 235 of our 677 cases (for 153 individuals) over the phone because clerks could not or would not help us.[4] Some clerks' online databases *charged* for access to their documents or other resources. Many county online databases do not provide clear information about which debts are in collections, or the amount of additional collections fees. During our initial round of calls to research the process of looking up LFOs, staff in eight[5] clerks' offices told us that people with felony convictions needed to file for clemency or check with the parole or probation offices to vote.

In the sections that follow, I provide more detailed data, documentation, and examples to support these conclusions. First, however, I begin by briefly reviewing the literature on LFOs that is relevant for this study. Following that discussion, I will outline my research and data collection methods.

III. Researching Statewide Legal Financial Obligations in the Absence of a Publicly Available Statewide Database

LFOs imposed on convicted defendants (and sometimes imposed pre-conviction) have increased in both frequency and amount in the United States, generally, and Florida, specifically, over the past 25 years. Much of the explosion

[4] These 235 cases were from Hillsborough, Duval, Broward, Escambia, Pinellas, Seminole, Volusia, Osceola, Miami-Dade, Leon, and Gadsden counties. Phone calls have only 677 cases in the denominator because we were not able to make multiple attempts to call 83 cases out of the 760.

[5] These counties are Hendry, Hernando, Highlands, Hamilton, Gadsden, Hardee, Calhoun, and Walton.

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stems from the difficulty of financing expensive criminal justice systems in the face of tight state and local budgets, especially in Florida where there is no income tax. Nationally, a majority of inmates and 84% of people sentenced to probation were also assessed a fine or fee upon conviction, and nearly 40% of people sentenced to probation were required to pay restitution upon conviction.[6] According to a Brennan Center for Justice report, in addition to restitution, Florida courts can impose nearly numerous fines and/or fees upon conviction for a crime, many of which are mandatory.[7]

The imposition of LFOs by legislatures has proceeded in many instances without any corresponding investment in the administrative capacity necessary to implement them effectively. As a result, many states lack a centralized system designed to keep track of the obligations imposed on individuals by the patchwork of institutions that impose legal debt. Florida is no exception. I was not able to find a single complete data source that could provide the information required

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[6] Harris, Alexes, Heather Evans, and Katherine Beckett. "Drawing Blood from Stones: Legal Debt and Social Inequality in the Contemporary United States." *American Journal of Sociology* 115.6 (2010): 1753-799. Web.

[7] Diller, Rebekah. "The Hidden Cost of Florida's Criminal Justice Fees." Brennan Center for Justice, (2010), https://www.brennancenter.org/sites/default/files/legacy/Justice/FloridaF&F.pdf, last accessed 2/26/2020; *See also* Menendez, Matthew and Lauren-Brooke Eisen. "The Steep Costs of Criminal Justice Fees and Fines." Brennan Center for Justice, (2019), https://www.brennancenter.org/our-work/research-reports/steep-costs-criminal-justice-fees-and-fines.

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under SB7066—that is, that would provide information about the completion of prison, probation, parole, court-ordered fines, fees, costs, and restitution.[8] Currently, aside from restitution payees who may sometimes be able to collect on their own, the administrative responsibility for these debts is fragmented across many Florida actors, including judges, county attorneys, court administrators, clerks, probation and parole officers, and prison officials, which means that fines and fees are levied and collected by different agencies without coordination. A joint report by the Bureau of Justice Assistance and the Justice Center of the Council of State Governments recommends that agencies coordinate and integrate distinct policies, procedures, and information systems to consolidate the fines, fees, and restitution owed by each individual.[9] As of the date of this report, it does not appear that Florida, however, has yet to start much less complete such integration.

The collection of legal debts by multiple agencies with limited resources makes debt collection and communication with debtors less efficient. In Florida, LFOs may be collected by the FDLE, FDOC, or the clerk of the circuit court in which the conviction occurred. Some debts may have been turned over to

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[8] Supplemental Expert Report of Daniel A. Smith, Ph.D., *Jones v. DeSantis*, N.D. Fla., No. 4:19-cv-300-RH/MJF, ECF No. 153-1, September 17, 2019.

[9] McLean, Rachel and Michael Thompson. "Repaying Debts". Council of State Governments Justice Center, (2007). Print. Summary available at https://csgjusticecenter.org/wp-content/uploads/2012/12/repaying_debts_summary.pdf, last accessed 02/28/2020.

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collection agencies as well. LFOs imposed for federal convictions and convictions in other states also are implicated by SB7066's requirements.

Accounting for this reality, SB7066 allows elections Supervisors to consult with a range of sources including but not limited to, "a clerk of the circuit court, the Board of Executive Clemency, the Department of Corrections, the Department of Law Enforcement, or a United States Attorney's Office," in making determinations about the status of LFOs associated with felony sentences. Fla. Stat. § 98.075(5). There is some indication of coordination across these sources with respect to the accuracy of information (for instance, the FDLE receives information about cases and dispositions from the county circuit court clerks through the LOGAN reporting system).[10] However, it is still an open question as to whether the public can access the data from the clerks' offices or FDLE, and if so, whether these sources would give the same information about the obligations, financial and otherwise, imposed by courts in individual cases. Moreover, there are some sources that are not available to the public, such as the Comprehensive Case Information System (CCIS).

[10] FDLE Criminal Justice Information Services Crime Information Bureau, FDLE Update presented to: Florida Clerks and Comptrollers 2015 Summer Conference, (2015), https://cdn.ymaws.com/www.flclerks.com/resource/resmgr/LOGAN.pdf (last accessed Feb. 26, 2020).

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IV. Methodology

Given the importance of the data sources enumerated in SB7066 to the election Supervisors' decisions about eligibility, it is necessary to take a closer look at these data sources to determine whether people who have exited custody and are otherwise eligible to register and vote can access and use them to get accurate information about the existence and status of their LFOs. My report draws on a multi-stage study that examines the three public sources of information about LFOs assessed for felony convictions in Florida's circuit courts, which are referenced in SB7066: (i) reports generated by the FDLE, (ii) the online databases of clerks of the court, and (iii) the staff of the clerks of the circuit courts. We do not examine data from the FDOC or Board of Executive Clemency because their LFO data are not generally accessible to the public and we are not interested in LFOs assessed for supervision; we do not examine US Attorneys' Offices because we are not looking at LFOs from federal cases. Nor do we examine data from out-of-state convictions.

Initially, my research team and I accessed the county circuit courts' online databases in all 67 counties and collected data on such factors as (a) the time, information, or other resources needed to access case dispositions, (b) whether sentencing documents were available online, (c) convenience and other fees for accessing information, documents, and making payments, (d) the availability of

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online payments, and (e) other payment policies.[11] We also called the clerks' offices in all 67 counties to ask questions about the process for looking up LFOs by phone. The calls were made between September 27 and November 25, 2019.

We followed up this initial cataloguing of general information by attempting to research LFOs for a random sample of 153 individuals.[12] First, we purchased

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[11] It is important to note that about 30 clerk websites utilized common content from a template. This template content did not provide much information about payment policies, collections fees, or other information we sought in the study.

[12] Counsel for *Gruver* Plaintiffs provided me with a list of 229,608 individuals who had exited supervision for felony convictions (excluding murder or sex offenses) in Florida state courts who had been assessed LFOs at the time of sentencing. We used a random number generator to produce our sample from people with addresses in Bunnell, Clearwater, Ft. Lauderdale, Gainesville, Jacksonville, Kissimmee, Pensacola, Quincy, St. Petersburg, Tallahassee, and Tampa from this list. Narrowing the sample to cities in just a few counties would allow for sufficient sample size for county-level analyses if necessary. The counties were matched in terms of presidential party vote choice, racial diversity, and population size. Our target sample size was 150 people. To estimate an error rate is to estimate a proportion. Estimating the appropriate sample size is an inexact science that requires a number of assumptions, balanced by experience and efficiency concerns. Because I was interested in both individual-level and case-level estimates, I wanted to get a sufficient number of both to make inferences. Under the assumptions that each person has, on average, three felony cases and that the true error rate in the population for individuals is 10%, we arrive at an individual level sample size minimum of 138 to be able to calculate a margin of error within +/- five percentage points at traditional levels of statistical significance and power. This sample size more than allows for the calculation of margins of error within +/- five percentage points at the case level regardless of the true error rate in the cases (minimum sample size =384 cases; assuming three cases per person gives 414 cases). Even at a 50% error rate, a sample size of 150 individuals would give confidence intervals of +/- eight percentage points at traditional levels of statistical significance and power. Since it turns out that the error rate at the individual level is 98%, the sample size of 153 individuals is more than sufficient to give estimates with a margin of error close to +/- two percentage points. Also, since I found about five cases per person in my sample, 760 cases was enough to get close to a margin of error about +/- three percentage points even at an error rate of about 20-25% for FDLE and phone comparisons on individual cases.

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public criminal background reports on those 153 individuals from the FDLE at a cost of $25 per report (including a $1 convenience fee) and recorded data on the amount assessed for court costs, fines, fees, and restitution associated with felony convictions.[13] We also recorded sentencing dates, the race, counties of conviction, and other data about the person convicted of the felony. We then attempted to verify the information from the FDLE background report first via the clerks' online databases accessible to the public, and then again via phone calls to the county clerks' offices. We searched the clerks' databases for individual cases listed in the FDLE report, and also in the conviction counties listed in the FDLE report by name and date of birth to look for felony cases that might be in the clerks' records but not in the FDLE records.

We kept track of numerous variables for both the calls and online searches. For both the database searches and the calls, researchers were trained to look for or ask about several items that would be useful for calculating the amount due on LFOs, including the amount initially assessed at sentencing for fines, fees, court costs, and restitution, the total amount of payments made, the amount still due on the initial assessed amount, any late fees or other charges that had been assessed, and the total amount due. We kept track of the financial costs associated with

[13] Individuals are supposed to be able to access their own FDLE report free of charge.

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looking up cases. We also tracked the time it took to research cases online or the time we spent on calls for the cases. We kept notes about the outcomes of online searches and calls, such as when we or the clerks could not find cases. Finally, we also recorded qualitative information such as our impressions, direct quotations, problems we encountered, or sources of confusion. I provide detailed descriptions of any and all scripts we used for phone calls in the **Appendix** to this report.

The research design outlined here has several strengths. Most importantly, relying on a random sample of the population of the returning citizens who might register to vote allows me to produce an unbiased estimate of the discrepancies in LFO amounts between sources, the number of individuals affected by such discrepancies, the average investment of time and money an individual would need to make to look up cases, and other factors. We did not cherry-pick subjects based on whether they might have errors; each person in the data had an equal likelihood of being part of our analysis. The research design also allows me to assess qualitative factors related to looking up information, such as difficulty in interpreting case records or the helpfulness of clerk staff. Finally, I was able to learn about aspects of the process—including policies about making payments—that might ultimately affect whether a person could satisfy their LFOs.

It is also worth noting, however, that this methodology allowed me to identify inconsistencies in the state's information on outstanding LFOs, not the

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actual amount owed. Due to the nature of the process of looking up LFOs set up by the clerks' offices, especially the lack of a statewide, comprehensive, unified database of information about LFOs imposed by various entities in the state, my estimates of the LFOs owed by each person are only as reliable as the information I was able to obtain from the state and clerks of court. In fact, the point, as I will show below, is that state and local agencies often give out conflicting information about LFOs. For this reason, I do not provide estimates of the amount of LFOs owed for felony convictions.

Moreover, my estimates of the effort needed to obtain information about LFOs are conservative for several reasons. First, I do not consider convictions that take place in federal or other state courts, the addition of which involve other data sources and may incur further time and other burdens. I also do not count the significant amount of time spent looking through and discarding misdemeanor and traffic cases that often came up in public records in addition to the felony cases at issue here. We only researched cases in counties for which we had evidence that an individual might have felony convictions—typically the county of residence and all conviction counties listed in the criminal background check document we purchased from the FDLE. We found evidence that 23 people in the sample had cases in multiple counties. We did not search databases or make calls to all 67 counties for all 153 individuals in the study, as one would need to do to verify that

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there were not additional, outstanding LFOs in other counties that were not included in the FDLE report. As shown below, we did find some evidence that the FDLE reports are not comprehensive in that there were some cases in the clerk data that did not appear on the FDLE report, so calling counties beyond those included in the FDLE may be necessary to ensure that there are no outstanding LFOs. I also do not consider or comprehensively quantify the time or money it may take to sort out discrepancies in LFOs across sources when possible, either by contacting the clerks' offices by phone or in person, obtaining receipts or other proof of payment, or looking up sentencing documents. As a result, even with the extent of the problems I am able to document, my research still underestimates the true burden of establishing the LFOs that must be satisfied before a person can register to vote and vote.

V. Results: Financial Costs and other Barriers to Accessing Accurate and Complete Information

Navigating bureaucracies can be quite difficult and time consuming for most people, who encounter government agencies only periodically. Rational choice is one theory that is helpful for understanding individual behavior, such as whether to contact a government agency. In this context, rational choice theory posits that individuals choose to engage in or abstain from a behavior based on whether they believe the benefits they receive from engaging will outweigh the associated costs

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of activity.[14] Engaging with a bureaucracy is costly to the extent that researching who to contact and then visiting or calling to get information requires time and money.[15]

State and local agencies determine how much time and money an individual needs to invest to obtain information by setting the rules for accessing information—by making it freely available on the web, or by requiring forms or other steps for access. They can also set their hours and staffing to increase service and train staff to be more or less helpful. In particular, the agency experience in terms of staff knowledgeability, friendliness, and helpfulness matters a great deal. As White, Nathan, and Faller (2015) write:

> Recent scholarship, however, has shown that small changes in the costs of obtaining information about an action can significantly influence voluntary behaviors. For example, simplifying information and providing assistance in completing forms can lead to significantly higher rates of college enrollment among students from low-income families (Bettinger et al. 2012), more applications to selective colleges from high-achieving students who are eligible for scholarships (Hoxby and Turner 2013), and higher uptake of valuable tax credits among eligible tax payers (Bhargava and Manoli 2013; Saez 2009). Importantly, these experimental studies show that small information

[14] Downs, Anthony. *An Economic Theory of Democracy*. New York: Harper, 1957. Print.

[15] Downs, Anthony. *An Economic Theory of Democracy*. New York: Harper, 1957; Verba, Sidney, Kay Lehman Schlozman, , and Henry Brady.. *Voice and Equality: Civic Voluntarism in American Politics*. Cambridge, Mass.: Harvard University Press. 1995. Print.

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costs deter action even when substantial individual benefits are at stake.[16]

State and local government staff have a great deal of control over access to information. White, Nathan, and Faller (2015) argue that "resource-constrained bureaucrats frequently have discretion over which services are delivered and to whom; discretionary decisions made by local bureaucrats often become *de facto* public policy."[17]

For individuals seeking information, their ability to bear the cost of engaging with a bureaucracy is greatly affected by their resources such as time, money, education, and civic skills.[18] It is worth noting that my research team and I are all highly educated (aside from me, there are four advanced undergraduates and six people with masters' degrees all associated with major research universities on the project). We also had the benefit of sharing our collective wisdom and experience gained over (approximately two months of) time from investigating multiple cases across Florida. However, it is no secret that people with felony convictions tend to

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16 White, Ariel, Noah Nathan, and Julie Faller. "What Do I Need to Vote? Bureaucratic Discretion and Discrimination by Local Election Officials." *The American Political Science Review* 109.1 (2015): 129-42. Web.

17 White, Ariel, Noah Nathan, and Julie Faller. "What Do I Need to Vote? Bureaucratic Discretion and Discrimination by Local Election Officials." *The American Political Science Review* 109.1 (2015): 129-42. Web.

18 Verba, Sidney, Kay Lehman Schlozman, and Henry Brady. *Voice and Equality: Civic Voluntarism in American Politics*. Cambridge, Mass.: Harvard University Press. 1995.

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have access to fewer resources than the rest of the population even prior to their convictions. For instance, in a national sample of state prisoners, about 70% of state inmates and 40% of state probationers did *not* have a high school diploma—in comparison, only 18% of the general population lacked high school diplomas.[19] Only 55% of state prisoners were employed full time at the time of their arrest and only 15% reported earning more than $25,000 before their arrest.[20] Thus, our estimates of difficulties are only a floor—the general public are likely to have an even more difficult time navigating what I will show to be a very cumbersome system.

My research team and I encountered several barriers that arose during our interactions with the clerks over the phone and in the online databases that made it difficult to calculate LFOs for particular individuals. These barriers required resources such as time, money, and civic skills to navigate successfully, and even then we were sometimes unable to do so. I detail the issues we encountered below.

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[19] Harlow, C. W. "Education and Correctional Populations." Bureau of Justice Statistics. (2003), https://www.bjs.gov/content/pub/pdf/ecp.pdf , last accessed February 26, 2020.

[20] Beck, Allen et al. "Survey of State Prison Inmates, 1991." NCJ 136949, United States Department of Justice, Bureau of Justice Statistics, (1993), https://www.bjs.gov/content/pub/pdf/SOSPI91.PDF, last accessed February 26, 2020.

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A. Problems Encountered During Phone Calls with Clerks' Offices

With respect to our calls to the clerks' offices, we encountered several issues that made looking up LFOs particularly burdensome. **Figure 1** below summarizes the problems we encountered in our initial calls to clerks of court to document processes across all 67 counties. *First*, we experienced long wait times and difficulty getting someone on the line when we called some offices. For our initial call to research the lookup process in Jefferson County, for instance, our team had to call the clerk's office five times before someone answered the phone. In Palm Beach County, wait times were extraordinarily long—the recording said we were 35th in the queue and the system disconnected the calls after 30 minutes of waiting. We were disconnected several times. The Public Records center line was often busy in Escambia County. In Miami-Dade County, the clerk's office had reduced hours (including telephone hours) because of budget cuts—to 9am-12pm on Monday through Friday, times when most people are working and may be unable to call to look up their LFOs. When we called the Miami-Dade Clerk to look up cases for an individual, we were told that "they do not take calls for this matter as they are understaffed and to email or look online." We could not get a live person on the phone in Hillsborough County at times and often their automated system could not find the cases we requested. Palm Beach County also had a queue when

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we called to look up individual cases, and we never got through to the clerk either to look up cases or ask questions about the process. Ultimately, we were *unable* to look up 25% (of 677) cases over the phone because of problems getting through.

In cases where someone answered the phone, we experienced hold times longer than 10 minutes for 11 counties (including Marion, Miami-Dade, Monroe, Sarasota, Brevard, Broward, Flagler, Duval, and Hillsborough) when we called to research general information about the process of looking up LFOs. We also recorded several instances of long wait times (10 minutes or more) for information on specific cases.

Second, even when we got through to a live person, sometimes a member of the clerks' staff could not or would not provide information to us over the phone. Staff refused to help us on a number of occasions for several reasons. In our initial calls for information about the process, clerks' office staff in eight of 67 counties directed us to other offices (such as collections agencies or Parole and Probation) because they did not think they could help us because of concerns about felon voting (Hendry, Hernando, Highlands, Hamilton, Gadsden, Hardee, Calhoun, and Walton counties, as discussed in more detail below). In response to inquiries about particular cases, the clerks in at least two counties, Broward[21] and Escambia, do

[21] We were told that in Broward, no information on closed cases could be provided over the phone.

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not provide information about at least some LFOs over the phone and require all requests to be made in writing. In Broward, the written requests must be made for closed cases and responses often take three to four weeks according to the clerk's office. Several other counties, including Charlotte, Pinellas, Polk, and Hillsborough, also require requests for information on older cases to be made in writing.[22] We were told that the Volusia County clerk's office, as another example, does not answer questions over the phone about cases sentenced 2013 and earlier. Occasionally, a staff member would refuse to look up LFO information for a particular individual because they had too many cases—we received this response in Duval, Hillsborough, and Pinellas counties. For instance, in Pinellas County, we were told that clerks would only look up three cases per individual at a time over the phone. Duval County also implemented a policy in which clerks would only look up three cases at a time. Broward County has a similar three-case policy as well (for open cases—closed cases require a written request). It is worth noting that 56.86% of our sample of 153 individuals had more than three felony cases, which means that most of our sample would have to call the clerks' office multiple times to look up all their cases *if* they had felony convictions in counties with such a policy. One research assistant could not

[22] For this report, we are not defining what "older cases" means because it varied from county to county and there was no clear cut off date. For example, a common response would be that a case "is so old that it is not in my system."

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research LFOs for six individuals in Duval County because the clerk refused to help and directed our caller to "just check the website," despite our caller discussing with the clerk that sometimes the two sources conflicted. We had other clerks direct us to use the website in lieu of talking to them as well. Overall, we were not able to look up information over the phone for 235 cases (34.7% of our sample) because clerks could not or would not help us.

Finally, an unexpected barrier arose during some of our initial inquiries about the process of looking up LFOs: clerks' staff in several counties gave out information that cast doubt on the ability of people with felony convictions to vote in Florida. As noted in the script used by callers **appended** to this report, our research team called each office saying that they wanted to help a family member figure out how much money they owed in LFOs so that the family member could register to vote.[23] (We did not state that we were calling about a relative or family

[23] Such audit studies that request or apply for information from government agencies are common, and institutional review practices exempt elected and appointed government officials (such as county clerks) from protections afforded other human subjects. For example, see the National Science Foundation's policy, 45 CFR Part 690: Federal Policy for the Protection of Human Subjects, here: https://www.nsf.gov/bfa/dias/policy/docs/45cfr690.pdf, Last accessed 02/26/2020. For examples of research, see White, Ariel, Noah Nathan, and Julie Faller. "What Do I Need to Vote? Bureaucratic Discretion and Discrimination by Local Election Officials." *The American Political Science Review* 109.1 (2015): 129-42. Web. Also, Ewald, Alec. "A Crazy-Quilt of Tiny Pieces: State and Local Administration of American Disenfranchisement Law". The Sentencing Project, (2005), https://www.sentencingproject.org/wp-content/uploads/2016/01/A-Crazy-Quilt-of-Tiny-

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member when looking up LFOs for the 153 specific individuals, just in the calls for general information.) As shown in **Figure 1** below, in response to this prompt, eight of the 67 offices (11.9%) told the caller that they did not think a person with a felony conviction could vote and suggested they call the "election supervisors," "clemency board," or "parole and probation" to check. Specifically, clerks' office staff in Hendry, Hernando, Highlands, Hamilton, Gadsden, Hardee, Calhoun, and Walton counties gave such responses. For instance, in Walton County, our caller was directed to "come down to the office to get a petition for clemency through the Tallahassee office of the executive in order to be able to vote." The felony clerk in Hamilton County insisted that we call Probation and Parole about paying LFOs to vote because "all fines needed to be paid through them." The clerk in Gadsden County also told us that felons could not vote unless they apply for clemency first. There was also some confusion among the clerks' staff—the Broward clerks' office told us that there was nothing "in the book" about paying fines to vote. The Brevard County Clerk also said they had not heard about anyone paying fines to vote.

Pieces-State-and-Local-Administration-of-American-Criminal-Disenfranchisement-Laws.pdf. Last accessed 02/26/2020.

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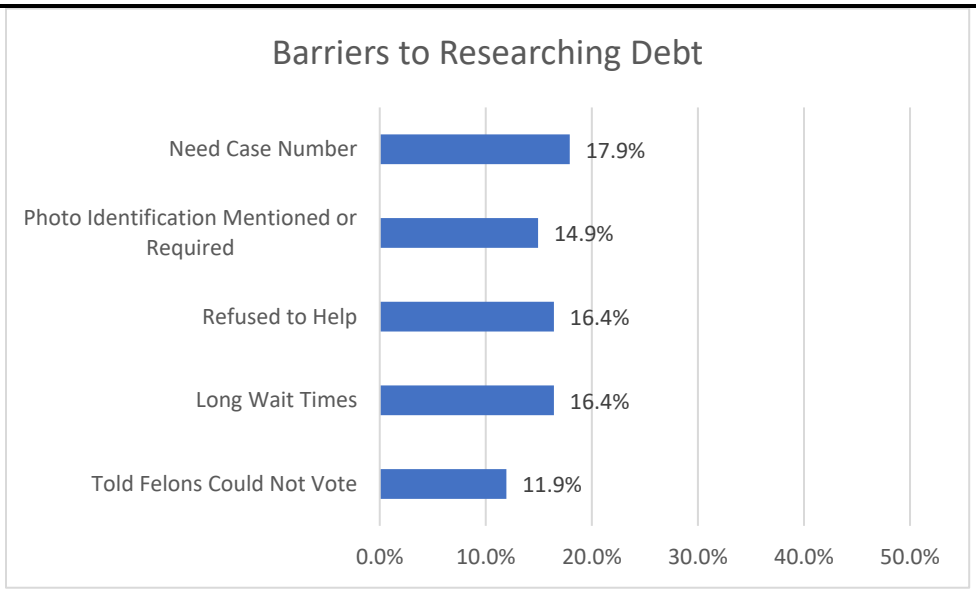


Figure 1: *Barriers to Researching Debt. Data from initial calls to all 67 Florida counties.*

B. Problems Encountered in Online Databases

We also encountered difficulties during our attempts to look up cases for the 153 individuals in the clerks' online databases. We found several instances in which Uniform Case Numbers on the FDLE report did not match case numbers in the clerks' online databases or over the phone. We found 35 cases affected by this problem. The problem was widespread in Escambia County (which had space for too few digits for case numbers in the online database), but we also found examples of these case number discrepancies in Nassau, Osceola, Duval, Pinellas, and Polk counties. We also found at least one individual in Pinellas County where

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the FDLE year of birth did not match that listed in the county clerk's database, which made it difficult to look up this person's LFOs initially. Information about relatively older cases was available only sporadically in some counties. We could not find any information for cases, or could only find sporadic information for cases, online before the 1990s or early 2000s in Jackson, DeSoto, and Hillsborough counties. In other counties, such as Broward, Polk, Gadsden, and Escambia, such cases are available online but are sometimes missing information about LFOs. As I will show below, the lack of information, or incorrect information, for older cases caused many of the discrepancies between the FDLE information and clerk data that we were able to find.

There are several other barriers to getting access to the online data. On their initial page, Leon County appears to require a full application, a notarized letter, and a submission to get access to case documents. Researchers looking up cases in Duval and Marion counties had to sign up for an account to access even their public data. As shown in **Figure 2** below, we could find evidence that at least ten counties (such as Holmes, Okaloosa, Gulf, Dixie, Columbia, Broward, Hamilton, Flagler, Calhoun and Pinellas) charge fees to access case records online (or to request additional information when it is not shown online, a common problem for relatively older cases). For instance, in Dixie County, the "Records Search: Court and Official" button on the home page links to myfloridacounty.com, a pay site

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(but confusingly, their dropdown menu to search court records goes to their "free" court records site).[24] Sometimes, relatively older cases are not available online, but only in paper. Counties charge to fill these records requests. For instance, Gulf County charges $1 per page and $2 per certified document, $.75 for shipping, and a $3.50 service fee to access case records (and there is a $7.25 minimum). We were told to request several cases from Pinellas County, where it costs $1.00 per page ($2.00 per page for certified copies) plus a 3.5% processing fee to mail official records—and there still is no guarantee that these documents will have information about LFOs. We had to request specific case records from Holmes County at a cost of $3.00 per page. We were told by the clerk's office that looking up interest on liens in Alachua County costs $7 per lien (for the cases we were researching, we could only figure out the initial assessed amount if we knew the interest rate).[25] Overall, there were 13 cases where clerk staff had no information about a case because the cases were too old, and, as mentioned previously, some noted that they would need to do further research to answer questions about those older cases.

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[24] See https://dixieclerk.com, which links to https://www3.myfloridacounty.com/official_records/index.html. Last accessed 2/26/2020. Screenshots on file with author.

[25] The clerk's office had the total due and needed to know the interest rate. It was unclear why they needed the interest rate, perhaps to figure out the initial amount. But either way, it would cost $7.00 to look up the lien to get that interest rate.

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Many online databases were poorly designed and confusing. For instance, several researchers had trouble looking up information using the Hillsborough County website; one researcher took 26 minutes to find the correct place to start her case searches on that county website. In Osceola County, the website is not clear that records for felony cases can be found by searching "Court Records," not "Official Records." I found several sites that did not have a search function to allow a user to quickly jump to relevant information (Baker, Nassau, and Okeechobee counties). The Calhoun County site crashed twice when we were trying to look up payment information. The Osceola County site search function did not work when we tried to access it in late December 2019.

We noticed other design flaws that made the online databases difficult to use. Often, the records searches contained no help menu or key for interpreting the returned records. These features would have been helpful for understanding abbreviations. There were many Latin legal terms and court processes in the records that would be unfamiliar to lay people. There is no consistency in what is included in the "amount due" and other aggregations. For example, sometimes collections fees or interest are included in a county's "assessed amount" calculations and sometimes they are not. I will discuss this phenomenon more fully in the sections that follow.

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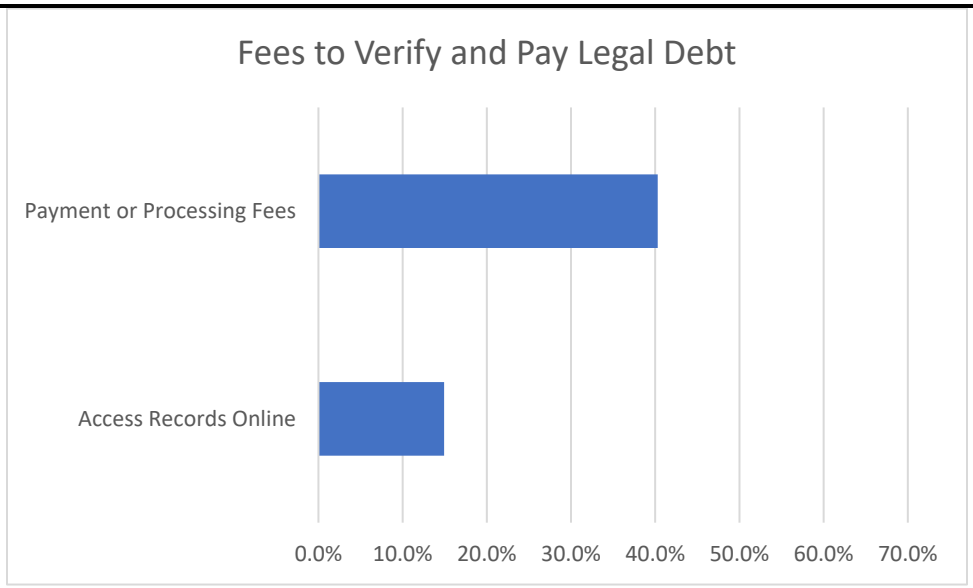


Figure 2: *Counties that Impose Fees to Verify and Pay Legal Debt. Data from initial calls to all 67 Florida counties.*

C. Problems Determining the Payment Due to Satisfy the Requirements of SB7066

To reiterate, SB7066 provides that only outstanding LFOs imposed at sentencing for felony convictions would prevent eligibility for voter registration. *See* Fla. Stat. §98.0751(2)(a). The statute further clarifies that fines, interest, late charges, and other debt incurred after the sentence should not disqualify a potential voter. *See* Fla. Stat. §98.0751(2)(a)(5.)(c.). Election Supervisors may check with several sources, including "a clerk of the circuit court, the Board of Executive Clemency, the Department of Corrections, the Department of Law Enforcement, or

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a United States Attorney's Office," to verify whether a person seeking to vote still owes LFOs. Fla. Stat. § 98.075(5).

A serious problem facing people who may have LFOs is the inability of state agencies to provide them with clear and consistent information about the amount that they would need to pay to satisfy SB7066's LFO requirement. As discussed in the previous sections, my research team and I examined LFOs incurred for 760 felony cases for 153 individuals using FDLE reports, clerk of the county circuit court online court records, and phone calls to the clerks of the court offices, all of which Florida identifies as sources election Supervisors may consult when determining voter eligibility. Where possible, we recorded the initial amount assessed at sentencing for court costs, fines, fees, and restitution, any information on payments made, and, where available, the amount due on the assessed amounts and the total amount due. We encountered three problems. *First*, because of discrepancies within and across sources or a lack of information, we often were not able to determine definitively the initially assessed LFO amount. *Second*, information about the payments made was sometimes unavailable or incorrect. *Third*, as a result of these and other issues, we often were not able to separate what was still due on LFOs imposed at sentencing from what was due on other fees imposed afterwards, making it impossible to discern the amount that needed to be

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paid from "the four corners of the sentencing document." I consider each issue in more detail below.

1. Inability to Discern Initial Assessed Amounts

In my opinion, it is frequently not possible to definitively determine the LFOs assessed at sentencing using FDLE reports, clerks of courts online databases, or phone calls to the clerks of courts. As I will show, in some cases, the initial LFO amount is not available through these sources. In other cases, I will show that when information about initial LFO amounts is provided, that information often conflicts with that provided by the other sources. As a result, an individual who relies on one of these sources to determine their LFOs may get different information from that provided to election Supervisors, leading to consequences like people declining to register to vote, the purging of voters from the rolls, or initiation of a criminal investigation if they have registered and/or voted in error. The fact that relying on these sources to determine and pay LFOs is no guarantee against adverse consequences could have a chilling effect on registration and voting. Put another way, the lack of reliability and contradictions in the data, in my opinion, will likely have a chilling effect on registration and voting. For the 153 individuals we researched, we were not able to verify consistency in the information across all three sources for 150 (98.04%) of them. The 95%

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confidence interval for this estimate ranges from 94.61% to 99.55%.[26] If the true error rate among the population in the counties we studied fell above or below this range, the probability of us getting the estimated error rate that we got from our random sample of that population purely by chance is less than 5%.

When comparing the FDLE reports to the clerks' online databases, the LFO assessments provided by the two sources are frequently not consistent with one another and it is unclear which is correct. We found that of the 153 individuals whose records we researched, the information was consistent between the county clerk online databases and the FDLE reports in all cases for only five individuals (3.27%). This means that for 96.73% of the people in our sample, the FDLE and the clerk databases provided inconsistent information for some or all of their felony cases. At the case level, of the 760 felony cases we examined across those 153 people, only 156 were consistent across the FDLE and clerk online databases (20.53%). We found discrepancies in 79.47% of cases, with a 95% confidence interval of 76.61% to 82.36%.

As **Figure 3** below shows, we found four reasons for the discrepancies. The most common problem is that the FDLE had a different amount for the initial assessment than the clerk website, a problem we found in 281 of 760 cases

[26] This and other confidence intervals calculated using R package "binom" by Sundar Dorai-Raj.

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(36.97%).[27] We counted only differences greater than 10% of the assessment as "discrepancies," which means these discrepancies were not trivial amounts. More troubling is that we found that cases sometimes appeared in one source but not the other. We found 146 cases that were in the FDLE report that we could not find on the clerk website (19.21%). We found an additional 108 cases that were in the clerk online databases but not in the FDLE report (14.21%). Finally, we found 70 cases where the clerk had the case online, but the financial information was missing (9.21%).

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[27] One likely explanation for some of these errors is that what clerks listed as "assessed amounts" often included hidden fees or other charges incurred after sentencing. Often, there was no other information on the website that would enable one to determine the initial assessment.

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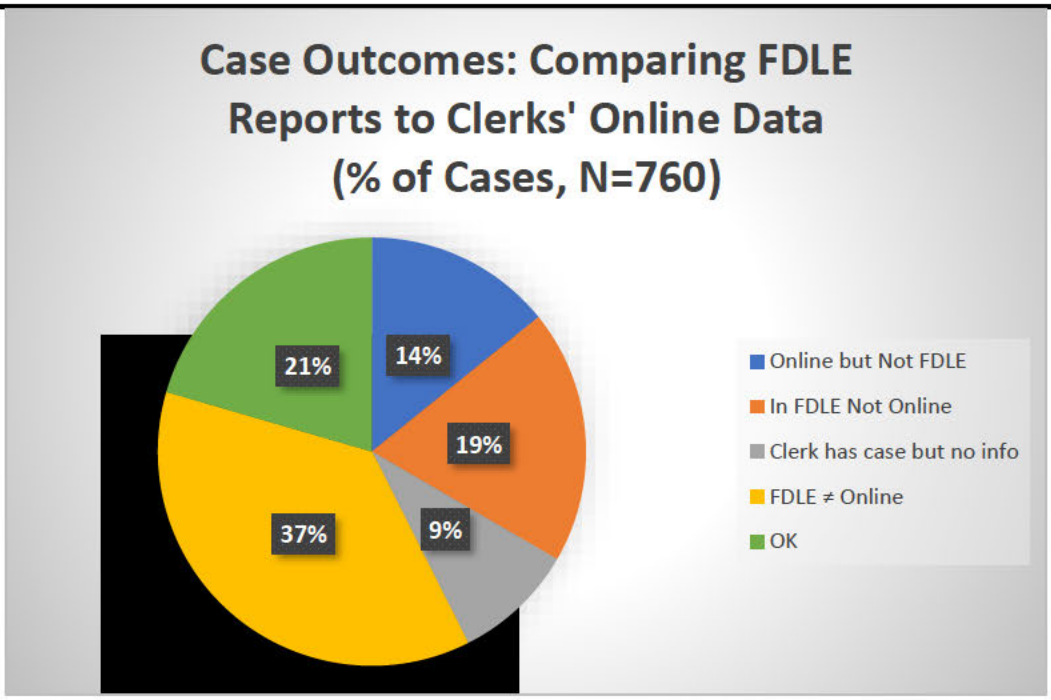


***Figure 3**: Outcomes from researching cases through FDLE reports and clerks' online databases. N=760. The chart presents results from comparing initial assessed amounts listed in FDLE reports with those listed in county clerks' online data. The category "Online but Not FDLE" refers to cases that were in the clerks' database but not listed in the FDLE report; "In FDLE Not Online" refers to cases that were in the FDLE report but could not be found in clerks' database; "Clerk has case but no info" refers to cases in which clerks found a record but the record did not have LFO information; "FDLE ≠ Online" refers to cases in which the assessed amount listed in the FDLE does not match clerks' data; and "OK" refers to cases in which there are no discrepancies between the FDLE and clerks' online data.*

We also found discrepancies between the information the clerks' staff provided over the phone and the information from the clerks' online databases. As shown in **Figure 4** below, in 518 or 76.51% of our cases, we were unable to verify

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information we found in the FDLE report or website over the phone.[28] We found an additional 47 cases (6.94%) in which the assessed amount or other information provided over the phone did not agree with the online amounts. We found another 38 cases (5.61%) that were in the FDLE report or on the clerk website that the clerks' staff could not find over the phone. We found 14 cases that the clerk found on the phone that we could not find online or in the FDLE report (2.07%). There were 13 cases where the clerk could find a case but had no information about LFOs due, as discussed in the previous section (1.94%). The biggest problem with getting case information over the phone, as noted in the previous section, is that in many of our cases, clerks' staff either refused to look up cases we requested (235 cases or 34.71%) or we could not get through over the phone (171 cases or 25.26%). In total, we could not verify the clerks' databases against their phone responses in 76.51% of cases. The 95% confidence interval for this estimate ranges from 73.19% to 79.60%.

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[28] As of the date of this report, we have called and have not yet obtained data for 83 cases. We have data for 677 cases and thus use that number as the denominator when calculating percentages for call discrepancies.

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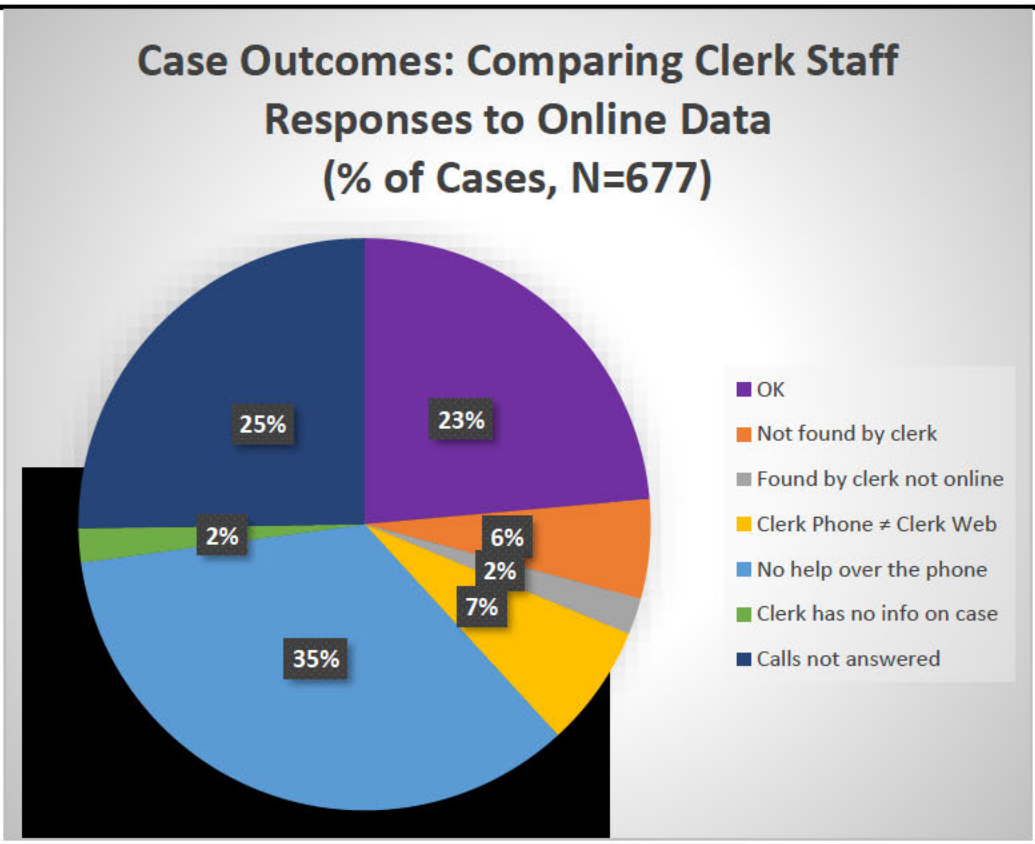


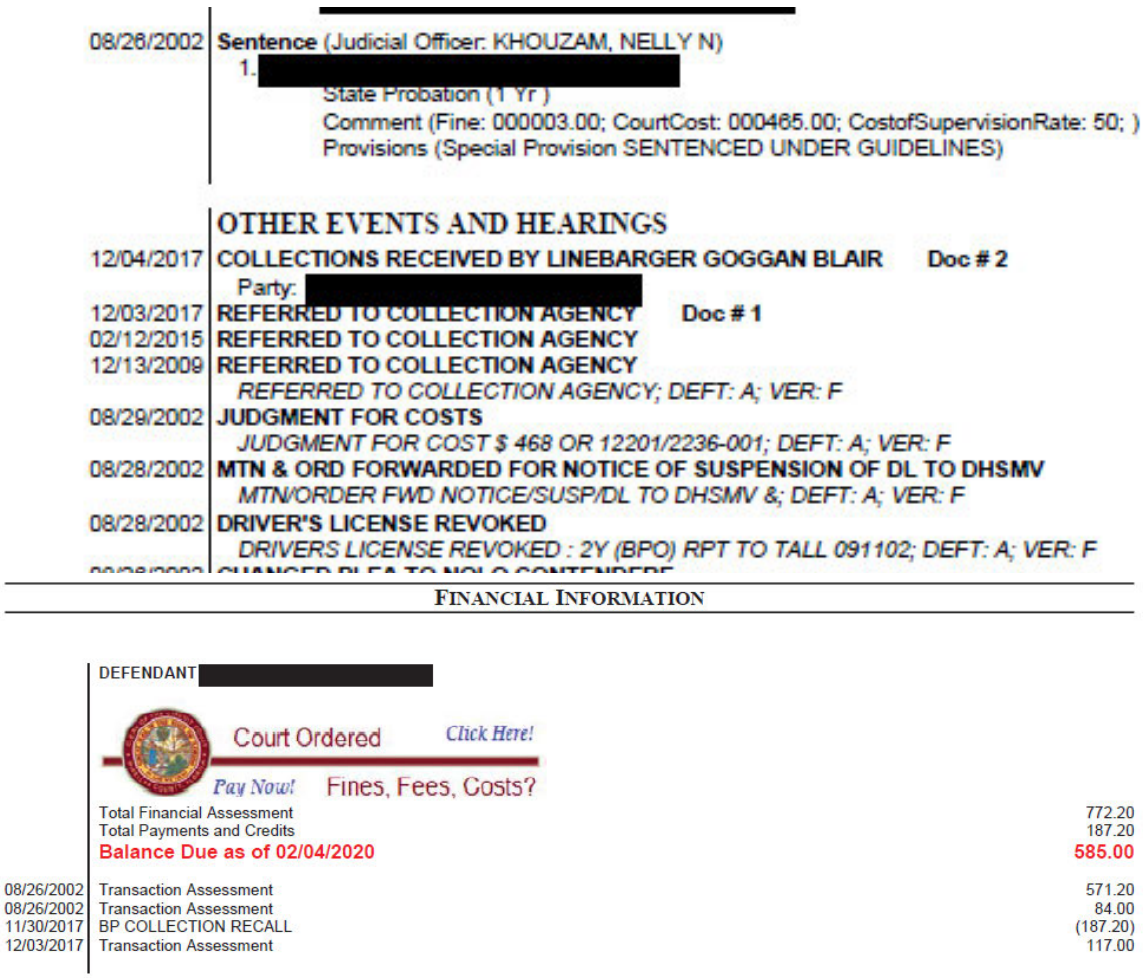
***Figure 4**: Outcomes from researching cases online and through phone calls to clerks' offices. N=677 cases. The chart presents the results of comparing amounts due recorded in clerks' online databases with those reported by clerks over the phone. "OK" refers to cases in which we were able to confirm the online data over the phone; "Not found by clerk" refers to cases that were online but not found by the clerk over the phone; "Found by clerk not online" refers to cases that were mentioned by clerks over the phone but missing in online databases; "Clerk Phone ≠ Clerk Web" refers to cases in which the amounts reported by clerks over the phone did not agree with what was reported in clerks' online data; "No help over the phone" refers to cases we could not research because clerks refused to help, due to policy, too many cases, et cetera; "Clerk has no info on case" refers to cases in which the clerk could find a case on the phone but did not have info on LFOs; and "Calls not answered" refers to cases we could not research because we were not able to get through to clerks' offices after repeated attempts.*

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The discrepancies stemmed from several problems with the data. First, data quality issues abound: we found several examples of conflicting and inaccurate information about initial assessed amounts in the clerk records. Across counties, clerks inconsistently included post-sentencing fines and fees (such as interest or collections fees) in their aggregations of the initial assessed amounts, such that different counties' total due calculations relate differently to the amount assessed in the "four corners of the sentencing document." Also, in many counties, the aggregated amounts calculated on these websites sometimes contain information about post-sentence fines and fees and are not accurate representations of what is due on the fines imposed at sentencing. For example, **Figures 5** and **6** below show two cases for an individual, who was convicted of felonies in Pinellas County. Examining these two cases, the first of which is in collections, shows how fines and fees are recorded in the "Total Financial Assessment" calculated by the Pinellas clerk of court database. In **Figure 5**, we see that the "Total Financial Assessment" is listed as $772.20 in case number "AAA" [the actual case number, as with cases "BBB" through "JJJ" *infra*, has been redacted; in each instance, the originals are on file with report author]. However, closer examination reveals that the amount assessed at sentencing was only $468. The remaining $304.20 reflects collections fees, some of which were recalled (listed as "Payments and Credits"). In contrast, **Figure 6** shows that for that same individual in Pinellas County, in

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case “AAA”, the “Total Financial Assessment” is $800 and includes only the amount assessed at sentencing.



08/26/2002	**Sentence** (Judicial Officer: KHOUZAM, NELLY N) 1. [redacted] State Probation (1 Yr) Comment (Fine: 000003.00; CourtCost: 000465.00; CostofSupervisionRate: 50;) Provisions (Special Provision SENTENCED UNDER GUIDELINES)

OTHER EVENTS AND HEARINGS

12/04/2017	**COLLECTIONS RECEIVED BY LINEBARGER GOGGAN BLAIR** **Doc # 2** Party: [redacted]
12/03/2017	**REFERRED TO COLLECTION AGENCY** **Doc # 1**
02/12/2015	**REFERRED TO COLLECTION AGENCY**
12/13/2009	**REFERRED TO COLLECTION AGENCY** *REFERRED TO COLLECTION AGENCY; DEFT: A; VER: F*
08/29/2002	**JUDGMENT FOR COSTS** *JUDGMENT FOR COST $ 468 OR 12201/2236-001; DEFT: A; VER: F*
08/28/2002	**MTN & ORD FORWARDED FOR NOTICE OF SUSPENSION OF DL TO DHSMV** *MTN/ORDER FWD NOTICE/SUSP/DL TO DHSMV &; DEFT: A; VER: F*
08/28/2002	**DRIVER'S LICENSE REVOKED** *DRIVERS LICENSE REVOKED : 2Y (BPO) RPT TO TALL 091102; DEFT: A; VER: F*

FINANCIAL INFORMATION

DEFENDANT [redacted]

Court Ordered *Click Here!* *Pay Now!* Fines, Fees, Costs?

	Total Financial Assessment	772.20
	Total Payments and Credits	187.20
	Balance Due as of 02/04/2020	585.00
08/26/2002	Transaction Assessment	571.20
08/26/2002	Transaction Assessment	84.00
11/30/2017	BP COLLECTION RECALL	(187.20)
12/03/2017	Transaction Assessment	117.00

Figure 5 Snapshot of case “AAA”, redacted, excerpted and enlarged to show amount assessed at sentencing, collections referral, balance due, and payments. Balance due reflects $468 assessed at sentencing plus an additional 25%. Entire record from Pinellas County online database available in **Appendix**.

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	OTHER EVENTS AND HEARINGS
03/01/2012	**PARTIAL PAYMENT**
	PARTIAL PAYMENT $53.07; DEFT: A; VER: F
03/01/2012	**PD LIEN PAYMENT**
	PUBLIC DEFENDER LIEN PAID - $100.00; DEFT: A; VER: F
12/01/2011	**PARTIAL PAYMENT**
	PARTIAL PAYMENT $14.73; DEFT: A; VER: F
11/04/2011	**PARTIAL PAYMENT**
	PARTIAL PAYMENT $46.77; DEFT: A; VER: F
09/30/2011	**COSTS OF PROSECUTION PAID**
	COSTS OF PROSECUTION PAID - $100.00; DEFT: A; VER: F
09/30/2011	**PARTIAL PAYMENT**
	PARTIAL PAYMENT $10.43; DEFT: A; VER: F
08/25/2011	**PARTIAL PAYMENT**
	PARTIAL PAYMENT $86.94; DEFT: A; VER: F
08/12/2011	**PARTIAL PAYMENT**
	PARTIAL PAYMENT $1.61; DEFT: A; VER: F
08/12/2011	**INDIGENT CRIMINAL DEFENSE FEE PAID**
	INDIG CRIM DEF FEE PAID - $50.00; DEFT: A; VER: F
06/23/2011	**PARTIAL PAYMENT**
	PARTIAL PAYMENT $8.21; DEFT: A; VER: F
09/24/2010	**CERTIFICATE OF DISCHARGE TO BOND AGENCY**
	CERTIFICATE OF DISCHARGE TO BOND AGENCY T550234745; DEFT: A; VER: N
09/22/2010	**JUDGMENT FOR ATTORNEY FEES AND/OR COSTS**
	JDMT FOR ATTY FEES & COSTS $ 100 SAC; DEFT: A; VER: F
09/22/2010	**JUDGMENT FOR FINE AND/OR COSTS**
	JUDGMENT FOR FINE/COST $ 132F/568C; DEFT: A; VER: F

DEFENDANT [redacted]

Court Ordered Click Here! Pay Now! Fines, Fees, Costs?

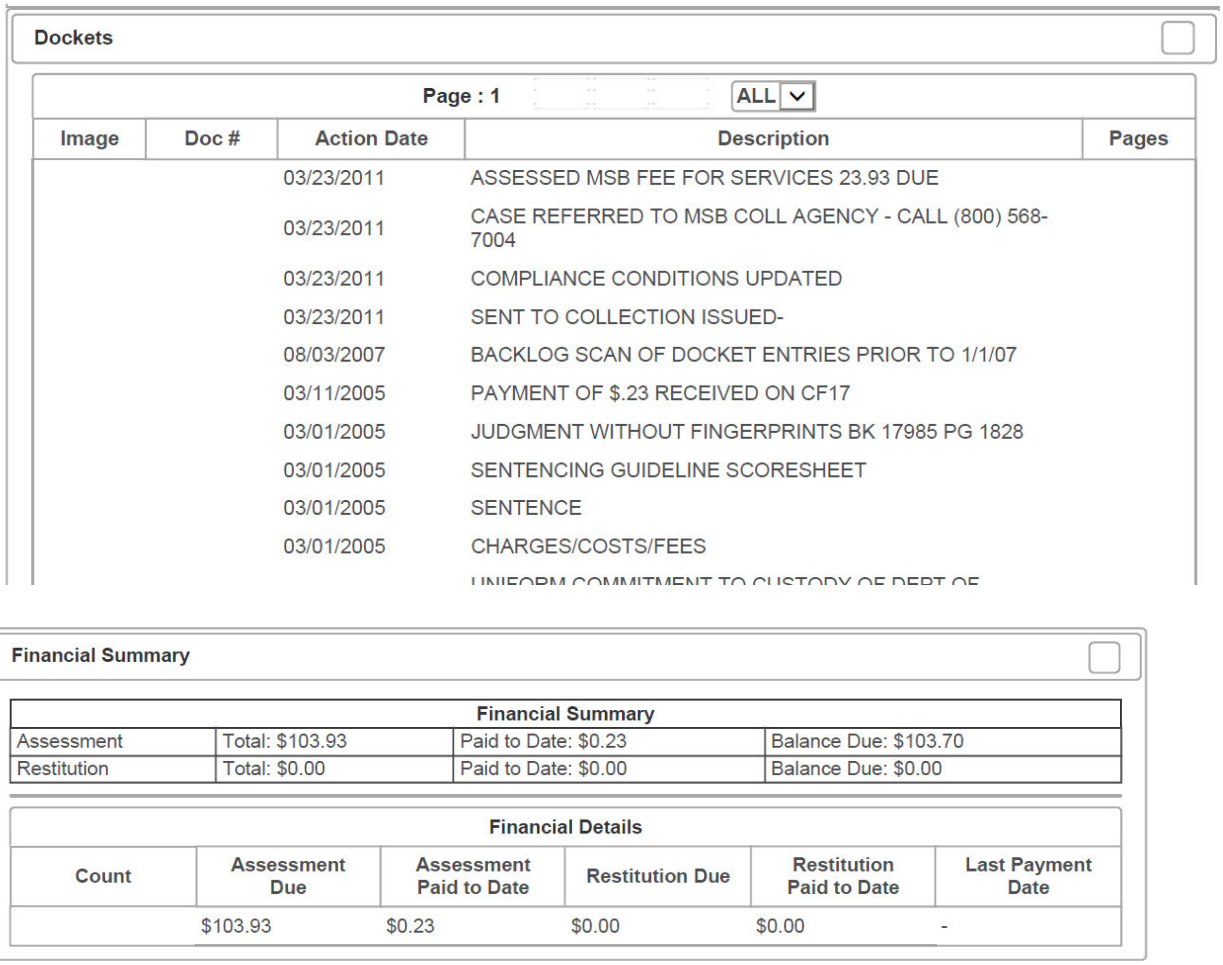
	Total Financial Assessment		800.00
	Total Payments and Credits		303.07
	Balance Due as of 02/04/2020		**496.93**
09/16/2010	Transaction Assessment		550.00
09/16/2010	Transaction Assessment		100.00
09/16/2010	Transaction Assessment		100.00
09/16/2010	Transaction Assessment		50.00
09/16/2010	COUNTER PAYMENT	Receipt # 20350701	(53.07)
09/16/2010	COUNTER PAYMENT	Receipt # 20350703	(100.00)
09/16/2010	COUNTER PAYMENT	Receipt # 20350705	(100.00)
09/16/2010	COUNTER PAYMENT	Receipt # 20350707	(50.00)

Figure 6 Snapshot of case "AAA, excerpted and enlarged to show amount assessed at sentencing, balance due, and payments. Entire record from Pinellas County online database available in **Appendix**.

Similarly, Hernando County treats the "Assessed Amount" inconsistently—the collections fee is included in the total online in case number "BBB" (**Figure 7**) (below), but not in case number "BBB" (**Figure 8**) (below). As a result of these

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differences in what is included in balance calculations on-line, it is difficult to determine a rule across counties and sometimes within counties for how closely their total due tracks the remaining balance on fines and fees assessed in the "four corners of the sentencing document."



Dockets

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Image	Doc #	Action Date	Description	Pages
		03/23/2011	ASSESSED MSB FEE FOR SERVICES 23.93 DUE	
		03/23/2011	CASE REFERRED TO MSB COLL AGENCY - CALL (800) 568-7004	
		03/23/2011	COMPLIANCE CONDITIONS UPDATED	
		03/23/2011	SENT TO COLLECTION ISSUED-	
		08/03/2007	BACKLOG SCAN OF DOCKET ENTRIES PRIOR TO 1/1/07	
		03/11/2005	PAYMENT OF $.23 RECEIVED ON CF17	
		03/01/2005	JUDGMENT WITHOUT FINGERPRINTS BK 17985 PG 1828	
		03/01/2005	SENTENCING GUIDELINE SCORESHEET	
		03/01/2005	SENTENCE	
		03/01/2005	CHARGES/COSTS/FEES	

Financial Summary

Financial Summary			
Assessment	Total: $103.93	Paid to Date: $0.23	Balance Due: $103.70
Restitution	Total: $0.00	Paid to Date: $0.00	Balance Due: $0.00

Financial Details

Count	Assessment Due	Assessment Paid to Date	Restitution Due	Restitution Paid to Date	Last Payment Date
	$103.93	$0.23	$0.00	$0.00	-

Figure 7 Snapshot of case "BBB". The defendant was assessed two $40 public defender fees on 1/21/1999 and 3/1/2005. The $79.77 remaining debt (after a $.23 payment) was sent to collections and was assessed a 30% collections fee, or $23.93. The total assessed amount and balance due are sums of the public defender and collections fees, less the $.23 payment. Entire record from Hernando County online database available in **Appendix**.

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05/13/2014	Payment received: $76.92 Receipt Number H 290843
05/13/2014	Assessment 2 Total Assessed $708.00 Balance Remaining $671.08
05/13/2014	Assessment 1 Total Assessed $40.00 Balance Remaining $0.00
05/13/2014	PAYMENT POSTED 5/13/2014
05/05/2014	MADE PARTIAL PAYMENT THRU MSB
09/30/2009	ASSESSED MSB FEE FOR SERVICES 266.40 DUE
09/30/2009	CASE REFERRED TO MSB COLL AGENCY - CALL (800) 568-7004
09/30/2009	COMPLIANCE CONDITIONS UPDATED

Financial Summary

Financial Summary			
Assessment	Total: $888.00	Paid to Date: $76.92	Balance Due: $811.08
Restitution	Total: $0.00	Paid to Date: $0.00	Balance Due: $0.00

Financial Details

Count	Assessment Due	Assessment Paid to Date	Restitution Due	Restitution Paid to Date	Last Payment Date
	$888.00	$76.92	$0.00	$0.00	-

Figure 8 Snapshot of case "BBB", excerpted and enlarged to show collection agency fee, balance due, and payments. The defendant was assessed $708 in "Felony W/H or PTI" and a $100 public defender lien on 6/15/2006 in addition to two $40 public defender fees on 5/15/2006 and 8/1/2006 for a total of $888, which is reflected in the financial summary. However, the collection agency fee is not added to the assessment or the balance due. Entire record from Hernando County online database available in **Appendix**.

We have other indications of data issues from the clerks' staff. For example, when we called Martin County to look up information about case number "CCC", the person on the phone noticed that the restitution assessment was not in the online records and updated their database on the spot to reflect an additional $6,000 in debt. Similarly, when we called Alachua County to research LFOs for an individual, the clerk said that the "online numbers are probably wrong" and that she would research them with her supervisor and call us back (she found missing

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payments; that update is discussed below). The clerk in Alachua County also noted that she could not see everything for "older" cases, so she was not even sure about some of the totals she gave us for cases "DDD" and "EEE" and would call us back after she researched them further.

Clerks' staff repeatedly noted difficulties with "older" cases, which pose problems for the clerk databases. Cases from before 2005 were more likely to be missing from the clerk databases, and, as mentioned previously, we had several instances in which staff said that cases were too old to be in their system. Older cases were not available over the phone and needed to be requested in writing, often for a fee in those 13 cases where clerks had no information over the phone. Altogether, however, the error rate did not differ significantly depending on the age of the case because newer cases had different types of errors (see **Table** in the **Appendix** for more information).

Because of these discrepancies across sources and the inconsistencies within sources, sentencing documents, which we did not pull, may be a better source for determining the amount assessed at sentencing. However, in some counties as noted above, these documents can only be obtained via written request, and for a fee. These fees may become expensive, as counties charge per page to send these documents, and persons with multiple convictions would have to purchase multiple sets of sentencing documents. Most importantly, sentencing documents do not

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have information about payments that have been made and how those payments are applied, which, as I shall discuss in the next section, also pose problems for calculating the amount still due on the initial assessment.

2. Problems Determining How Much Was Paid on a Case

To know how much remains due on LFOs assessed at sentencing, we need some information about the payments made on the debt. Only the clerks of court, and in some cases debt collection agencies, can provide this information; if it is not in the initial sentencing document or the FDLE report. Unfortunately, however, the data quality issues that pervade the initial assessed amounts are even worse when it comes to payment data.

We found several examples of cases in which the listed payments do not add up to the payment totals listed. One typical example can be found in Pinellas, again looking at an individual's case identified as "AAA" in **Figure 6**, previously referenced above. The clerk's aggregated "Total Payments and Credits" column lists $303.07 paid on this case and a balance due of $496.93. But looking more closely at the record, we found $471.76 had been paid if we include all the partial payments on the case. It is unclear why only the $250 in counter payments and the $53.07 partial payment were included in the payment total aggregated by the clerk. We had difficulties calculating payments in at least five additional cases in Pinellas County. We also found discrepancies in Duval County, where clerks said money

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was still owed on cases that the website said had been paid in full (cases "FFF" and "GGG"). We found payment discrepancies in Marion County as well (case "HHH"). Sometimes payments had been made, but were not recorded online. We found this issue with six cases in Leon County. Regarding an individual's cases that the Alachua clerk flagged for us as potentially inaccurate referenced above, the clerk's office called us back and told us about additional payments made on two of the cases that were not reflected in the online data.

Finally, we also had questions about whether clerks gave full information about payments made through collections agencies. For instance, in the example from Hernando County shown in **Figure 8** above, we can see that the clerk applied a payment of $76.92 received on the case from the collection agency. But, according to their website, Hernando County charges a 30% fee on debts in collections. Did the collection agency take its 30% fee off the top before forwarding that payment to the clerk? If so, then the person may have paid $100 ($76.92 to the clerk and $23.08, which is 30% of $76.92, to the collections agency).

3. Problems Determining How Payments are Applied

To try to figure out what is still owed on amounts assessed "in the four corners of the sentencing document," under SB7066, it is also necessary to know how payments are applied—that is, how much of each payment goes toward

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paying down the initial debt rather than to fees or interest. I found a few examples where this math was clear. In Hernando County, for instance, the record for case "BBB" from **Figure 8** above clearly indicates that $40 of the $76.92 payment satisfied the public defender fee and the remainder was applied to the $708 felony assessment so that the remaining balance on that fee was $671.08. (However, as noted above, it is not clear whether an additional amount was paid to the collection agency). Pinellas County, for its faults that I noted, also sometimes attempts to link payments to particular assessed amounts; the records in the individual's case ("AAA") from **Figure 6** above show that his payments were applied to his public defender and prosecution fees; however, there are some payments that are not counted in the total amount paid and that are not earmarked to particular debts. For most cases in which partial payments, but not full payments, have been made, it is not possible to figure out how much of the remaining debt is for the amount assessed in the "four corners of the sentencing document" rather than post-sentencing fines and fees. In some cases, clerks over the phone could not differentiate outstanding balances based on whether they were assessed at sentencing or after. In 25 (of the 677) cases (3.69%), the clerks' staff could not give us an initial assessed amount and just provided the total still due.[29] Often,

[29] For instance, for case "III", the clerk could only tell us the total amount due, which included interest, but could not tell us the initial amount or the interest rate.

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information online also was insufficient to disaggregate the remaining originally assessed amount (after payments) from later-applied charges. I have already noted examples in Pinellas and Hernando counties where the assessed amounts includes collections fees inconsistently; sometimes we were unable to figure out whether an assessed amount matched what was in the sentencing document or included additional fees. The online data often did not indicate how much these post-sentence fees were or even that they were imposed. Going back to the above-mentioned case involving the individual in Alachua County, the clerk told us about 10 liens based on that individuals' cases but would charge $7 per lien to look up the amount of interest that was being added to the cases. For these cases, we could not determine the remaining amount due on the amount initially assessed at sentencing without paying the lookup fee to find out the amount of interest that was being added.

In sum, based on our experiences with comparing information on LFOs that we gathered from clerks' staff, clerks' databases, and FDLE reports, I conclude that the State of Florida cannot provide consistent information about what an individual owes on the amounts initially assessed at sentencing. Moreover, acquiring any information about LFOs is burdensome in terms of time and money, and requires substantial skill, time, and practice to decipher court records and FDLE reports. We found numerous discrepancies and inconsistencies both within

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and across sources. We also encountered problems accessing clerk staff over the phone and finding cases online and in the FDLE reports. These problems affected 150 of 153, or 98%, of the people in our random sample. Put another way, for 150 of 153 in our random sample, we were ultimately unable to verify how much was owed of the outstanding disqualifying LFOs imposed at sentencing.

D. Prohibitions and Other Logistical Barriers to Partial Payments.

Before registering to vote and voting, SB7066 requires that citizens—who are no longer supervised in prison, on probation, or on parole for felonies—must satisfy the amount assessed "in the four corners of the sentencing document" and the law explicitly excludes "any fines, fees, or costs that accrue after the date the obligation is ordered as a part of the sentence." However, as noted in the summary, the state and county policies that govern partial payments may make it impossible for people who owe LFOs due to felony convictions to avoid paying interest, collection agency fees, convenience fees, and other debt imposed after sentencing before they can complete payment of the full four-corners amount.

We were able to determine that 51 of the 153 individuals in the study (33.33%) had at least one case that, according to the county clerk or their website, was in collections. Florida Statute §28.246 allows counties to turn over LFOs to debt collectors after 90 days past due. These agencies may add fees of up to 40%

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of the total amount due as payment for collecting the fee. **Table 1 below** provides all the information I was able to find about the collection agency fees charged in each county. Eight counties—including Gulf, Miami-Dade, Duval, Martin (before 12/2015), Polk, Leon, St. Lucie, and Volusia—charge the full 40% fee on debts in collections. An additional twelve counties—Orange, Broward, Brevard, Martin (after 12/2015), Escambia, Sarasota, Clay, Seminole, Marion, Collier, Pinellas, and Hernando—charge fees ranging from 20 to 35% of the total for debts sent to collection agencies. This additional 20-40% fee might take people by surprise because the court clerks' offices provide very little information on clerks' websites or in their online databases about the collections fee. In our searches, we could see that counties inconsistently included the collections agency fee in the total amount due, or made note of the existence and amount of collections fees only occasionally, if at all on their websites. Miami-Dade and Collier counties indicated elsewhere on their website that the total amount due from their databases did not include collections agency fees, but most counties did not provide additional information about the collections agency fees or indicate that defendants would have to submit a large additional sum to satisfy their court-ordered debt.

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Table 1: *Collections Fees by County.* Data obtained from clerk online databases.

40%: Gulf, Leon, Miami-Dade, Martin (before 12/2015), Polk, St. Lucie, Duval, and Volusia

25-35%: Orange, Broward, Brevard, Martin (after 12/2015), Escambia, Sarasota, Clay, Seminole, Collier, Hernando, Pinellas

20%: Marion

Unknown: Hendry, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Monroe, Nassau, Okaloosa, Okeechobe, Wakulla, Citrus, Columbia, Desoto, Dixie, Flagler, Franklin, Gadsden, Gilchrist, Glades, Hamilton, Hardee, Alachua, Baker, Bay, Bradford, Calhoun, Charlotte, Washington, Walton, Santa Rosa, Sumter, Suwannee, Taylor, Union, Lafayette, Lake, Lee, Levy, Liberty, Madison, Manatee, St. John, Pasco, Palm Beach, Osceola, Putnam

Orange County is quite typical. When we called to inquire about ways to pay legal debt, we were told by the court clerk's office that the collections fee was 25% plus a $25 payment fee for cases turned over to collections. According to Orange County's website, all cases not paid in full within 90 days in the absence of a payment plan, or cases with payment plans that are more than 90 days past due, get turned over to collections agencies and will be assessed 25% plus $25 to pay on top of the court-ordered amount.

A relatively common practice, cited below, prevents clerks from accepting partial payments or any payments on debts after they have been sent to collection agencies. I was able to find language on online databases in at least five

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counties—Brevard, Miami-Dade, Lee, Okaloosa, and Palm Beach—that stated that clerks would refuse to accept payment on debts in collections from anyone who attempts to pay just an assessed amount without including the additional collections and other fees. A typical example can be found on the Miami-Dade County website, which states, "If your case has been assigned to a collection agency, the Clerk's Office will be able to accept full payment of your outstanding financial obligation. You can contact the collection agency assigned to your case(s) directly to make partial payments as well as full payments" (http://www.miami-dadeclerk.com/courts_criminal_collections.asp. Last accessed 2/26/2020. Screenshot on file with report author.). Similarly, Okaloosa County directs that people with debts in collections "must either pay the balance in full or call Penn Credit to make arrangements to resolve the balance due" (http://www.okaloosaclerk.com/index.php/court-services/198-payments-plans. Last accessed 2/26/2020. Screenshot on file with report author.). I do not have information about the policy of the collection agencies with respect to allocating partial payments toward assessments, collections fees, or other costs. Some counties may have rules that add contingency fees to all partial payments: for instance, Brevard County does allow partial payments, but their website notes explicitly that "[p]artial payments are only accepted in amounts of $100 or greater plus the collection agency fee unless the account balance is less than $100"

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(http://www.brevardclerk.us/pay-collection-agency-debt-directly-to-clerk. Last accessed 2/26/2020. Screenshot on file with report author.) Other counties may enforce similar policies although I could not find such information on their online databases.

In practice, these policies can dramatically increase the amount a person with a felony conviction needs to pay to vote. In our data, an individual has debt from case "JJJ" that has been sent to a collections agency in Brevard County. The clerk reports an outstanding balance of $807. Based on the above policy, which requires all payments to include the 25% collections fee, this individual would need to pay at least $201.75 in *additional* fees to pay off this $807 debt to Brevard County (assuming there are no other fees or penalties).

In at least seven other counties, clerks do not accept payments on debts in collections at all; the payments must go through collection agencies and thus are subject to the partial payment policies of the agency. I found language to this effect on the online databases of Collier, Hernando, Manatee, Orange, St. Lucie, St. Johns, and Seminole counties, but others may enforce similar policies without explicitly mentioning them online. For instance, the Collier County website says that for debts in collections, "you must add an additional 32% service charge. You must also pay all collections agency payments directly to the Collections Agency" (https://apps.collierclerk.com/court-divisions/criminal/collection-agency-payments.

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Last accessed 2/26/2020. Screenshot on file with author). Likewise, according to the Orange County Clerk website, "Once an account is turned over to a collection agency, all payments must be made through that collection agency" (https://www.myorangeclerk.com/Divisions/Criminal/Collections-Court, Last accessed 2/26/2020. Screenshot on file with author.). I noted previously regarding the Hernando County case in **Figure 8** above that I was not able to determine from the record whether the collections agency took its fee before sending the payment to the county clerk. In these instances, I do not have information on collection agency payment policies and further research is needed to determine whether collection agencies will allocate payments to just amounts assessed in the "four corners of the sentencing document" or whether they take a portion of all monies collected as their fee. In Seminole County, it appears that payments to the agencies must include the 25% fee as they provide, "Fines and fees referred to a Collection Agency must be paid directly to the Agency listed in the notice you received. Payment must include the Collection Agency's 25% contingency fee" (https://www.seminoleclerk.org/collection-agencies/. Last accessed 2/26/2020. Screenshot available upon request.).[30]

[30] It is worth noting that all counties participate in "Operation Green Light," which is a one-day amnesty program for paying LFOs. Operation Green Light waives collection agency fees for debts in collections, but only for debts that are paid in full, including late fees and other charges. However, Operation Green Light does not allow a person to

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Other policies at the local and state levels still prevent individuals from being able to pay just the costs from "the four corners of the sentencing document" even for debts that are not in collections. *First*, some counties, such as Lee, Osceola, and St. Lucie, explicitly prohibit partial payments unless the individual is enrolled in a payment plan, so that individuals who are not in a payment plan cannot direct payments just to the assessed amount. For example, Osceola County's Ncourt payment portal states, "You may make a partial payment using a payment plan only if the court has approved and assigned you a plan with a beginning balance and a specified monthly payment amount" (https://www.ncourt.com/x-pressV3_2/juris/fl/flosceola/Landing_Osceola.aspx. Last accessed 2/26/2020. Screenshot available upon request.).

Second, even when county clerks do accept partial payments, in accordance with Florida Statute §28.246, counties charge fees for processing payments on a per case basis. Partial payment fees typically are charged either $5 per payment or a one-time $25 fee. I was able to find explicit mention of these fees on the online databases of Clay, Citrus, Brevard, Santa Rosa, Seminole, Escambia, and Lee counties. Most policies are similar to Santa Rosa County's policy, which states,

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avoid paying all post-sentence fees and interest. Some counties (Pinellas is an example) do allow people with outstanding LFOs to enter into payment plans on amnesty days, but entering the payment plan incurs a $25 fee per case. It also is worth considering the timing of this amnesty day relative to voter registration deadlines. The last event was in October 2019.

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"Partial payments are accepted w/a fee; $5 per payment or one time $25 fee" (http://www.santarosaclerk.com/court_info.html. Last accessed 2/26/2020. Screenshot available upon request.). These fees accrue on top of other payment or processing fees such as Polk County's $14 satisfaction fee or Miami-Dade County's $25 payment fee that are added to all payments. Counties also charge convenience fees, especially for credit card payments. We were able to verify these payment charges and fees for about 27 of the 67 counties (40.3%). The usual fee is 3% or 3.5% of the payment amount for online and/or phone credit card payments or , in some counties, a flat fee. Collier County charges $5 to pay online. Seminole County charges credit card payment fees ranging from 3.5% in-person to 6% over the phone. These fees are important—if an individual were to pay only the amount initially assessed in the "four corners of the sentencing document," some of their payment may be directed toward these payment fees, leaving an outstanding balance on the debt that was initially assessed.

Third, as previously mentioned, under SB7066, the Florida Legislature limited the LFOs relevant for voter eligibility to "victim restitution and fines and fees ordered as part of the sentence" and provided that they "do not include fines, fees, interest, or other penalties that accrued after the sentence." However, based on my understanding, Florida Statute §28.246 allocates partial payments across fees, service charges, court costs, and fines owed to different government entities

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on a pro-rated basis. Several county clerks reference Florida Statute §§28.246 and 28.24(26) at various points on their online databases, especially with respect to partial payment plans and fees as I noted above (See https://www.lakecountyclerk.org/courts/payment_plans.aspx. and https://www.citrusclerk.org/242/Payment-Plan for typical examples. Last accessed 2/26/2020.)

Subsection 5 of Florida Statute §28.246 reads as follows:

> (5) When receiving partial payment of fees, service charges, court costs, and fines, clerks shall distribute funds according to the following order of priority:
>
> (a) That portion of fees, service charges, court costs, and fines to be remitted to the state for deposit into the General Revenue Fund.
>
> (b) That portion of fees, service charges, court costs, and fines required to be retained by the clerk of the court or deposited into the Clerks of the Court Trust Fund within the Department of Revenue.
>
> (c) That portion of fees, service charges, court costs, and fines payable to state trust funds, allocated on a pro rata basis among the various authorized funds if the total collection amount is insufficient to fully fund all such funds as provided by law.

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(d) That portion of fees, service charges, court costs, and fines payable to counties, municipalities, or other local entities, allocated on a pro rata basis among the various authorized recipients if the total collection amount is insufficient to fully fund all such recipients as provided by law.

It is worth researching further whether, in practice, clerks allocate payments on a pro rata bases among the various authorized recipients in line with the requirements listed above, as well as whether this policy can be construed to allow payments of just fines and fees imposed at sentencing.

Further evidence supports my contention that clerks are not set up to apply payments only to amounts assessed in the "four corners of the sentencing document." As part of the initial calls to all 67 county clerks' offices, we asked the clerks' office staff whether it would be possible to direct payments just to satisfy originally assessed amounts rather than fees or other charges. Staff in 8 counties—Clay, Gilchrist, Gulf, Hardee, Charlotte, Bradford, Walton, and Lake—said this was not possible. Staff in 33 other counties said they did not know if it was possible to direct payments to satisfy originally assessed amounts.[31] Only 8

[31] Hendry, Hernando, Highlands, Madison, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Wakulla, Citrus, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Glades, Hamilton, Alachua, Baker, Bay, Brevard, Broward, Calhoun, Washington, Leon, Levy, Madison, and Manatee.

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counties indicated that it may be possible to pay just the assessed amounts in some circumstances (Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lee, and Liberty).

To summarize these findings, several policies at the county and state levels combine to make paying just the amounts "assessed in the four corners of the sentencing document" for a felony conviction impossible for many people. County clerks and collection agencies require the payment of collections agency fees ranging from 20-40% of the amount due and charge satisfaction fees, payment fees, partial payment fees, and convenience fees to accept payments. Often, counties are not able to direct payments toward fees "assessed in the four corners of the sentencing document" rather than late fees, interest, or other penalties. Clerks' office staff made this point explicitly to the research team in eight counties over the phone, and other counties may have similar policies. As a result of the county-level policies, based on language that I could find on their online databases or through calls to their offices, some or all individuals in at least the following 25 counties would be forced to pay more than just the amount assessed in the four corners of the sentencing document to satisfy the requirements of SB7066, especially if their payments were more than 90 days past due: Clay, Gilchrist, Gulf, Hardee, Charlotte, Bradford, Walton, Lake, Polk, Collier, Miami-Dade, Santa

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Rosa, Seminole, Escambia, Brevard, Citrus, Lee, Osceola, St. Lucie, Orange, Hernando, Manatee, St. Johns, Okaloosa, and Palm Beach.

VI. Conclusion

For the reasons I set out above, I conclude that researching the amount owed for LFOs in Florida is a time consuming, expensive, and burdensome endeavor and, notwithstanding, still may lead to inconclusive answers and inconsistent information about the amount of LFOs owed. In this report, I provide numerous examples of the difficulties that we encountered when trying to research LFOs for a random sample of 153 individuals across 760 cases, including: an inability to get through to clerks' offices even after multiple calls; long wait times in seeking to contact clerks' offices; website issues including glitches and incomplete or missing information; and clerks who refused to help us or, when they did, lacked complete information. As I have shown, sometimes cases required written requests or additional payments to get information. I have provided abundant evidence that court records may be confusing even to researchers with advanced degrees because the records can provide contradictory or incomplete information.

I also conclude that expending the effort to research LFOs through the sources listed in SB7066 is unlikely to provide reliable information about the LFOs an individual would need to pay to satisfy the debts imposed "in the four corners of the sentencing document." I have documented widespread discrepancies between

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the FDLE reports and the clerks' online databases, and even between the clerks' online databases and their own staff's information. We were unable to match the FDLE records to the clerks' online data for 96.73% of our 153 sampled individuals. We found discrepancies between the clerks' online data and their responses over the phone for 16.54% of the 677 cases we attempted to call and could not verify the online information due to unanswered phone calls or clerks' refusal to help us in an additional 59.99% of cases. We found payments that did not add up and missing cases. Sometimes, even the clerks' staff questioned the reliability of their own data, such as in Alachua County when a clerk thought the records needed additional research. Clerks staff also complained about lack of time to complete these requests, such as the Miami-Dade Deputy Clerk who said they were "understaffed."

Finally, despite language in SB 7066 that excludes debt imposed after sentencing such as interest or late fees, I found evidence that in many counties, it is nearly impossible to pay only debts imposed at sentencing due to policies governing partial payments, payment fees, and collection fees. I highlighted several counties that do not accept partial payments on certain debts. I discussed how other counties impose payment fees and collections fees and will direct portions of payments to those other obligations. Eight counties told us over the phone that they could not direct payments just to pay down initial imposed

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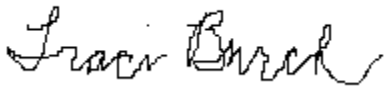
amounts. As a result, I was able to identify at least 25 counties with policies that could require at least some of the people trying to pay LFOs to pay more than just the amount assessed in the "four corners of the sentencing document" to satisfy their obligation under SB7066.

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I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

I reserve the right to continue to supplement my declarations in light of additional facts, testimony, and/or materials that may come to light.

Executed this March 2, 2020, at Cook County, Illinois.



Traci R. Burch, Ph.D.

AMERICAN OVERSIGHT

APPENDIX

LFO Lookup Call Script for Cases for Specific Individuals

Call the county court clerk in the conviction county for the case(s) for the individuals listed in the FDLE to request the following:

"Hi, I'm calling to find out how much someone owes for felony convictions. I want to know how much was originally assessed in fines and fees or restitution and whether they've been paid." Make sure it's clear that you're only interested in FELONY convictions.

IF THEY ASK YOU WHO YOU ARE, SAY "I'm a student doing some research on fines and fees." If they say they can't release information to you say, "Yes you can, this is a matter of public record."

If they give you totals, ask, "Can you please break down these totals for me?" and then use the following prompts:

--"Is that just for the assessed amount?"

--"How much was it originally?"

--"Was there any victim restitution?"

--IF YES: "Have they paid any of that?"

--"Have any payments been made?"

--IF YES: "What's the total of the payments?"

--"Can you tell me anything about late fees or interest or other things that would also need to be paid?"

--"Is it in collections?"

IF they ask for an email follow up to look up all this information, make a note and send the email. Consult with me if you need help writing it.

Also, record the time of the phone call and any other notes about holds, unusual information as noted in the excel sheet using the worksheet below.

Thank them for their time.

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LFO Lookup Call Worksheet

Case Number/individuals (s)_____

Call Time Start_____ Call Time End _____

On hold for _____

Number of calls _____

Date of successful contact_____

Told student researcher?_____

Case 1 _____

Initial Assessed _____

Assessed Amt Due _____

Victim Rest Initial _____

Victim Rest Due _____

Total Payments _____

Late charges _____

Total Amount Due _____

In Collections? _____

Refuse to help, why?_____

Email sent? _____

Received data _____

Case2 _____

Initial Assessed _____

Assessed Amt Due _____

Victim Rest Initial _____

Victim Rest Due _____

Total Payments _____

Late charges _____

Total Amount Due_____

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In Collections?

_____

Refuse to help,
why?_____

Email sent?

_____

Received data

_____

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Instructions for initial calls/website research for 67 county clerks of the circuit court:

1. Check the clerk of the county court website (should be available from here https://www.flclerks.com/page/FindaClerk).
2. Check the county clerk's website to fill the following into the spreadsheet, answer Y for yes and N for no:
    a. Are public court records accessible online? (typically under "search court records")
    b. Do you have to pay to access them?
    c. Can you search by name only?
    d. If yes to "c," search using either last name Brown, first initial "w" or last name Johnson, first initial W:
        i. Are you able to access information about individual fines, fees, and restitution through the web?
            1. Separated by type/purpose? (restitution/fines/fees?)
            2. Sentencing or fines fees document available? (some may be hidden)
            3. Amount due for different fines/fees?
            4. Total amount due?
            5. About how long did it take you to access the information about fines and fees for one case?
    e. Can you pay online?
    f. Do online payments cost money?
    g. What information do you need to pay online?
3. Call the clerk of the county court's office.
    a. "Hello, I have some questions. My [family member] wants to find out what he owes on his case so he can vote. What does he have to do?"
        i. Directed to go online
        ii. Directed to call back with (list information)
        iii. Directed to come to clerks' office
        iv. If offer to help now, say something like "he's not with me now, I'm just trying to help him do it later."

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v. Refused to help now—if you get something like have him call back since they're his cases

b. FOLLOWUP: IF say online or come to clerks' office, ASK IF HE CAN DO IT OVER THE PHONE.
c. What information does he need to have to look it up? Can you just use his name? (Mark all that are NECESSARY in the spreadsheet as "nec" and others that can be used as OPTIONAL (opt).
    i. Name
    ii. Date of birth
    iii. Case number/citation number
    iv. Other identifiers (list)
d. Can you find how much he owes for all his cases at one time? Answer might be something like the following. Paraphrase the exact answer in the spreadsheet
    i. It depends on the number of cases
    ii. It depends on ….
    iii. Yes, we can look it all up at once
    iv. You need to email/call/write us with the info and we can get back to you in X days
    v. The online system will let you do that
e. How long does this usually take? Record the exact answer in the spreadsheet.
f. "Does he need to pay the whole thing or just part of it?"
    i. Can he put all the payment to just the fine or does it go to the late fees too?
g. End the call—"I think I've got it. Thank you for your help"
h. Did they volunteer the information that they could only look up information for cases in their county? (Yes/No)
i. Time and Date of call
j. Length of call
k. Did someone answer on the first try?
l. Placed on hold?
m. NOTES
n. NOTE: YOU CANNOT RECORD CALLS IN FLORIDA WITHOUT CONSENT OF BOTH PARTIES.

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Table: Cases by County w/ Error Rate

Conviction County	Cases with Phone, FDLE, or Online Issue	Total Cases	
Alachua	33	49	67.3%
Brevard	5	6	83.3%
Broward	98	100	98.0%
Clay	5	6	83.3%
DeSoto	1	1	100.0%
Dixie	1	1	100.0%
Duval	126	143	88.1%
Escambia	14	17	82.4%
FLAGLER	1	1	100.0%
Gadsden	7	7	100.0%
Hillsborough	156	160	97.5%
Holmes	1	1	100.0%
Jackson	1	1	100.0%
Lake	1	1	100.0%
Lee	2	2	100.0%
Leon	52	57	91.2%
Madison	1	1	100.0%
Manatee	1	1	100.0%
Marion	2	2	100.0%
Martin	1	1	100.0%
Miami-Dade	9	9	100.0%
Nassau	4	6	66.7%
Okaloosa	1	2	50.0%
Orange	6	6	100.0%
Osceola	12	15	80.0%
Palm Beach	3	3	100.0%

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Conviction County	Cases with Phone, FDLE, or Online Issue	Total Cases	
Pasco	6	6	100.0%
Pinellas	122	131	93.1%
Polk	3	3	100.0%
Putnam	1	1	100.0%
Seminole	1	1	100.0%
St. Lucie	1	1	100.0%
Sumter	1	1	100.0%
Taylor	1	1	100.0%
Volusia	12	13	92.3%
Wakulla	2	2	100.0%
Walton	1	1	100.0%

Table: Error Rates Over Time

Years	% Incorrect
1976-1989	93.1%
1990-1999	89.0%
2000-2009	90.4%
2010-2019	92.1%

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Table: Characteristics of Individuals in Sample

Characteristic	Number of Individuals
Female	17
Male	135
Unspecified Gender	1
Black	97
Hispanic*	1
White	54
Unknown Race	1
Average Age	46.33
Total	153

*The FDLE records did not seem to include a Hispanic category for race, even though some people coded as White or Black had surnames that the U.S. Census Bureau lists as among the most common for people reporting Latino ethnicity.

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FL-GOV-20-0899-A-002530

Pinellas County Online Database Records

REGISTER OF ACTIONS
CASE NO. [redacted]

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STATE OF FLORIDA vs. [redacted]

Case Type: **FELONY**
Date Filed: **04/13/2002**
Location: **Division C**
Judicial Officer: **NEWTON, CYNTHIA J**
Case Number History:
UNIFORM CASE NUMBER: [redacted]

PARTY INFORMATION

BONDSMAN/DIALL-AMERICAN-BAIL-BONDS
5300 ROOSEVELT BLVD
CLEARWATER, FL 33760
Other Agency Numbers
01746799 TRUE SPN

Male Unavailable

Attorneys

DEFENDANT [redacted]

DARREN A WATERS
Public Defender
14250 49 ST N
CLEARWATER, FL 33762
727-464-6516(H)

STATE **STATE OF FLORIDA**
14250 49th STREET NORTH
ROOM 1000
CLEARWATER, FL 33762

WENDY PEPPER
14250 49TH ST NO #1000
SAO
CLEARWATER, FL 33760
727-464-6221(H)

CHARGE INFORMATION - (CHECK PCSO FOR CUSTODY INFO)

Charges:	Statute	Level	Date
1. [redacted]	[redacted])	FELONY - [redacted]	

Bonds
SURETY BOND #2002AA008149 $1,000
04/19/2002 OPEN BOND
08/26/2002 RELEASED BOND
Counts:01
04/12/2002 Arrest Date

Comments: DEFENDANT SPN00042302; [redacted] BOND COMPANY: ALL AMERICAN BAIL BONDS ADDRESS 1: 5300 ROOSEVELT BLVD ADDRESS 2: CLEARWATER, FL; ZIP: 33760; ADBCASM_POWER_NBR: 2002AA008149; ADBCASM_CASE: 0206228CFANO; ADBCASM_PROCESS_DATE: 0; ADBCASM_DISPOSITION: RLSD; ADBCASM_AMOUNT: 0000010000; ADBCASM_AMOUNT: 1000.00; ADBCASM_FINE_COST: 0.00; ADBCASM_ESTREATURE_AMT: 0.00; ADBCASM_REFUND_AMT: 0.00; ADBCASM_OTHER: 0.00; ADBCASM_ASSESSED_COSTS: 0.00; ADBCASM_OTHER_HELD: 0.00; ADBCASM_OTHER_ORDER: 0.00; ADBCASM_DISPOSITION_GDATE: 20020826;

EVENTS & ORDERS OF THE COURT

DISPOSITIONS
08/26/2002 **Disposition**
1. [redacted]

AMERICAN OVERSIGHT

08/26/2002	**Plea** 1. [redacted]
08/26/2002	**Sentence** (Judicial Officer: KHOUZAM, NELLY N) 1. [redacted] State Probation (1 Yr) Comment (Fine: 000003.00; CourtCost: 000465.00; CostofSupervisionRate: 50;) Provisions (Special Provision SENTENCED UNDER GUIDELINES)

OTHER EVENTS AND HEARINGS

12/04/2017	**COLLECTIONS RECEIVED BY LINEBARGER GOGGAN BLAIR Doc # 2** Party: [redacted]
12/03/2017	**REFERRED TO COLLECTION AGENCY Doc # 1**
02/12/2015	**REFERRED TO COLLECTION AGENCY**
12/13/2009	**REFERRED TO COLLECTION AGENCY** *REFERRED TO COLLECTION AGENCY; DEFT: A; VER: F*
08/29/2002	**JUDGMENT FOR COSTS** *JUDGMENT FOR COST $ 468 OR 12201/2236-001; DEFT: A; VER: F*
08/28/2002	**MTN & ORD FORWARDED FOR NOTICE OF SUSPENSION OF DL TO DHSMV** *MTN/ORDER FWD NOTICE/SUSP/DL TO DHSMV &; DEFT: A; VER: F*
08/28/2002	**DRIVER'S LICENSE REVOKED** *DRIVERS LICENSE REVOKED : 2Y (BPO) RPT TO TALL 091102; DEFT: A; VER: F*
08/26/2002	**CHANGED PLEA TO NOLO CONTENDERE** *CHANGED PLEA TO NOLO CONTENDERE; DEFT: A; VER: F*
08/26/2002	**SENTENCED UNDER GUIDELINES** *SENTENCED UNDER GUIDELINES; DEFT: A; VER: F*
08/26/2002	**JUDGMENT** *JUDGEMENT OR 12198/0372-002; DEFT: A; VER: F*
08/26/2002	**PROBATION ORDERED - ADJUDICATED GUILTY** *PROBATION ORDERED - ADJ/G 12M/DO; DEFT: A; VER: F*
08/26/2002	**PAY FINE** *PAY FINE $ 256.00; DEFT: A; VER: N*
08/26/2002	**COURT FACILITIES COURT COSTS** *COURT FACILITIES COURT COSTS $ 150; DEFT: A; VER: N*
08/26/2002	**CRIMINAL JUSTICE EDUCATIONAL & TRAINING FUND ASSESSED $2.00** *CRIM JUST EDUC/TRAIN FD ASSESSED $ 2.00; DEFT: A; VER: N*
08/26/2002	**INVESTIGATIVE COSTS ASSESSED** *INVESTIGATIVE COSTS ASSESSED $ 60/CW; DEFT: A; VER: N*
08/26/2002	**COSTS OF SUPERVISION WAIVED** *COSTS OF SUPERVISION WAIVED; DEFT: A; VER: F*
08/26/2002	**MISCELLANEOUS TEXT** *INCLUDING SURCHARGE; DEFT: A; VER: F*
08/26/2002	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
07/23/2002	**CONVERTED DOCKET** *NOTICE OF PRE-TRIAL - 082602 COURTROOM: C AT 08:30; DEFT: A; VER: F;*
07/22/2002	**PRE-TRIAL HEARING SET** *PRE-TRIAL HRG SET: 082602/0830 AM -C-; DEFT: A; VER: N*
07/22/2002	**HEARING** (1:30 PM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
07/02/2002	**ANSWER TO DEMAND FOR DISCOVERY** *ANSWER TO DEMAND FOR DISCOVERY &; DEFT: A; VER: F*
07/02/2002	**DEMAND NOTICE OF INTENTION TO CLAIM ALIBI** *DEMAND NOTICE INTENTION TO CLAIM ALIBI; DEFT: A; VER: F*
06/21/2002	**CONVERTED DOCKET** *NOTICE OF ARRAIGNMENT - 072202 COURTROOM: C AT 01:30; DEFT: A; VER: F;*
06/19/2002	**INFORMATION FILED** *INFORMATION FILED: (1CT) ATTEMPTED PURCHASE OF COCAINE; DEFT: A; VER: F*
04/19/2002	**ORDER GRANTING** *ORDER GRANTING D/MTN TO MODIFY BOND; DEFT: A; VER: N*
04/19/2002	**BOND AMENDED** *BOND AMENDED TO $ 750; DEFT: A; VER: N*
04/19/2002	**HEARING** (10:00 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
04/17/2002	**DEFENDANT'S INVOCATION OF CONSTITUTIONAL RIGHTS** *DEFT INVOCATION CONSTITUTIONAL RIGHTS; DEFT: A; VER: F*
04/13/2002	**COMPLAINT & ADVISORY** *COMPLAINT AND ADVISORY ATTMPT PURCHASE CRACK COCAINE; DEFT: A; VER: F*
04/13/2002	**ORDER OF PROBABLE CAUSE FOUND** *ORDER OF PROBABLE CAUSE FOUND; DEFT: A; VER: F*
04/13/2002	**PD APPOINTED WRITTEN PLEA NG BY PD & DEMAND FOR DISCOVERY** *PUBLIC DEFENDER APPOINTED (INSOLVENCY); DEFT: A; VER: F*
04/13/2002	**BOND AMENDED** *BOND AMENDED TO $ 1000; DEFT: A; VER: F*
04/13/2002	**DEMAND FOR DISCOVERY** *DEMAND FOR DISCOVERY; DEFT: A; VER: N*
04/13/2002	**WRITTEN PLEA NOT GUILTY BY PD** *WRITTEN PLEA NOT GUILTY-PUBLIC DEFENDER; DEFT: A; VER: N*
04/13/2002	**INVESTIGATIVE COSTS REQUESTED** *INVESTIGATIVE COSTS REQUESTED $ 60/CW; DEFT: A; VER: F*
04/13/2002	**HEARING** (8:00 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-002532

FINANCIAL INFORMATION

DEFENDANT [redacted]



	Total Financial Assessment	772.20
	Total Payments and Credits	187.20
	Balance Due as of 02/04/2020	**585.00**
08/26/2002	Transaction Assessment	571.20
08/26/2002	Transaction Assessment	84.00
11/30/2017	BP COLLECTION RECALL	(187.20)
12/03/2017	Transaction Assessment	117.00

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-002533

REGISTER OF ACTIONS

CASE NO. [redacted]

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STATE OF FLORIDA vs. [redacted]

Case Type: **FELONY**
Date Filed: **12/27/2009**
Location: **Division I**
Judicial Officer: **HELINGER, CHRIS**
Case Number History: [redacted]
LAB REPORT NUMBER: [redacted]
UNIFORM CASE NUMBER: [redacted]

RELATED CASE INFORMATION

Related Cases
[redacted] (LEGACY - FOPS CASE)

PARTY INFORMATION

BONDSMAN/DIFREDDIE-DIXON-BAIL-BONDS
14835 49TH ST N
CLEARWATER, FL 33762
Other Agency Numbers
02299649 TRUE SPN

Male Unavailable

Attorneys

DEFENDANT [redacted]

[redacted]

~~**STACEY M SCHROEDER**~~
~~*Public Defender*~~
~~Attn: PUBLIC DEFENDERS OFFICE~~
~~14250 49th ST N~~
~~CLEARWATER, FL 33762~~

~~727-464-6516(AA)~~

STATE **STATE OF FLORIDA**

14250 49th STREET NORTH
ROOM 1000
CLEARWATER, FL 33762

WESLEY DICUS

P O BOX 5028
SAO
CLEARWATER, FL 33758

727-464-6221(H)

RYAN LOSSIUS

P O BOX 5028
SAO
CLEARWATER, FL 33758

727-464-6221(H)

CHARGE INFORMATION - (CHECK PCSO FOR CUSTODY INFO)

Charges:	Statute	Level	Date
1. [redacted]	[redacted]	FELONY -	[redacted]

Bonds

SURETY BOND	#T1050199937	$1,000
01/04/2010	OPEN BOND	
02/27/2010	RELEASED BOND	
Counts:01		
12/26/2009	Arrest Date	
Comments:		

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DEFENDANT SPN00042302; [redacted]; BOND COMPANY: FREDDIE DIXON BAIL BONDS; ADDRESS 1: 14835 49TH ST N; ADDRESS 2: CLEARWATER FL; ZIP: 33762; ADBCASM_POWER_NBR: T1050199937; ADBCASM_CASE: 0927661CFANO; ADBCASM_PROCESS_DATE: 0; ADBCASM_DISPOSITION: RLSD; ADBCASM_AMOUNT: 0000010000{; ADBCASM_AMOUNT: 1000.00; ADBCASM_FINE_COST: 0.00; ADBCASM_ESTREATURE_AMT: 0.00; ADBCASM_REFUND_AMT: 0.00; ADBCASM_OTHER: 0.00; ADBCASM_ASSESSED_COSTS: 0.00; ADBCASM_OTHER_HELD: 0.00; ADBCASM_OTHER_ORDER: 0.00; ADBCASM_DISPOSITION_GDATE: 20100227;

SURETY BOND	#T550234745	$2,500
06/28/2010	OPEN BOND	
09/16/2010	RELEASED BOND	
Counts:01		
12/26/2009	Arrest Date	
	DEFENDANT SPN00042302; [redacted]; BOND COMPANY: FREDDIE DIXON BAIL BONDS; ADDRESS 1: 14835 49TH ST N; ADDRESS 2: CLEARWATER FL; ZIP: 33762; ADBCASM_POWER_NBR: T550234745; ADBCASM_CASE: 0927661CFANO; ADBCASM_PROCESS_DATE: 0; ADBCASM_DISPOSITION: RLSD; ADBCASM_AMOUNT: 0000025000{; ADBCASM_AMOUNT: 2500.00; ADBCASM_FINE_COST: 0.00; ADBCASM_ESTREATURE_AMT: 0.00; ADBCASM_REFUND_AMT: 0.00; ADBCASM_OTHER: 0.00; ADBCASM_ASSESSED_COSTS: 0.00; ADBCASM_OTHER_HELD: 0.00; ADBCASM_OTHER_ORDER: 0.00; ADBCASM_DISPOSITION_GDATE: 20100916;	
Comments:		

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

09/16/2010 **Disposition**
1. [redacted]

09/16/2010 **Plea**
1. [redacted]

09/16/2010 **Sentence** (Judicial Officer: HELINGER, CHRIS)
1. [redacted]
Comment (Fine: 000297.00; CourtCost: 000353.00;)
Provisions (Special Provision SENTENCED UNDER GUIDELINES)

OTHER EVENTS AND HEARINGS

03/01/2012 **PARTIAL PAYMENT**
PARTIAL PAYMENT $53.07; DEFT: A; VER: F
03/01/2012 **PD LIEN PAYMENT**
PUBLIC DEFENDER LIEN PAID - $100.00; DEFT: A; VER: F
12/01/2011 **PARTIAL PAYMENT**
PARTIAL PAYMENT $14.73; DEFT: A; VER: F
11/04/2011 **PARTIAL PAYMENT**
PARTIAL PAYMENT $46.77; DEFT: A; VER: F
09/30/2011 **COSTS OF PROSECUTION PAID**
COSTS OF PROSECUTION PAID - $100.00; DEFT: A; VER: F
09/30/2011 **PARTIAL PAYMENT**
PARTIAL PAYMENT $10.43; DEFT: A; VER: F
08/25/2011 **PARTIAL PAYMENT**
PARTIAL PAYMENT $86.94; DEFT: A; VER: F
08/12/2011 **PARTIAL PAYMENT**
PARTIAL PAYMENT $1.61; DEFT: A; VER: F
08/12/2011 **INDIGENT CRIMINAL DEFENSE FEE PAID**
INDIG CRIM DEF FEE PAID - $50.00; DEFT: A; VER: F
06/23/2011 **PARTIAL PAYMENT**
PARTIAL PAYMENT $8.21; DEFT: A; VER: F
09/24/2010 **CERTIFICATE OF DISCHARGE TO BOND AGENCY**
CERTIFICATE OF DISCHARGE TO BOND AGENCY T550234745; DEFT: A; VER: N
09/22/2010 **JUDGMENT FOR ATTORNEY FEES AND/OR COSTS**
JDMT FOR ATTY FEES & COSTS $ 100 SAC; DEFT: A; VER: F
09/22/2010 **JUDGMENT FOR FINE AND/OR COSTS**
JUDGMENT FOR FINE/COST $ 132F/568C; DEFT: A; VER: F
09/20/2010 **COMMITMENT PACKET TO DEPARTMENT OF CORRECTIONS**
COMMITMENT PACKET TO DEPT OF CORRECTIONS; DEFT: A; VER: N
09/16/2010 **AMENDED INFORMATION**
INFORMATION AMENDED: (2CTS) SALE AND/OR DELIVERY OF; DEFT: A; VER: F
09/16/2010 [redacted]
09/16/2010 **SENTENCED UNDER GUIDELINES**
SENTENCED UNDER GUIDELINES; DEFT: A; VER: F
09/16/2010 **MISCELLANEOUS TEXT**
**** COUNT 01 ***; DEFT: A; VER: N*
09/16/2010 **CHANGED PLEA TO GUILTY**

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FL-GOV-20-0899-A-002535

	CHANGED PLEA TO GUILTY; DEFT: A; VER: F
09/16/2010	**JUDGMENT & SENTENCE**
	JUDGEMENT & SENTENCE:; DEFT: A; VER: F
09/16/2010	[redacted]
09/16/2010	[redacted]
09/16/2010	**PAY FINE**
	PAY FINE $ 550.00; DEFT: A; VER: N
09/16/2010	**COSTS OF PROSECUTION ASSESSED**
	COSTS OF PROSECUTION ASSESSED $ 100.00; DEFT: A; VER: N
09/16/2010	**INDIGENT CRIMINAL DEFENSE FEE ASSESSED**
	INDIGENT CRIMINAL DEFENSE FEE ASSESSED $ 50; DEFT: A; VER: N
09/16/2010	**INDIGENT CRIMINAL DEFENSE FEE ASSESSED AS A LIEN**
	INDIGENT CRIM DEF FEE ASSESSED AS A LIEN; DEFT: A; VER: N
09/16/2010	**PD LIEN ASSESSED**
	PUBLIC DEFENDER LIEN ASSESSED $ 100; DEFT: A; VER: N
09/16/2010	**DRIVER'S LICENSE REVOKED**
	DRIVERS LICENSE REVOKED : 2Y; DEFT: A; VER: F
09/16/2010	**DNA TESTING FEE TO PCSO**
	DNA TESTING FEE TO PCSO 7.00; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	**** COUNT 02 ***; DEFT: A; VER: N*
09/16/2010	**MISCELLANEOUS TEXT**
	CHANGED PLEA TO GUILTY; DEFT: A; VER: F
09/16/2010	**MISCELLANEOUS TEXT**
	JUDGEMENT & SENTENCE:; DEFT: A; VER: F
09/16/2010	[redacted]
09/16/2010	[redacted]
09/16/2010	[redacted]
09/16/2010	**MISCELLANEOUS TEXT**
	PAY FINE $ 550.00; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	FINE/COST CONCURRENT WITH: COUNT 01; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	COSTS OF PROSECUTION ASSESSED $ 100.00; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	COST OF PROSECUTION CONCURRENT WITH: COUNT 01; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	INDIGENT CRIMINAL DEFENSE FEE ASSESSED $ 50; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	INDIGENT CRIM DEF FEE ASSESSED AS A LIEN; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	PUBLIC DEFENDER LIEN ASSESSED $ 100; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	PUBLIC DEFENDER LIEN CONCURRENT WITH: COUNT 01; DEFT: A; VER: N
09/16/2010	**MISCELLANEOUS TEXT**
	DRIVERS LICENSE REVOKED : 2Y TALL 092310; DEFT: A; VER: F
09/16/2010	**MISCELLANEOUS TEXT**
	D/L REV CONC WITH COUNT 01; DEFT: A; VER: F
09/16/2010	**MISCELLANEOUS TEXT**
	DNA TESTING FEE TO PCSO 7.00; DEFT: A; VER: N
09/16/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION)
	Result: LEGACY MINUTES
09/16/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION)
	Result: LEGACY MINUTES
08/09/2010	**WITNESS SUBPOENA RETURNED**
	WITNESS SUBPOENA RETURNED (4); DEFT: A; VER: F
08/06/2010	**SUBPOENA TO SHERIFF**
	SUBPOENA (010) STATE; DEFT: A; VER: F
08/03/2010	**NOTICE**
	NOTICE OF TRIAL - 091610 COURTROOM: I AT 08:30; DEFT: A; VER: F
08/02/2010	**MISCELLANEOUS TEXT**
	**** Counts 01-02 ***; DEFT: A; VER: N*
08/02/2010	**TRIAL SET**
	TRIAL SET: 091610/0830 AM -I-; DEFT: A; VER: N
08/02/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION)
	Result: LEGACY MINUTES
07/27/2010	**ADDITIONAL LIST OF WITNESSES**
	ADDITIONAL LIST OF WITNESSES &; DEFT: A; VER: F
07/27/2010	**ACKNOWLEDGEMENT OF ADDITIONAL TANGIBLE EVIDENCE**
	ACK OF ADDL TANGIBLE EVIDENCE; DEFT: A; VER: F
07/20/2010	**NOTICE**
	NOTICE OF PRE-TRIAL - 080210 COURTROOM: I AT 08:30; DEFT: A; VER: F
07/19/2010	**MISCELLANEOUS TEXT**
	**** Counts 01-02 ***; DEFT: A; VER: N*
07/19/2010	**ORDER GRANTING**
	ORDER GRANTING: D/MTN TO CONTINUE; DEFT: A; VER: N
07/19/2010	**WAIVED RIGHT TO SPEEDY TRIAL**
	WAIVED RIGHT TO SPEEDY TRIAL; DEFT: A; VER: N
07/19/2010	**PRE-TRIAL HEARING SET**

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	PRE-TRIAL HRG SET: 080210/0830 AM -I-; DEFT: A; VER: N
07/19/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
06/29/2010	**NOTICE** *NOTICE OF PRE-TRIAL - 071910 COURTROOM: I AT 08:30; DEFT: A; VER: F*
06/29/2010	**SURETY BOND POSTED** *SURETY BOND POSTED; DEFT: A; VER: F*
06/28/2010	**MISCELLANEOUS TEXT** **** Counts 01-02 ***; DEFT: A; VER: N*
06/28/2010	**ORDER GRANTING** *ORDER GRANTING: D/MTN TO SET BOND; DEFT: A; VER: N*
06/28/2010	**BOND AMENDED** *BOND AMENDED TO $ 3500.00 (TOTAL); DEFT: A; VER: N*
06/28/2010	**MISCELLANEOUS TEXT** *-COUNT 1 BOND AMENDED TO $2500.00; DEFT: A; VER: N*
06/28/2010	**MISCELLANEOUS TEXT** *-COUNT 2 BOND AMENDED TO $1000.00; DEFT: A; VER: N*
06/28/2010	**PRE-TRIAL HEARING SET** *PRE-TRIAL HRG SET: 071910/0830 AM -I-; DEFT: A; VER: N*
06/28/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
06/10/2010	**NOTICE RETURNED SERVED** *NOTICE RETURNED SERVED; DEFT: A; VER: F*
06/07/2010	**NOTICE** *NOTICE OF PRE-TRIAL - 062810 COURTROOM: I AT 08:30; DEFT: A; VER: F*
06/04/2010	**MISCELLANEOUS TEXT** **** Counts 01-02 ***; DEFT: A; VER: N*
06/04/2010	**WAIVED RIGHT TO SPEEDY TRIAL** *WAIVED RIGHT TO SPEEDY TRIAL; DEFT: A; VER: N*
06/04/2010	**PRE-TRIAL HEARING SET** *PRE-TRIAL HRG SET: 062810/0830 AM -I-; DEFT: A; VER: N*
06/04/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
05/14/2010	**NOTICE RETURNED SERVED** *NOTICE RETURNED SERVED; DEFT: A; VER: F*
05/11/2010	**NOTICE** *NOTICE OF PRE-TRIAL - 060410 COURTROOM: I AT 08:30; DEFT: A; VER: F*
05/10/2010	**MISCELLANEOUS TEXT** **** Counts 01-02 ***; DEFT: A; VER: N*
05/10/2010	**PRE-TRIAL HEARING SET** *PRE-TRIAL HRG SET: 060410/0830 AM -I-; DEFT: A; VER: N*
05/10/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
04/16/2010	**NOTICE** *NOTICE OF PRE-TRIAL - 051010 COURTROOM: I AT 08:30; DEFT: A; VER: F*
04/15/2010	**MISCELLANEOUS TEXT** **** Counts 01-02 ***; DEFT: A; VER: N*
04/15/2010	**ORDER GRANTING** *ORDER GRANTING: D/MTN TO CONTINUE; DEFT: A; VER: N*
04/15/2010	**PRE-TRIAL HEARING SET** *PRE-TRIAL HRG SET: 051010/0830 AM -I-; DEFT: A; VER: N*
04/15/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
04/02/2010	**NOTICE RETURNED SERVED** *NOTICE RETURNED SERVED; DEFT: A; VER: F*
03/29/2010	**NOTICE** *NOTICE OF PRE-TRIAL - 041510 COURTROOM: I AT 08:30; DEFT: A; VER: F*
03/26/2010	**MISCELLANEOUS TEXT** **** Counts 01-02 ***; DEFT: A; VER: N*
03/26/2010	**WAIVED RIGHT TO SPEEDY TRIAL** *WAIVED RIGHT TO SPEEDY TRIAL; DEFT: A; VER: N*
03/26/2010	**PRE-TRIAL HEARING SET** *PRE-TRIAL HRG SET: 041510/0830 AM -I-; DEFT: A; VER: N*
03/26/2010	**REMOVE FROM** *REMOVE FROM: PTL 041210/0830 AM -I-; DEFT: A; VER: N*
03/26/2010	**NOTICE RETURNED SERVED** *NOTICE RETURNED SERVED; DEFT: A; VER: F*
03/26/2010	**HEARING** (8:30 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
03/23/2010	**NOTICE** *NOTICE OF PRE-TRIAL - 041210 COURTROOM: I AT 08:30; DEFT: A; VER: F*
03/22/2010	**MISCELLANEOUS TEXT** **** Counts 01-02 ***; DEFT: A; VER: N*
03/22/2010	**PRE-TRIAL HEARING SET** *PRE-TRIAL HRG SET: 041210/0830 AM -I-; DEFT: A; VER: N*
03/22/2010	**HEARING** (1:30 PM) (Judicial Officer JUDGE, DEFAULT CONVERSION) Result: LEGACY MINUTES
03/05/2010	**ANSWER TO DEMAND FOR DISCOVERY** *ANSWER TO DEMAND FOR DISCOVERY; DEFT: A; VER: F*
03/05/2010	**DEMAND NOTICE OF INTENTION TO CLAIM ALIBI** *DEMAND NOTICE INTENTION TO CLAIM ALIBI; DEFT: A; VER: F*
03/03/2010	**NOTICE RETURNED SERVED** *NOTICE RETURNED SERVED; DEFT: A; VER: F*
03/02/2010	**CERTIFICATE OF DISCHARGE TO BOND AGENCY**

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	CERTIFICATE OF DISCHARGE TO BOND AGENCY T1050199937; DEFT: A; VER: N
03/01/2010	**NOTICE**
	NOTICE OF ARRAIGNMENT - 032210 COURTROOM: I AT 01:30; DEFT: A; VER: F
02/27/2010	**MISCELLANEOUS TEXT**
	**** Counts 01-02 ***; DEFT: A; VER: N*
02/27/2010	**ORDER GRANTING**
	ORDER GRANTING: S/MTN TO REVOKE BOND; DEFT: A; VER: N
02/27/2010	**REVOKE AND/OR RELEASE BOND**
	REVOKE/RELEASE/REFUND BOND; DEFT: A; VER: N
02/27/2010	**BOND AMENDED**
	BOND AMENDED TO $ 0.00 TOTAL; DEFT: A; VER: N
02/27/2010	**HEARING** (8:00 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION)
	Result: LEGACY MINUTES
02/26/2010	[redacted]
02/26/2010	[redacted]
01/05/2010	**SURETY BOND POSTED**
	SURETY BOND POSTED; DEFT: A; VER: F
01/05/2010	**HEARING** (10:00 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION)
	Result: LEGACY MINUTES
12/30/2009	**AFFIDAVIT OF INDIGENT STATUS**
	AFFIDAVIT OF INDIGENT STATUS; DEFT: A; VER: F
12/30/2009	**DETERMINATION OF STATUS - INDIGENT**
	DETERMINATION OF STATUS - INDIGENT; DEFT: A; VER: F
12/30/2009	**DEFENDANT'S INVOCATION OF CONSTITUTIONAL RIGHTS**
	DEFT INVOCATION CONSTITUTIONAL RIGHTS; DEFT: A; VER: F
12/27/2009	**COMPLAINT & ADVISORY**
	COMPLAINT AND ADVISORY SALE OR DELIVERY OF CRACK COCAINE; DEFT: A; VER: F
12/27/2009	**ORDER OF PROBABLE CAUSE FOUND**
	ORDER OF PROBABLE CAUSE FOUND; DEFT: A; VER: F
12/27/2009	**PD APPOINTED WRITTEN PLEA NG BY PD & DEMAND FOR DISCOVERY**
	PUBLIC DEFENDER APPOINTED (INSOLVENCY) - PROVISIONAL; DEFT: A; VER: F
12/27/2009	**INDIGENT CRIMINAL DEFENSE FEE ASSESSED**
	INDIGENT CRIMINAL DEFENSE FEE ASSESSED $ 50; DEFT: A; VER: N
12/27/2009	**BOND AMENDED**
	BOND AMENDED TO $ 1000.00; DEFT: A; VER: F
12/27/2009	**DEMAND FOR DISCOVERY**
	DEMAND FOR DISCOVERY; DEFT: A; VER: N
12/27/2009	**WRITTEN PLEA NOT GUILTY BY PD**
	WRITTEN PLEA NOT GUILTY-PUBLIC DEFENDER; DEFT: A; VER: N
12/27/2009	**HEARING** (8:00 AM) (Judicial Officer JUDGE, DEFAULT CONVERSION)
	Result: LEGACY MINUTES

FINANCIAL INFORMATION

DEFENDANT [redacted]

Court Ordered Click Here! Pay Now! Fines, Fees, Costs?

	Total Financial Assessment			800.00
	Total Payments and Credits			303.07
	Balance Due as of 02/04/2020			**496.93**
09/16/2010	Transaction Assessment			550.00
09/16/2010	Transaction Assessment			100.00
09/16/2010	Transaction Assessment			100.00
09/16/2010	Transaction Assessment			50.00
09/16/2010	COUNTER PAYMENT	Receipt # 20350701	[redacted]	(53.07)
09/16/2010	COUNTER PAYMENT	Receipt # 20350703		(100.00)
09/16/2010	COUNTER PAYMENT	Receipt # 20350705		(100.00)
09/16/2010	COUNTER PAYMENT	Receipt # 20350707		(50.00)

AMERICAN OVERSIGHT

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New Search Expand All

Case Number	Filed Date	Case Type	Status	Contested
[redacted]	11/06/1998	Felony[redacted]	CLOSED	NO

	Charge Seq #	Description	Date	Phase	Trial
	1	[redacted]	03/18/1999	Court:Adjudicated Guilty	No Trial

Party Name	Party Type	Attorney	Bar ID
SPRINGSTEAD, JACK W	JUDGE		
TOMBRINK, RICHARD JR	JUDGE AT DISPOSITION		
[redacted] Search This Party	DEFENDANT		
[redacted] Search This Party	ALSO KNOWN AS		
[redacted] Search This Party	ALSO KNOWN AS		

Dockets

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Image	Doc #	Action Date	Description	Pages
		03/23/2011	ASSESSED MSB FEE FOR SERVICES 23.93 DUE	
		03/23/2011	CASE REFERRED TO MSB COLL AGENCY - CALL (800) 568-7004	
		03/23/2011	COMPLIANCE CONDITIONS UPDATED	
		03/23/2011	SENT TO COLLECTION ISSUED-	
		08/03/2007	BACKLOG SCAN OF DOCKET ENTRIES PRIOR TO 1/1/07	
		03/11/2005	PAYMENT OF $.23 RECEIVED ON CF17	
		03/01/2005	JUDGMENT WITHOUT FINGERPRINTS BK 17985 PG 1828	
		03/01/2005	SENTENCING GUIDELINE SCORESHEET	
		03/01/2005	SENTENCE	
		03/01/2005	CHARGES/COSTS/FEES	
		03/01/2005	UNIFORM COMMITMENT TO CUSTODY OF DEPT OF CORRECTIONS	
		03/01/2005	FINGERPRINTS OF DEF -SEE 98-1043CF	
		03/01/2005	AFFIDAVIT OF INDIGENT STATUS	
		03/01/2005	ASSESSED FEL PUB DEF FEE $40 40.00 DUE 03/01/2005	

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Image	Doc #	Action Date	Description	Pages
		03/01/2005	CLOSED CASE	
		03/01/2005	SENTENCING GUIDELINE SCORESHEET	
		03/01/2005	ORDER OF REVOCATION OF PROBATION	
		03/01/2005	FINGERPRINTS FILED	
		03/01/2005	$ REDUCE TO JUDGMNT	
		[redacted]	[redacted]	
		03/01/2005	CLOSE VOP WARRANT-PL GLTY ADMIT-ADJ GLTY-WAIVE HEAR-	
		03/01/2005	DEFENSE ATTY: GONZALEZ, AURELIO A APD ASSIGNED	
		01/20/2005	PASCO COUNTY ARREST AFFIDAVIT	
		01/20/2005	VOP/VOCC WARRANT RETURNED SERVED 1/20/05	
		01/20/2005	UNSECURE CASE STATUS	
		01/20/2005	REOPEN CASE	
		01/20/2005	JDG: J SPRINGSTEAD-DEF SIGNED-BOND SET @ NONE	
		01/20/2005	VOP ARRAIGNMENT SET FOR 03/01/2005 AT 09:00 IN HCC/D,	
		01/20/2005	DEFENSE ATTY: TEMPORARY APPT OF PD ASSIGNED	
		01/19/2005	VOP WARRANT ISSUED EXECUTED HERNANDO COUNTY SHERIFFS OFFIC By 591	
		01/19/2005	REOPENED FOR VOP WARRANT	
		08/17/2004	LTR FROM DEF REQUESTING COURT DATE FOR VOP	
		07/19/2004	AMENDED AFFIDAVIT VIOLATION OF PROBATION	
		06/24/2004	JUDGE J SPRINGSTEAD ASSIGNED	
		06/21/2004	WARRANT/CAPIAS ISSUED - CASE SECURED	
		06/21/2004	VOP WARRANT ISSUED FOR VOP/VOCC (STATE)-BOND: NO BOND	
		01/04/2000	MARCH 18, 1999	
		01/04/2000	ORIGINAL TRANSCRIPTS OF CHANGE OF PLEA/SENTENCING DATED	
		03/18/1999	JUDGEMENT WITHOUT FINGERPRINTS	
		03/18/1999	APOLOGY LETTER-PER P & P CONTRACT	
		[redacted]	[redacted]	
		03/18/1999	PT:DEF P-PREV. PL W/DRAWN-PL GLTY-PSI WVD-PDR WVD-ADJ	
		03/18/1999	CLOSED CASE	
		[redacted]	[redacted]	

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FL-GOV-20-0899-A-002540

Image	Doc #	Action Date	Description	Pages
		[redacted]	[redacted]	
		[redacted]	[redacted]	
		03/18/1999	ADJUDICATED GUILTY 1	
		03/18/1999	DEFENDANT APPEARED PRES W/ATTYFOR NO TRIAL TRIAL 1	
		03/18/1999	DEFENDANT ENTERED PLEA OF GUILTY 1	
		[redacted]	[redacted]	
		[redacted]	[redacted]	
		03/18/1999	WAIVER OF RIGHTS & PLEA AGREEMENT FILED	
		02/25/1999	DEF TO HERANDO CO. CRTHOUSE 031899 PRETRL]	
		02/25/1999	PETITION/ORDER FOR TRANSFER OF INMATE [HCSO TO DELIVER	
		02/25/1999	TOMBRINK	
		02/25/1999	PRE TRIAL SET FOR 03/18/1999 AT 09:00 IN HCC/B, JDG: R	
		02/18/1999	COUNTY JAIL	
		02/18/1999	DEF UNTIL 031899 FOR PRE TRL--PER PD:DEF MAY BE IN PASCO	
		02/18/1999	P/TRL: DEF N/P PD PRESENT-SPEEDY TRL WVD CONTD AT REQ OF	
		02/18/1999	NTC TO APPEAR ON 031899 FOR PRETRL: MAILED BY CLERK	
		01/21/1999	CONTD AT REQUEST OF DEF TIL 021899 FOR PRETRL	
		01/21/1999	PRETRL: DEF P--REP BY BOVE,APD--SPEEDY TRIAL WAIVED--	
		01/21/1999	TOMBRINK	
		01/21/1999	PRE TRIAL SET FOR 02/18/1999 AT 09:00 IN HCC/B, JDG: R	
		01/21/1999	ASSESSED PD APPLIC FEE 40.00 DUE 01/21/1999	
		01/21/1999	NTC TO APPEAR 021899 @9:00 FOR PRETRL SIGNED BY DEF	
		01/08/1999	STATES DISCOVERY EXHIBIT	
		01/05/1999	LTR TO JUDGE TOMBRINK FROM DEF	
		12/28/1998	DEFENSE ATTY: BOVE, CHRIS APD ASSIGNED	
		12/10/1998	NOTICE OF DISCOVERY	
		12/08/1998	PL NG; CONTD AT REQUEST OF DEF TIL 012199 FOR PRETRL	
		12/08/1998	ARRN: DEF P--REP BY BOVE,APD--WAIVED READING OF INFO--	
		12/08/1998	TOMBRINK	
		12/08/1998	PRE TRIAL SET FOR 01/21/1999 AT 09:00 IN HCC/B, JDG: R	
		12/08/1998	NOTICE TO APPEAR 012199 PRETRL:SIGN BY DEF	
		12/01/1998	PROSECUTOR: KLAPKA, NICOLE A SCHELL ASSIGNED	
		11/24/1998	INFORMATION FILED ON GRAND THEFT OF FIREARMS	
		11/24/1998	FILED 1	
		11/10/1998	DEFENSE ATTY: APPTD PUBLIC DEF ASSIGNED	
		11/06/1998	NOTICE TO APPEAR 120898 ARRAIGN TO DEF:MAIL BY CLERK	

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Image	Doc #	Action Date	Description	Pages
		11/06/1998	APPTED PD-RET 120898 ARRAIGN	
		11/06/1998	[redacted]-1ST APPEAR-BOND SET @ $2000.00-	
		11/06/1998	ARRESTING OFFICERS AFFIDAVIT/BOOKING REPORT FILED	
		11/06/1998	JUDGE R TOMBRINK ASSIGNED	
		11/06/1998	CASE FILED WITH CLERK	
		11/02/1998	R TOMBRINK	
		11/02/1998	ARRAIGNMENT SET FOR 12/08/1998 AT 09:00 IN HCC/B, JDG:	

Judge Assignment History ☐

Court Events ☐

Sentences ☐

Seq : 1	Sentence	Status	Date Imposed	Date Effective	Judge At Sentence
	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	Money Imposed	Concurrent	03/01/2005	03/01/2005	TOMBRINK, RICHARD JR

Financial Summary ☐

Financial Summary			
Assessment	Total: $103.93	Paid to Date: $0.23	Balance Due: $103.70
Restitution	Total: $0.00	Paid to Date: $0.00	Balance Due: $0.00

Financial Details					
Count	Assessment Due	Assessment Paid to Date	Restitution Due	Restitution Paid to Date	Last Payment Date
	$103.93	$0.23	$0.00	$0.00	-

Reopen History ☐

** Pursuant to Florida Statutes and Florida Rules of Court Procedure, records that have been designated as expunged, sealed or confidential may not be available through this service. For additional information on specific records please contact the Clerk of Court.

AMERICAN OVERSIGHT

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New Search Expand All

Case Number	Filed Date	Case Type	Status	Contested
[redacted]	05/15/2006	Felony [redacted]	CLOSED	NO

	Charge Seq #	Description	Date	Phase	Trial
	1	[redacted]	09/28/2006	Court:Adjudicated Guilty	No Trial

Party Name	Party Type	Attorney	Bar ID
RUSHING, STEPHEN O	JUDGE		
RUSHING, STEPHEN O	JUDGE AT DISPOSITION		
[redacted] Search This Party	ALSO KNOWN AS		
[redacted] Search This Party	ALSO KNOWN AS		
[redacted] Search This Party	DEFENDANT		
[redacted] Search This Party	ALSO KNOWN AS		

Dockets

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Image	Doc #	Action Date	Description	Pages
		05/13/2014	Payment received: $76.92 Receipt Number H 290843	
		05/13/2014	Assessment 2 Total Assessed $708.00 Balance Remaining $671.08	
		05/13/2014	Assessment 1 Total Assessed $40.00 Balance Remaining $0.00	
		05/13/2014	PAYMENT POSTED 5/13/2014	
		05/05/2014	MADE PARTIAL PAYMENT THRU MSB	
		09/30/2009	ASSESSED MSB FEE FOR SERVICES 266.40 DUE	
		09/30/2009	CASE REFERRED TO MSB COLL AGENCY - CALL (800) 568-7004	
		09/30/2009	COMPLIANCE CONDITIONS UPDATED	
		09/30/2009	SENT TO COLLECTION ISSUED-	
		02/08/2007	BACKLOG SCAN OF DOCKET ENTRIES PRIOR TO 1/1/07	
		10/20/2006	ORDER OF REVOCATION OF PROBATION	
		09/28/2006		

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Image	Doc #	Action Date	Description	Pages
			ORD ASSESS,FEES,COSTS,FINES/ENTER JUDGMNT[BK2337 PG135	
		09/28/2006	JUDGMENT WITH FINGERPRINTS (BK:2336 PG:1925)	
		09/28/2006	COURT ORDER REPORT OF DISPOSITION	
		09/28/2006	CLOSED CASE	
		09/28/2006	SENTENCING GUIDELINE SCORESHEET	
		09/28/2006	DISCOVERY TESTING	
		09/28/2006	SENTENCE--DNA TEST--REDUCE TO JDGMNT--DEF WAIVES DNA	
		09/28/2006	PLEA: ADMIT--WAIVE VOP HRG--CONCUR W/ANY OTHER	
		[redacted]	[redacted]	
		09/28/2006	CLOSED FOR OTHER REASON	
		08/31/2006	HCC / E JDG: STEPHEN RUSHING	
		08/31/2006	VOP STATUS CHECK SET FOR 9/28/2006 AT 09:00 IN	
		08/31/2006	DEFENDANT NOTICED IN OPEN COURT	
		08/31/2006	DEFENDANT PRESENT	
		08/01/2006	AFFIDAVIT OF INDIGENT STATUS	
		08/01/2006	ASSESSED FEL PUB DEF FEE $40 40.00 DUE 08/08/2006	
		08/01/2006	VIOLATION PLEA DENY	
		08/01/2006	/ E JDG: STEPHEN RUSHING	
		08/01/2006	HCC	
		08/01/2006	STATUS CHECK VOP SET FOR 08/31/2006 AT 09:00 IN	
		08/01/2006	APD	
		08/01/2006	PUBLIC DEFENDER APPOINTED - GONZALEZ, AURELIO A	
		08/01/2006	DEFENDANT NOTICED IN OPEN COURT	
		08/01/2006	DEFENSE ATTY: GONZALEZ, AURELIO A APD ASSIGNED	
		08/01/2006	PROSECUTOR: WELLS, MARLENE ASSIGNED	
		08/01/2006	DEFENDANT PRESENT	
		07/21/2006	PAYABLE TO WF & PF	
		07/21/2006	THE OFFENSE (VICTIMS OUT OF POCKET EXPENSES ONLY MJ)	
		07/21/2006	AMENDED RESTITUTION ORDER $516.83 FOR DAMANGES FROM	
		07/05/2006	INFORMATION PURPOSE ONLY	
		[redacted]	[redacted]	
		07/05/2006	PURPOSES ONLY	
		07/05/2006	VOP/VOCC WARRANT FOR PC ARREST FOR INFORMATION	
		06/27/2006	AFFIDAVIT OF INDIGENT STATUS-INCOMPLETE/UNSIGNED	
		06/27/2006	8/1/06--DEF SIGNED	

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Image	Doc #	Action Date	Description	Pages
		06/27/2006	1ST APPEARANCE-BOND SET NO BOND--WILL HIRE ATTY--RET	
		06/27/2006	P C ARREST AFFIDAVIT/BOOKING REPORT FILED ON VOP	
		06/27/2006	JDG: STEPHEN RUSHING--DEF SIGNED	
		06/27/2006	VOP ARRAIGNMENT SET FOR 08/01/2006 AT 09:00 IN HCC/E,	
		06/27/2006	REOPENED FOR OTHER REASON	
		06/27/2006	DEFENSE ATTY: NO ATTORNEY AT THIS TIME ASSIGNED	
		06/27/2006	JUDGE STEPHEN RUSHING ASSIGNED	
		06/19/2006	ORD ASSESS,FEES,COSTS,FINES/ENTER JUDGMENT(IF INDICATE)TO BE RECORDED	
		06/15/2006	ASSESSMENT REDUCED TO JUDGMENT/LIEN	
		06/15/2006	STANDARD CONDITIONS OF SUPERVISION	
		06/15/2006	ASSESSED PUBLIC DEF LIEN 100.00 DUE 06/14/2008	
		06/15/2006	ASSESSED FELONY W/H OR PTI 708.00 DUE 06/14/2008	
		06/15/2006	CLOSED CASE	
		06/15/2006	SENTENCING GUIDELINE SCORESHEET	
		06/15/2006	WAIVER OF RIGHTS & PLEA AGREEMENT	
		06/15/2006	ACKNOWLEDGMENT REGARDING AMOUNT OF CREDIT TIME SERVED	
		06/15/2006	CO HOLD-VOP(MM)	
		06/15/2006	JUDGMENT LIEN (VICTIM'S OUT OF POCKET)--DEF HAS SUMTER	
		06/15/2006	CASE--ALL F/C/F $848--BALANCE OF RESTIT TO INS.CO. AS	
		06/15/2006	RESERVE--TERM-ALL CONDITIONS MET--RELEASE TODAY THIS	
		06/15/2006	[redacted] RESTITUTION TBD-	
		06/15/2006	[redacted]	
		06/15/2006	DEFENDANT SENTENCED AS FOLLOWS: - CNT 1	
		06/15/2006	ADJUDICATION WITHHELD 1	
		06/15/2006	DEFENDANT APPEARED PRES W/ATTY FOR NO TRIAL TRIAL 1	
		06/15/2006	DEFENDANT ENTERED PLEA OF GUILTY 1	
		06/15/2006	DEFENSE ATTY: BAUER, DAVID APD ASSIGNED	
		06/08/2006	INFORMATION FILED CT 1	
		06/08/2006	PROSECUTOR: LEWIS, D ROBERT ASSIGNED	
		05/17/2006	J SPRINGSTEAD-DEF SIGNED	
		05/17/2006	ARRAIGNMENT SET FOR 06/15/2006 AT 09:00 IN HCC/D, JDG:	
		05/17/2006	DEFENSE ATTY: APPTD PUBLIC DEF ASSIGNED	
		05/17/2006	JUDGE J SPRINGSTEAD ASSIGNED	
		05/15/2006	AFFIDAVIT OF INDIGENT STATUS	
		05/15/2006	ASSESSED FEL PUB DEF FEE $40 40.00 DUE 05/22/2006	
		05/15/2006	CASE FILED WITH CLERK	
		05/13/2006	ARREST 1-BOND CT1 $5000	

Judge Assignment History

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-002545

Court Events

Sentences

Seq : 1	Sentence	Status	Date Imposed	Date Effective	Judge At Sentence
	[redacted]	Not Applicable	09/28/2006	09/28/2006	RUSHING, STEPHEN O
	[redacted]	Not Applicable	09/28/2006	09/28/2006	RUSHING, STEPHEN O
	Money Imposed	Not Applicable	09/28/2006	09/28/2006	RUSHING, STEPHEN O

Financial Summary

Financial Summary			
Assessment	Total: $888.00	Paid to Date: $76.92	Balance Due: $811.08
Restitution	Total: $0.00	Paid to Date: $0.00	Balance Due: $0.00

Financial Details

Count	Assessment Due	Assessment Paid to Date	Restitution Due	Restitution Paid to Date	Last Payment Date
	$888.00	$76.92	$0.00	$0.00	-

Reopen History

** Pursuant to Florida Statutes and Florida Rules of Court Procedure, records that have been designated as expunged, sealed or confidential may not be available through this service. For additional information on specific records please contact the Clerk of Court.

AMERICAN OVERSIGHT

FL-GOV-20-0899-A-002546

Traci Burch

Employment

- Associate Professor, Northwestern University Department of Political Science (2014-Present)

- Research Professor, American Bar Foundation (2007- Present)

- Assistant Professor, Northwestern University Department of Political Science (2007-2014)

Education

- *Harvard University*
  Ph.D. in Government and Social Policy
  Dissertation: *Punishment and Participation: How Criminal Convictions Threaten American Democracy*

Committee: Jennifer Hochschild (Chair), Sidney Verba, and Gary King

- *Princeton University*
  A.B. in Politics, *magna cum laude*

Publications

- Kay Lehman Schlozman, Philip Edward Jones, Hye Young You, Traci Burch, Sidney Verba, Henry E. Brady. 2018. "Organizations and the Democratic Representation of Interests: What Happens When Those Organizations Have No Members?" *Perspectives on Politics*.

- Burch, Traci. 2016. "Political Equality and the Criminal Justice System." In Resources, Engagement, and Recruitment. Casey Klofstad, ed. Philadelphia: Temple University Press.

- Burch, Traci. 2016. "Review of The First Civil Right by Naomi Murakawa." *The Forum.*

- Kay Lehman Schlozman, Philip Edward Jones, Hye Young You, Traci Burch, Sidney Verba, Henry E. Brady. 2015. "Louder Chorus – Same Accent: The Representation of Interests in Pressure Politics, 1981-2011." In Darren Halpin, David Lowery, Virginia Gray, eds. The Organization Ecology of Interest Communities. New York: Palgrave Macmillan.

- Burch, Traci. 2015. "Skin Color and the Criminal Justice System: Beyond Black-White Disparities in Criminal Sentencing." *Journal of Empirical Legal Studies* 12(3): 395-420.

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- Burch, Traci. 2014. "The Old Jim Crow: Racial Residential Segregation and Neighborhood Imprisonment." *Law & Policy* 36(3) 223-255.

- Burch, Traci. 2014. "The Effects of Imprisonment and Community Supervision on Political Participation." Detaining Democracy Special Issue. *The Annals of the American Academy of Political and Social Science* 651 (1) 184-201.

- Burch, Traci. 2013. Trading Democracy for Justice: Criminal Convictions and the Decline of Neighborhood Political Participation. Chicago: University of Chicago Press.

- Hochschild, Jennifer, Vesla Weaver, and Traci Burch. 2012. Transforming the American Racial Order. Princeton: Princeton University Press.

- Schlozman, Kay Lehman, Sidney Verba, Henry Brady, Traci Burch, and Phillip Jones. 2012. "Who Sings in the Heavenly Chorus? The Shape of the Organized Interest System." In Schlozman, Kay Lehman, Sidney Verba, and Henry Brady, The Unheavenly Chorus, Princeton: Princeton University Press.

- Schlozman, Kay Lehman, Sidney Verba, Henry Brady, Phillip Jones, and Traci Burch. 2012. "Political Voice through Organized Interest Activity." In Schlozman, Kay Lehman, Sidney Verba, and Henry Brady, The Unheavenly Chorus, Princeton: Princeton University Press.

- Burch, Traci. 2012. "Did Disfranchisement Laws Help Elect President Bush? New Evidence on the Turnout and Party Registration of Florida's Ex-Felons." *Political Behavior* 34 (1); 1-26.

- Burch, Traci. 2011. "Turnout and Party Registration among Criminal Offenders in the 2008 General Election." *Law and Society Review* 45(3): 699-730.

- Burch, Traci. 2011. "Fixing the Broken System of Financial Sanctions." *Criminology and Public Policy* 10(3).

- Hochschild, Jennifer; Vesla Weaver, and Traci Burch. 2011. "Destabilizing the American Racial Order." *Daedalus* 140; 151-165.

- Burch, Traci. 2009. "Can the New Commander-In-Chief Sustain His All Volunteer Standing Army?" *The Dubois Review on Race* 6(1).

- Burch, Traci. 2009. "Review of *Imprisoning Communities*, by Todd Clear." *Law and Society Review* 43(3) 716-18.

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- Burch, Traci. 2009. "American Politics and the Not-So-Benign Neglect of Criminal Justice," in The Future of American Politics, ed. Gary King, Kay Schlozman, and Norman Nie. (New York: Routledge).

- Schlozman, Kay Lehman and Traci Burch. 2009. "Political Voice in an Age of Inequality," in America at Risk: Threats to Liberal Self-Government in an Age of Uncertainty, ed. Robert Faulkner and Susan Shell (Ann Arbor: University of Michigan Press).

- Hochschild, Jennifer and Traci Burch. 2007. "Contingent Public Policies and the Stability of Racial Hierarchy: Lessons from Immigration and Census Policy," in Political Contingency: Studying the Unexpected, the Accidental, and the Unforeseen, ed. Ian Shapiro and Sonu Bedi (New York: NYU Press).

Honors and Fellowships

- **American Political Science Association 2014 Ralph J. Bunche Award (for Trading Democracy for Justice).**

- American Political Science Association Urban Section 2014 Best Book Award (for Trading Democracy for Justice).

- American Political Science Association Law and Courts Section 2014 C. Herman Pritchett Award (for Trading Democracy for Justice).

- Research grant, Stanford University Center for Poverty and Inequality (2012).

- American Political Science Association E. E. Schattschneider Award for the best doctoral dissertation in the field of American Government (2009)

- American Political Science Association William Anderson Award for the best doctoral dissertation in the field of state and local politics, federalism, or intergovernmental relations (2008)

- American Political Science Association Urban Section Best Dissertation in Urban Politics Award (2008)

- Harvard University Robert Noxon Toppan Prize for the best dissertation in political science (2007)

- Institute for Quantitative Social Sciences Research Fellowship (2006-07)

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- *European Network on Inequality* Fellowship (2005)
- Research Fellowship, The Sentencing Project (2005)
- Doctoral Fellow, Malcolm Weiner Center for Inequality and Social Policy (2004-07)

Professional Service

- General Social Survey Board of Overseers (2020-2025)
- APSA Kammerer Prize Committee (2017)
- Associate Editor, *Political Behavior* (2015-2019)
- APSA Law and Courts Section, Lifetime Achievement Award Prize Committee (2014-2015)
- Law and Society Association, Kalven Prize Committee (2013-2014)
- American Political Science Association, Urban Politics Section Dissertation Prize Committee(2012-13)
- American Political Science Association, Urban Politics Section Executive Committee (2012-13)
- Law and Society Association Diversity Committee, (2012-2013)
- American Political Science Association, Urban Politics Section Program Co-Chair (2011)
- Associate Editor, *Law and Social Inquiry*
- American Political Science Association, Urban Politics Section Book Prize Committee (2009)
- Reviewer for *The American Political Science Review, Public Opinion Quarterly, American Politics Research, and Time-Sharing Experiments in the Social Sciences.*

Presentations and Invited Talks

- Pennsylvania State University, State College, PA. "Effect of Officer Involved Killings on Protest. November 2019.
- Princeton University. Princeton NJ. "Effects of Police Shootings on Protest among Young

AMERICAN OVERSIGHT

Blacks." November 2019.

- Missouri Fellows of the American Bar Foundation. Branson, MO. Police Shootings and Political Participation in Chicago. September 2019.

- Northwestern University. "Police Shootings and Political Participation." November, 2018.

- Princeton University. Princeton, NJ. "Police Shootings and Political Participation." September, 2018.

- University of California at Los Angeles. Los Angeles, CA. "Police Shootings and Political Participation." August, 2018.

- American Bar Association Annual Meeting. Chicago, IL. "Police Shootings and Political Participation." August 2018.

- American Bar Endowment Annual Meeting. Lexington, KY. "Effects of Police Shooting in Chicago on Political Participation." June 2018.

- Vanderbilt University. "Effects of Police Shootings in Chicago on Political Participation." April 2018.

- Washington University in St. Louis. "Effects of Pedestrian and Auto Stops on Voter Turnout in St. Louis." February 2018.

- Fellows of the American Bar Foundation, Los Angeles. "Assaulting Democracy." January 2018.

- Northwestern University Reviving American Democracy Conference. Panel presentation. "Barriers to Voting." January 2018.

- University of Illinois at Chicago. "Effects of Police Shootings in Chicago on Political Participation." October, 2017.

- Chico State University. "Constitution Day Address: Policing and Political Participation." September, 2017.

- Fellows of the American Bar Foundation, Atlanta, Georgia. "Policing in Georgia." May 2017.

- United States Commission on Civil Rights. Testimony. "Collateral Consequences of Mass

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Incarceration." May 2017.

- Northwestern University Pritzker School of Law. "Effects of Police Stops of Cars and Pedestrians on Voter Turnout in St. Louis." April 2017.

- University of California at Los Angeles. Race and Ethnic Politics Workshop. "Effects of Police Stops of Cars and Pedestrians on Voter Turnout in St. Louis." March 2017.

- University of North Carolina at Chapel Hill. American Politics Workshop. "Effects of Police Stops of Cars and Pedestrians on Voter Turnout in St. Louis." February 2017.

- National Bar Association, St. Louis MO. "Political Effects of Mass Incarceration." July 2016.

- Harvard University, Edmond J. Safra Center for Ethics. Inequalities/Equalities in Cities Workshop. April 2016.

- American Political Science Association Annual Meeting. September 2015. "Responsibility for Racial Justice." Discussant.

- St. Olaf College. April 2015. "The Collateral Consequences of Mass Incarceration."

- Northwestern University. Institute for Policy Research. February 2015. "The Civic ~~Culture~~ Structure."

- Texas A&M University. Race, Ethnicity, and Politics Workshop. September 2014. "Trading Democracy for Justice."

- Columbia University Teachers College. The Suburban Promise of Brown Conference. May 2014. "Can We All Get Along, Revisited: Racial Attitudes, the Tolerance for Diversity, and the Prospects for Integration in the 21st Century."

- University of Kentucky. Reversing Trajectories: Incarceration, Violence, and Political Consequences Conference. April 2014. "Trading Democracy for Justice."

- University of Chicago. American Politics Workshop. March 2014. "How Geographic Differences in Neighborhood Civic Capacity Affect Voter Turnout."

- Kennedy School of Government, Harvard University. February 2014. "Trading Democracy for Justice.

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- University of Michigan. American Politics Workshop. December 2013. "Trading Democracy for Justice."

- Yale University. American Politics and Public Policy Workshop. September 2013. "Trading Democracy for Justice."

- American Political Science Association Annual Meeting. August 2013. "The Heavenly Chorus Is Even Louder: The Growth and Changing Composition of the Washington Pressure System." With Kay Lehman Schlozman, Sidney Verba, Henry Brady, and Phillip Jones.

- National Bar Association, Miami Florida, July 2013. "The Collateral Consequences of Mass Imprisonment."

- Loyola University. American Politics Workshop. December 2012. "Mass Imprisonment and Neighborhood Voter Turnout."

- Marquette University School of Law. November 2012. "The Collateral Consequences of Mass Imprisonment."

- Yale University. Detaining Democracy Conference. November 2012. "The Effects of Imprisonment and Community Supervision on Political Participation."

- Brown University. American Politics Workshop. October 2012. "Mass Imprisonment and Neighborhood Voter Turnout."

- American Bar Association National Meeting, August 2012. "Mass Imprisonment: Consequences for Society and Politics."

- University of Madison-Wisconsin. American Politics Workshop. March 2012. "The Spatial Concentration of Imprisonment and Racial Political Inequality."

- American Political Science Association Annual Meeting. 2011. **"Theme Panel: How Can Political Science Help Us Understand the Politics of Decarceration?"**

- University of Pennsylvania. Democracy, Citizenship, and Constitutionalism Conference. April, 2011. "Vicarious Imprisonment and Neighborhood Political Inequality."

- University of Chicago School of Law. Public Laws Colloquium. Chicago, IL. November, 2010. ""The Effects of Neighborhood Incarceration Rates on Individual Political Efficacy and Perceptions of Discrimination."

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- Pomona College. November, 2010. "Incarceration Nation."

- University of Washington. Surveying Social Marginality Workshop. October 2010. "Using Government Data to Study Current and Former Felons."

- American Bar Foundation, Chicago, IL, September 2010. "The Effects of Neighborhood Incarceration Rates on Individual Political Attitudes."

- Northwestern University. Chicago Area Behavior Conference. May 2010. "Trading Democracy for Justice: The Spillover Effects of Incarceration on Voter Turnout in Charlotte and Atlanta."

- Annual Meeting of the Law and Society Association, Chicago, IL, May 2010. "Neighborhood Criminal Justice Involvement and Voter Turnout in the 2008 General Election."

- Annual Meeting of the Southern Political Science Association, Atlanta, GA, January 2010. "The Art and Science of Voter Mobilization: Grassroots Perspectives on Registration and GOTV from Charlotte, Atlanta, and Chicago."

- University of Illinois at Chicago. Institute for Government and Public Affairs. November 2009. "Turnout and Party Registration among Convicted Offenders during the 2008 Presidential Election."

- Annual Meeting of the American Political Science Association, Toronto, Ontario, Canada, September 2009. "'I Wanted to Vote for History:' Turnout and Party Registration among Convicted Offenders during the 2008 Presidential Election."

- Harris School of Public Policy, University of Chicago. American Politics Workshop. December 2008. "Trading Democracy for Justice? The Spillover Effects of Imprisonment on Neighborhood Voter Participation."

- Northwestern University School of Law. Law and Political Economy Colloquium. November 2008. "Did Disfranchisement Laws Help Elect President Bush? New Evidence on the Turnout Rates and Candidate Preferences of Florida's Ex-Felons."

- University of California, Berkeley. Center for the Study of Law and Society. October 2008. "Trading Democracy for Justice? The Spillover Effects of Imprisonment on Neighborhood Voter Participation."

- Law and Society Association Annual Meeting, Montreal, Canada, May 2008. "Did Disfranchisement Laws Help Elect President Bush? New Evidence on the Turnout Rates and Candidate Preferences of Florida's Ex-Felons."

AMERICAN OVERSIGHT

- Law and Society Association Annual Meeting, Montreal, Canada, May 2008. "Trading Democracy for Justice? The Spillover Effects of Imprisonment on Neighborhood Voter Participation."

- Midwest Political Science Association Conference, Chicago, IL, April 2007. Paper: "Concentrated Incarceration: How Neighborhood Incarceration Decreases Voter Registration."

Works in Progress

- Burch, Traci. "Effects of Pedestrian and Auto Checks on Voter Turnout in St. Louis."

- Burch, Traci. "Effects of Police Shootings on Political Participation in Chicago."

- Burch, Traci. "Which Black Lives Matter? Agenda Setting and Police Violence"

- Burch, Traci. "Exploring the effects of Police Misconduct on Political Participation at the Local Level"

- Burch, Traci. "How Common is Policing for Profit? Examining City Revenues from Fines, Forfeitures, and Fees."

- Burch, Traci. "Vicarious Imprisonment and Political Inequality: How the Spatial Concentration of Imprisonment Shapes Black Voter Turnout." Chapter in edited volume at University of Pennsylvania Press. Book manuscript under review.

- Burch, Traci. "The Civic ~~Culture~~ Structure: Neighborhood Organizational Presence and Voter Turnout"

AMERICAN OVERSIGHT

United States District Court
for the Northern District of Florida
Tallahassee Division

Kelvin Jones,

Plaintiffs,

v. Consolidated Case No. 4:19-cv-300

Ron DeSantis, etc., et al.,

Defendants.

Expert Report of J. Morgan Kousser, Ph.D.

Professor of History and Social Science
Caltech Division of the Humanities and Social Sciences
MC 228-77
214 Baxter Hall
1200 E California Blvd.
Pasadena, CA 91125

On Behalf of Plaintiffs Jeff Gruver, Emory Marquis "Marq" Mitchell, Betty Riddle, Kristopher Wrench, Keith Ivey, Karen Leicht, Raquel Wright, Steven Phalen, Clifford Tyson, Jermaine Miller, Curtis D. Bryant, Jr., Jesse D. Hamilton, LaToya Moreland, Florida State Conference of the NAACP, Orange County Branch of the NAACP, and League of Women Voters of Florida

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I. Purpose and Organization of This Report

1. I have been asked by the plaintiffs in *Jones v. DeSantis* to examine evidence related to the question of whether the bill that the Florida Legislature passed in May 2019 in response to Amendment 4, the Voter Restoration Amendment (hereinafter referred to by its legislative designation as "S.B. 7066") was adopted with a racially discriminatory purpose and to summarize that evidence. To do so, I have reviewed the sorts of sources conventionally used by historians in such inquiries: legislative records, depositions, scholarly papers and books, unpublished reports related to the issues in the case, and newspaper and other reports of the activities and expressions of participants in the debates over the issues, not only in 2019, but in previous years. If other materials become available in the course of discovery, I will either include them in a revised form of this paper or write a supplementary report. As is conventional in academic papers, I will phrase the inquiry as a hypothesis to be tested and offer my judgment as to the weight of the evidence.

2. Because the evidence I will present is plentiful and covers more than the few months of the legislative session, it will be useful to outline the report and to include a table of contents for easy reference. I will begin by introducing my qualifications. To introduce the reader to the evidence and arguments of this report, I will next include an overview of the evidence to be presented more extensively in Sections IV-VII of the paper. This is followed by a sketch of ten "intent factors," drawn from federal court cases and my experience as an expert in litigation and scholarship in analyzing discriminatory intent. The central case in the analysis of intent in civil rights cases, Village of Arlington Heights v. Metropolitan Housing Development Corp., 429 U.S. 252 (1977), guides my review of the intent factors. I then offer a brief discussion of the sorts of sources that I have examined for this report and whether they are conventionally employed by historians in their scholarly and expert witness work, followed by a relatively brief summary of the evidence. Next, I will turn to a more intensive and detailed examination of the evidence, which will form the core of the report. I will then, much less extensively, reorganize that evidence under ten rubrics, drawn largely from federal court opinions, that are relevant to the larger question of determining the intent of S.B. 7066.

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II. Credentials

3. I am a professor of history and social science at the California Institute of Technology. Educated at Princeton and Yale, I have been a visiting professor at Michigan, Harvard, Claremont, and the Hong Kong University of Science and Technology. In 1984-85, I was Harmsworth Professor of American History at Oxford. As my curriculum vitae, attached as an **appendix** shows, I have published three books and edited another, in addition to 47 scholarly articles, 86 book reviews, and 27 entries in reference works. I have given 80 talks at universities and 50 at scholarly conventions. My work has focused on minority voting rights, educational discrimination, race relations, the legal history of all of the foregoing subjects, political history, and quantitative methods. I was editor of the journal *Historical Methods*, which specializes in interdisciplinary and quantitative history, from 2000 through 2012. My doctoral dissertation and first book, *The Shaping of Southern Politics: Suffrage Restriction and the Establishment of the One-Party South, 1880-1910* (1974), was the first comprehensive study of the subject. Termed "the definitive monograph on the establishment of the one-party system in the postwar South" by the late David Donald of Harvard, and more recently, in the *Harvard Law Review*, as "still magisterial,"[1] *Shaping* concerned the connection between party politics and the disfranchisement of black and poor white people in the late 19th and early 20th century South. My 1999 book, *Colorblind Injustice: Minority Voting Rights and the Undoing of the Second Reconstruction*, was co-winner of the annual Lillian Smith Award of the Southern Regional Council for the best book on the South and co-winner of the annual Ralph J. Bunche Award of the American Political Science Association for the best scholarly work in political science which explores the phenomenon of ethnic and cultural pluralism. One of my most recent articles, "The Strange, Ironic Career of Section Five of the Voting Rights Act, 1965-2007," published in the *Texas Law Review*, is the first comprehensive history of the Voting Rights Act's first 42 years. Another, "Do the Facts of Voting Rights Support Chief Justice Roberts's Opinion in *Shelby County*?" introduced the largest data base of voting rights cases and administrative actions yet compiled, covering the U.S. from 1957 through 2006. It has now been extended through 2019.

[1] Pildes, Richard H. "The Supreme Court 2003 Term." *Harvard Law Review*, vol. 118, no.29, 2004, p. 60 n139.

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Among my forthcoming articles is a 9000-word entry on "Voting Rights" for the *Oxford Handbook of American Political History*.

4. I am being compensated at $400 per hour for my work on this case. My compensation is not contingent on or affected by the substance of my opinions or the outcome of this case.

5. I have previously testified or consulted in 37 federal voting rights or redistricting cases and 18 state cases (in Alaska and California). The first case I testified in (by deposition) concerned the disfranchisement of former felons in Alabama.[2] I also testified by deposition in a felon disfranchisement case in Washington State.[3] Many cases in which I testified, such as the key case of *City of Mobile v. Bolden,*[4] concerned whether at-large systems of voting were adopted or maintained with a racially discriminatory intent or whether they had discriminatory effects. Others, such as *Garza v. County of Los Angeles Board of Supervisors*,[5] involved questions of "racial gerrymandering." In some cases, such as the 2003 Texas "re-redistricting" case, *LULAC v. Perry*,[6] the sources of my testimony were primarily qualitative. In others, such as the 2002 California state redistricting case, *Cano v. Davis*,[7] the sources of my testimony were primarily quantitative. My most recent testimony includes the Section 2[8] and Section 5[9] of the Voting Rights Act Texas redistricting cases and the 2012 Texas voter identification case,[10] the 2014 North Carolina photo identification and election law case,[11] and an at-large elections case in Santa Monica, California

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[2] *Hunter* v. *Underwood*, 471 U.S. 222 (1985).
[3] *Farrahkan v. Locke*, (Federal District Court, Washington State, D.C. No. CV-96-0076-RHW (2005), rev'd by 9th Cir., No. 06-35669 (Jan. 5, 2010).
[4] 446 U.S. 55 (1980), on remand 542 F. Supp. 1050 (S.D. Ala. 1982).
[5] 918 F. 2d 763 (9th Cir. 1990).
[6] 548 U.S. 399 (2006).
[7] 211 F. Supp. 2d 1208 (C.D. Ca. 2002).
[8] *Perez v. Abbott*, No. 5:11-cv-360, 2017 WL 962947 (W.D. Tex. Mar. 10, 2017) (three-judge court).
[9] *Texas v. United States*, 887 F. Supp. 2d 133 (D.D.C. 2012) (three-judge court), *vacated*, 133 S. Ct. 2885 (2013).
[10] *Texas v. Holder*, 888 F. Supp. 2d 113 (D.D.C. 2012) (three-judge court), *vacated*, 133 S. Ct. 2886 (2013).
[11] *N. Carolina State Conference of NAACP v. McCrory*, 831 F.3d 204 (4th Cir. 2016).

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that involved both California Voting Rights Act and intent contentions.[12] I testified about both the intent and the effect of the laws in both the Texas voter ID case and the North Carolina election law case. I have testified or consulted, often producing written reports on racially polarized voting, in at-large election cases under the California Voting Rights Act in Modesto, Hanford, Tulare County, Compton, Palmdale, Santa Clarita, the Santa Clarita Community College District, Santa Barbara, Highland, Rancho Cucamonga, Fullerton, the Fullerton School Board, Banning, West Covina, Arcadia, and Santa Clara.

6. I have testified twice before subcommittees of the U.S. House Judiciary Committee on voting rights, the most recent being before the Subcommittee on the Constitution, Civil Rights, and Civil Liberties, Committee on the Judiciary, U.S. House of Representatives, about *Legislative Proposals to Strengthen the Voting Rights Act*, Oct. 17, 2019. My testimony, which the Subcommittee termed "compelling and persuasive," is summarized in H. Rept. 116-317 *Voting Rights Advancement Act of 2019*, available at https://www.congress.gov/congressional-report/116th-congress/house-report/317/1?q=%7B%22search%22%3A%22Voting+Rights+Advancement+Act%22%7D&r=3&overview=closed, at pp. 53-56.

III. Summary

A. An Overview of the Intent of the Florida Legislature

7. Sections IV-VII of this report lay out the evidence in considerable detail. I begin by examining whether Amendment 4 compelled the legislature to adopt exactly the restrictions on the vote for returning citizens set out in S.B. 7066 – no more, no less, and as finally adopted. Several legislators, particularly the central framer of S.B. 7066, Rep. James Grant (R-Tampa), claimed that the legislature had no discretion whatsoever, that he was a mere instrument of the will of the voters. I refer to this contention as the "faithful steward" assertion. If incontrovertible, it offers a perfect defense against charges that S.B. 7066 was adopted with a racial or any other intent. But perfection comes at a price. If there was any evidence that casts doubt on the exact congruence between Amendment 4 and S.B. 7066,

[12] *Pico Neighborhood Assn. v. City of Santa Monica*, BC616804 (Superior Court, Los Angeles County, 2019), under appeal.

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then the legislature had discretion, and the reasons for the choices that it made, and the foreseeable effects of those choices are worth analyzing. The choices might possibly support a contention that the law was adopted with a racial intent. While it is true that the Florida Supreme Court has recently issued an advisory opinion ruling that Amendment 4 contemplated "all terms of sentence" to include fines, fees, costs, and restitution, that opinion came long after the legislative session; the issue, as shown below, was much less settled during that session; and there were crucial questions, such as how to treat legal financial obligations (hereinafter LFOs) that had been converted to civil liens, that the Supreme Court's opinion did not address.[13]

8. To be completely fair to the faithful steward assertion, I begin by laying out the evidence relied on by the proponents of S.B. 7066, and the bills that preceded it, S.B. 7086 and H.B. 7089. In particular, I review statements made by a representative of the Florida Rights Restoration Coalition, Jon Mills, before the Florida Supreme Court in 2017 when that court considered only whether the proposed amendment's ballot language violated the single subject rule and the purposes of the amendment were clear.

9. I then turn to inconsistencies in statements by some of the proponents of Amendment 4 during the campaign for its adoption. They did not consistently use the same definition of the completion of a sentence, which undercuts contentions that the meaning of Amendment 4 was entirely clear.

10. I next review discussions and the final report of the Financial Impact Estimating Conference (hereinafter FIEC), an official body composed of state civil servants, several drawn from agencies closely connected with the Florida Legislature, which is tasked with examining the financial consequences for state and local governmental bodies of any state ballot proposition. Their videotaped discussions and final, public report explicitly stated that the definition of completion of a sentence in Amendment 4 was unclear, which was very important for their purposes, because the fiscal consequences for various departments of state and local government might differ considerably depending on how "completion of a sentence" was

[13] Advisory Opinion to the Governor Re: Implementation of Amendment 4, the Voting Restoration Amendment, SC 19-1341 (Supreme Court of Florida, Jan. 16, 2020).

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defined. This report was available to the legislature in 2016—two years before Amendment 4 was voted on.

11. Ten of the state's major newspapers provide the most comprehensive data source available for determining what the state's voters thought a "sentence" meant. The defendants in this case looked to statements in the State Supreme Court judicial hearing, a newspaper article, a television program, and two press releases. But they cherry-picked the evidence. I searched for "felon voting" in archives containing those ten major newspapers from Oct. 1, 2018 through Nov. 7, 2018 (the day after the election). I found 55 news articles, editorials, or op-eds. Only two of them clearly defined a "sentence" as referring to restitution, fines, and fees. Twenty articles treated a "sentence" as something that ended when one completed a prison term or parole and probation. Five articles that mentioned restitution considered a "sentence" a prison term, while nine that mentioned restitution were not clear about the definition of a sentence; but none of those fourteen articles included fines, fees, or costs in their descriptions. Nineteen articles were ambiguous, not referring to any LFOs, but also not definitively implying that a sentence constituted only prison time. The conclusion is that what newspapers told the voters about the meaning of a "sentence" was inexact, not the absolutely certain definition that the faithful steward assertion requires. In fact, only two of 55 mentions of a "sentence" in newspaper discussions of Amendment 4 track the terms of S.B. 7066.

12. Nor did the legislators act as if they believed that the definition of a sentence in Amendment 4 was "crystal clear," as Rep. Grant often put it. At first, even House Speaker Jose Oliva (R-Miami Lakes) seemed unsure what Amendment 4 meant, and Rep. Byron Donalds (R-Naples) told a newspaper that "Completion of sentence is all over the map." Rep. Grant's initial bill required payment not only of all LFOs set out in a person's original sentence, but all of the later expenses imposed in prison or as part of probation or tacked on by collection agencies. Until a day or so before the legislative session ended, Sen. Brandes's bill allowed returning citizens to vote if their LFOs had been converted to civil liens, but the House forced him to drop that provision from the final bill. Throughout the legislative session, then, the sponsors and proponents of what became S.B. 7066 acted as if they had considerable discretion in framing the terms of a bill to

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implement Amendment 4– i.e., as if they were considerably more than mere faithful stewards.

13. The sponsors and proponents of Amendment 4 believed that it was self-executing. When it became clear that the Republican-dominated legislature was going to pass some sort of implementing law, the Amendment 4 sponsors and several Democratic leaders in the legislature reluctantly worked with the proponents of the implementing legislation, particularly Sen. Brandes, to attempt to mitigate the impact of any such legislation. But Sen. Brandes and, to a much greater extent, the Amendment 4 sponsors, expressed disappointment with the final bill, which they thought continued the felon disfranchisement regime.

14. Despite the fact that Rep. Grant claimed to be "dumbfounded" by charges that his bill was a racially discriminatory poll tax, his hometown newspaper had announced, three days before the November 2018 election, in a banner, front-page headline, that, "Amendment 4 would restore felons, disproportionately black and Democrat, to the rolls." Rep. Grant's repeated brusque dismissals of such charges should be taken not as evidence of their inaccuracy, but of the opposite.

15. The history of executive clemency in Florida from 1975 through 2018 suggests why Amendment 4 was proposed and strengthens the argument that felon disfranchisement was always connected to racial issues. Under Democratic governors Reubin Askew and Bob Graham from 1975 through 1987, returning citizens had their civil rights restored automatically when they finished probation and parole. There was a marked decline in the number of instances of executive clemency in the 1990s, but after the 2000 Bush/Gore debacle, Gov. Jeb Bush significantly relaxed the clemency process. After Bush, Charlie Crist, in an apparently successful effort to win black votes in the 2006 gubernatorial election, promised much greater ease, and he largely delivered. Crist's efforts, which some Republicans thought cost John McCain Florida's electoral votes in 2008, were stunningly reversed by Gov. Rick Scott after 2010. The number of clemencies fell from a high of nearly 90,000 in one year under Crist to a little over 3,000 in eight years under Scott. Black legislators and newspapers denounced Gov. Scott's executive clemency process as "racial and partisan."

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16. From 1998 through 2018, there were 53 bills introduced to ease felon disfranchisement, 95 of whose 118 sponsors were black legislators. Almost none received even a committee hearing. The failure of all of these bills and the blockage of the clemency process by the Scott Administration increased the pressure for change, and the only means was the petitioning process to put a rights restoration measure on the ballot. The impetus for change was in the black community because black individuals were disproportionately likely to be convicted of felonies and to lose their rights, often for life, even after they had emerged from prisons or jails. Furthermore, newspaper articles in the years before 2018, often stressed the connection between race and felon disfranchisement.

17. During the debate on Amendment 4, certain proponents hesitated to stress the measure's connection to racial justice because they needed a supermajority of voters and private polling that they commissioned suggested that a racial justice message would defeat the measure. Nonetheless, numerous newspaper articles mentioned the racial disparities in felon disfranchisement and the effect on that discriminatory pattern if Amendment 4 were to pass.

18. Political scientists often disparage the effect of felon re-enfranchisement measures, on the grounds that relatively poor and uneducated people whose connections with society are often strained are unlikely to participate in civic affairs. Nevertheless, the breadth and depth of the Amendment 4 campaign threatened to undermine this conventional wisdom. Passing Amendment 4 took a movement, and Republicans who had just beaten a black gubernatorial candidate by 0.4% or 33,000 votes must have thought that it might be costly to run a real world experiment on the political science proposition.

19. Repeatedly during the debates over what became S.B. 7066, Rep. Grant repeated that he did not want to see any data about how many people would be affected by S.B. 7066 and its predecessor bills or, more specifically, what its effect on black people would be because, he claimed, "I don't want to know the impact of this [bill]." But a mountain of evidence shows that Rep. Grant, Sen. Brandes, and other legislators and members of the public must have known the impact of the bill. Rep. Grant did not need

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to see the data and did not want to discuss it publicly because he obviously knew what it would show, and how that would reflect on his motives.

20. Because the sponsors of Amendment 4 hoped that they might be able to convince the proponents of what became S.B. 7066 to compromise on the bill's harshest restrictions on the vote, they discouraged legislators, especially black legislators, from raising racial issues during the debates. When several did, especially after the period when a compromise seemed possible ended, the proponents of S.B. 7066 refused to answer them directly, relying entirely on the faithful steward defense or disdaining opponents of the bill as lacking "truth and fact and intellectual honesty."

21. The crucial amendment of the original bill, Sen. Brandes's agreement to enfranchise returning citizens whose LFOs had been converted to civil liens, would have considerably enlarged the proportion of returning citizens who could vote under S.B. 7066. The final abandonment of that amendment demonstrates that the legislature was determined to pass a bill that was almost the most restrictive of the rights of former felons that it possibly could. It rejected not only Sen. Brandes's amendment, but a series of amendments by black legislators that would have partially mitigated the harm to the franchises of returning citizens.

22. But there are even stronger reasons to believe that the Legislature was aiming at a bill that had a maximal disfranchisement result. From the 2016 hearings of the FIEC, it was clear that the felon disfranchisement process was a Kafkaesque bureaucratic nightmare. After hearing testimony from a variety of state officials, the FIEC determined that it would take eleven databases, stored in different agencies, in addition to restitution information that often no one at all kept track of, to determine whether someone had fulfilled all of his financial obligations. This was repeatedly discussed during the legislative process, and Rep. Grant openly admitted that Florida did not have a centralized system in place and that it would be very difficult for the state agencies to perform the tasks that they were somehow supposed to after S.B. 7066 went into effect. The legislature knew that the more information – restitution plus fines plus fees plus court costs – they piled into the bill's requirements, the longer it would take state and county staffers to check a returning citizen's satisfaction of all the qualifications to vote, and the more likely it would be that the task could never be completed—by

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staffers or returning citizens. Sociologists have called such a set of rules "bureaucratic disentitlement." That the legislators made no serious effort to overcome this bureaucratic disfranchisement casts a serious reflection on their motives.

23. The legislators knew, because of the well-documented, widely publicized racial disparities in the criminal justice system, that a disproportionate number of returning citizens were black. They purposely made the prospect of restoring voting rights nearly as restrictive as they could, and they piled bureaucratic complexity after complexity on the process, assuring that it would clog. They ignored and, as suggested by an internal legislative "talking points" memo, never deigned to answer repeated charges that the bill was racially discriminatory. The conclusion is inescapable that the sponsors of S.B. 7066 intended to restrict the rights of black and poorer returning citizens of every race.

B. Ten Intent Factors

24. To organize and systematize inquiries into the intent of the framers of a law or redistricting plan, I set out nine "intent factors" in a law review article in 1991, basing them on Supreme Court and lower federal court opinions, as well as on law journal articles and my experience in analyzing such questions in normal scholarship and for trials.[14] While in the central U.S. Supreme Court case on such matters, *Arlington Heights*, Justice Powell did not spend much time explaining the rationale for each factor, I tried to do so, drawing on fuller discussions in lower courts, law reviews, and historical research.[15] I subdivided some of Justice Powell's factors for purposes of clarity. In my later book, *Colorblind Injustice*, I increased the number of factors to ten and expanded the discussion and examples.[16] Because it may help the reader of this report to consider the framework before actually beginning to review the evidence in detail, I will lay out the factors and brief rationales for them here. Further discussion and many more references to

[14] Kousser, J. Morgan. "How to Determine Intent: Lessons from L.A.," *Journal of Law and Politics*, vol. 7, 1991, pp. 704-14.
[15] *Village of Arlington Heights v. Metro. Hous. Dev. Corp.*, 429 U.S. 252 (1977).
[16] Kousser, J. Morgan. *Colorblind Injustice: Minority Voting Rights and the Undoing of the Second Reconstruction*. Univ. of North Carolina Press, 1999, at 347-58.

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legal cases and historical examples are available in the indicated pages of *Colorblind Injustice.*

25. Underlying every causal explanation in history is an implicit or explicit **model of human behavior**, a theory, often inchoate, of how people typically act in certain kinds of situations. Sometimes based on empirical generalizations, sometimes, on rough analogies, sometimes, on common sense, these frameworks should not mechanically determine conclusions--if they do, why bother about the evidence? But they do establish baselines of initial plausibility for different possible interpretations, and the thinner the available evidence in any instance, the more determinative of conclusions the theory is likely to be. What, for example, have historians, sociologists, and political scientists said about the connections between felon disfranchisement and race? And how have they treated politicians' explanations of their actions? Do political scientists generally believe that politicians are self-interested actors who manipulate electoral rules for their own advantage, or to secure the triumph of their particular ideals, or do they accept at face value the frequent claim by politicians that they are merely transparent vehicles for public opinion? The **first factor** is meant to be partly prescriptive, for analysts of electoral rules and structures ought to be aware of relevant scholarly literature about parallel instances; partly descriptive, for expectations based on one's reading and experience will inevitably affect one's assessment of evidence; and partly cautionary, for awareness of possible unconscious biases may help one avoid them.

26. The **second factor** is the **historical context**, especially the sequence of events, which is important for what it reveals about the general attitudes and interests of decisionmakers. Laws passed during periods of racial turmoil, such as the First Reconstruction or its aftermath, or the Civil Rights Era, or after an upsurge in minority voting or minority candidate success, must be viewed with suspicion. As we shall see, Amendment 4 was: the culmination of over 20 years of unsuccessful legislative efforts, unsuccessful lawsuits, inconsistent use of executive orders, and other advocacy to ease restrictions on the voting of returning citizens; passed at the same time as the most serious black political candidate in the history of the state had barely lost; and it was then, as most proponents of Amendment 4 believed, virtually reversed by S.B. 7066. Putting the events of the 2019 Florida state

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legislative session into their full historical context helps to illuminate the motives of the participants.

27. The **third factor** should be the **text** or provisions of the law or regulation. In the Alabama constitutional convention of 1901, delegates added some, but not other misdemeanors to the list of felonies for which men were disfranchised. This selectivity was taken to be an indication of racially discriminatory intent by the Supreme Court in *Hunter* v. *Underwood*, especially since one of the misdemeanors appended was miscegenation, a racist "crime" for which white men were rarely convicted in the South.[17] The text of Amendment 4 and the selection and exclusion of specific LFOs, in the text of the bills and amendments that went into of S.B. 7066, much discussed during the 2019 legislative session, and subsequent bills, may shine some light on the motives of the proponents of S.B. 7066.

28. The **fourth** variety of evidence is **basic demographic facts.** A rising and/or concentrated minority population, or populations whose depressed educational and economic levels reflect the vestiges of past and present racial and ethnic discrimination, are facts that politicians can be expected to observe, and that, therefore, should be assumed to affect their design of electoral rules and structures. The racial composition of the current and returning citizen population in Florida, well known because of widespread and publicly-available reporting, and especially to the sponsors of S.B. 7066, both of whom sat on criminal justice subcommittees in Florida's Legislature, is of obvious relevance to the question of what expectations those sponsors must have had about the likely effect of the law. That the same legislative session spent a great deal of time considering criminal justice legislation, in the course of which they heard testimony about racial disparities in the criminal justice system, reinforces the point. The legislators also surely knew that black people were, on average, less affluent than whites, so that a "colorblind" requirement that returning citizens completely pay the sometimes hefty fines, fees, costs, and restitution before being allowed to register to vote would have a disproportionate effect on black people.

29. The **fifth factor** is the **climate of racial politics**, which is usually indicated by two basic political facts, the number of minority candidates elected and the approximate extent of racial polarization among voters.

[17] *Hunter* v. *Underwood*, 471 U.S. 222 (1985), at 226-28.

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Such facts must be assumed to condition the expectations of officials who frame or maintain electoral arrangements. If the Republicans in the legislature who voted unanimously for S.B. 7066 were somehow—though implausibly—unaware that the Democratic nominee for governor in 2018, Andrew Gillum, was black, the first black nominee for Florida Governor from a major party, and that, according to exit polls, black voters supported him by 86-14, they had only to look around them at the racial identity of so many leading Democratic legislators, which contrasted dramatically with the Republicans' own racial identities.[18] The racial polarization of the electorate is reflected too in several racists and coded attacks that Gillum faced during his campaign. Moreover, other black candidates, local as well as statewide, posed increasingly potent threats to the hegemony of the state's dominant political group.

30. A **sixth factor** is the **background of key decisionmakers**, because it may reflect on their motives in particular instances. At minimum, the experiences of the two principal sponsors of S.B. 7066, Rep. James Grant (R-Tampa) and Sen. Jeff Brandes (R-St. Petersburg) on the criminal justice committees in a legislative session in which criminal justice reform shared the headlines with S.B. 7066, makes it certain that those sponsors, along with other committee members, were perfectly aware of the racially disparate consequences of a law that made it much harder for returning citizens to register to vote. Even if some Florida legislators had not considered the racial disparities in its criminal justice system during the same legislative session as S.B. 7066, it is otherwise common-knowledge that black people disproportionately have felony convictions in Florida and that there are socio-economic disparities between black and white people, which is exacerbated when a black person has a felony conviction.

Like their backgrounds, the **seventh factor**, **other actions of decisionmakers** may be indirect indicators of their general attitudes toward minority groups. That the House limited even the rather minimal reforms of the "First Step Act," a conservative bill aimed at reducing expenditures on the criminal justice system and modeled on a Trump Administration measure, is an indication that the sponsors of S.B. 7066, especially Rep.

[18] The exit poll results are at https://www.cnn.com/election/2018/exit-polls/florida., accessed. 26 Feb 2020.

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Grant, were less interested in alleviating prison conditions than in saving taxpayer money.

The **eighth factor**, **statements by important participants**, which are referred to as "smoking gun" evidence if they are sufficiently incriminating, are difficult to come by, especially for laws passed in the very recent past. Given the care with which litigation-conscious legislators typically speak these days, those few statements that admit racial motives attract and should attract extraordinary attention. In this case, the repeated and adamant statements by Rep. Grant that he did not want to see any data on the effect of S.B. 7066 on racial minorities or the poor should be interpreted as a smoking gun, on the grounds that he "doth protest too much."[19]

31. **State policies and** formal and informal **institutional rules** constitute the **ninth** general category of relevance. The executive clemency procedure for restoring the rights of returning citizens in Florida had never required the payment of all LFOs before clemency was granted, which calls into question the assertion that Amendment 4 would have been interpreted by Florida voters to mandate such payments. Although it was not unprecedented to make major changes in a bill in the last 24 hours before the end of a legislative session and then cram it into an existing, relatively uncontroversial bill before passing it, the procedure did make it more difficult for legislators to express their opinions on every facet of the measure and to seek further compromises. Last-minute changes also make it impossible for the public to express its opinions in public hearings.

32. Whether or not elections have been held under the system being evaluated, there is a **tenth factor**, the **impact** of the adopted rule, that overlaps with several of the previous nine. This may be prospective, concerned with the expected impact of a proposed law, even before it goes into effect or even if it initially fails. The rationale for using effect as a measure of intent is that, especially with electoral rules, framers may be assumed to be aware of and calculate the consequences of their actions carefully and to be quite good at such calculations. Often, the legislative record, official or unofficial, will make clear that the impact in question was

[19] The line, spoken by Queen Gertrude in Act III, Scene II of *Hamlet*, by William Shakespeare, is an expression of skepticism about the sincerity of an actress in the play within the play.

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fully foreseen, at least by opponents of the measure. That was certainly the case with S.B. 7066.

C. A Note on Sources

33. Much of the detailed discussion in this report is based on articles that appeared in newspapers, documents that historians usually must rely on in researching what happened in legislatures or Congress, and which I have used extensively in my academic research and in previous expert witness reports in legal cases. At times, lawyers for the opposing side have challenged such documents as unsworn and second-hand "hearsay." They would confine the evidence in cases about discriminatory intent to transcripts of official proceedings or hearings, particularly, in this case, to one hearing before the State Supreme Court.

34. I have relied on newspapers for three reasons. First, they represent standard evidence in my academic field, and to fail to consult them would undermine any claim to the expert nature of a report. A forensic scientist called as an expert in a legal case would be expected to employ the usual tools of her trade in reaching conclusions. A chemist could hardly be barred from conducting and reporting on experiments in a similar circumstance. An engineer examining the reasons for a bridge collapse or an automobile crash would draw on the tools and methods of his field. If newspapers are approached skeptically and used carefully, they fill the same purpose as sources and methods in other fields, and if they are quoted and cited explicitly, as they are in this report, they may be checked in exactly the same way as reports by forensic scientists, chemists, or engineers can be.

35. Second, if used systematically, they are the best evidence for the way in which voters interpreted Amendment 4, which is a crucial question in this case. There were no public opinion polls that asked voters at the time of the Amendment 4 campaign and passage just what they thought "completion of all terms of sentence" meant. But newspapers that sought to inform voters about the ballot measures did contain phrases that can be held to define this phrase. This was not a statute whose meaning was closely tied to previous statutes or judicial opinions, such as a codification of a legal case or a technical amendment to a larger statute. It was an initiative campaigned for in popular meetings and media, and it is in this larger arena where the understanding of the words should be sought. The only systematic way to

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determine such popular opinion is to analyze the plentiful newspaper articles on the subject.

36. Third, some of the most important events and statements in the struggle over the issue of felon disfranchisement took place away from the legislative floor or the courtroom. Contemporary newspaper reports of the actions on executive clemency of governors from Reubin Askew to Rick Scott are of considerable importance in understanding the historical context of S.B. 7066, and the connection between felon disfranchisement and race made in the newspapers for a generation helps to gauge what voters knew even before the campaign for Amendment 4 began to heat up.

37. The conclusion must be that the use of newspapers as a source for this and possibly for other reports in this case is not only absolutely necessary, but desirable. While, of course, specific newspaper articles or my interpretation of them are subject to the ultimate interpretation of a judge acting as a fact-finder, any general attempt to dismiss newspaper articles as sources of information is neither intellectually sound nor consistent with the best practices of historians.

IV. Did Amendment 4 Force the Legislature to Pass S.B. 7066?

A. The Faithful Steward Assertion

38. In the April 23, 2019 floor hearing in the Florida House of Representatives on House Bill (H.B.) 7089, a predecessor of S.B. 7066, chief sponsor Rep. James W. Grant (R, Tampa) asserted that he had no other motive than to implement the unmistakable will of the nearly 65% of the Florida voters who favored Amendment 4 on Nov. 7, 2018.

> "Nothing in our bill conflicts with what the voters voted for. . . . [T]he only intellectually honest way to approach this is to take the strictest construction, the most complete review of the entire history – how this got on the ballot, how it was messaged to voters, what the ballot summary said and what the [Florida Rights Restoration Coalition said themselves] . . . .We complied explicitly with the ballot summary. We complied explicitly with [the FRRC's] own words to the voters. . . .
>
> ". . . nobody [is] losing anything in this bill. The only thing this bill is doing is taking the exact language that was presented before the Court

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> to get [it] on the ballot, that was presented to the voters, and explained to voters to pass. So to suggest that this bill is disenfranchising anybody, I believe, is misguided. What this bill is doing is saying, we're going to embrace the restitution of rights that was passed by the voters."[20]

39. Although admitting that other parts of the language of Amendment 4 were "full of ambiguities and legal fallacies," Rep. Grant claimed that it was "crystal clear" that the phrase "completion of all terms of sentence [including parole or probation]" implicitly included several particular legal financial obligations (hereinafter LFOs).[21] This assertion, which implicitly disavowed any partisan or racial motives for the legislature's action, was repeated in almost the same words again and again throughout committee hearings and floor debates, not only by Grant, but also by the Senate sponsor, Jeff Brandes (R-St. Petersburg), Sen. David Simmons (R-Altamonte Springs), Chair of the Senate Judiciary Committee Sen. Keith Perry (R-Gainesville), Rep. Byron Donalds (R-Naples), Rep. Thad Altman (R-Indialantic), Chair of the House Judiciary Committee Paul Renner (R-Palm Coast), and other members of their party who took part of the debate, all claiming that the bill faithfully implemented the clear intent of Amendment 4.[22] It might be termed the "faithful steward" hypothesis.

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[20] H.B. 7089, Voting Rights Restoration Act – Hearing before the Florida House of Representatives on Tuesday, Apr. 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264. Accessed 28 Feb. 2020, at 6:25-6:29, 7:22 in the session (remarks of Rep. Grant).

[21] *Ibid*., at 6:08-6:12 (colloquy between Reps. Hart and Grant).

[22] See, for example, H.B. 7089, Voting Rights Restoration Act – Hearing before the House Judiciary Committee on Thursday, Apr. 9, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041126. Accessed 28 Feb. 2020, at 2:30-2:38 (colloquy between Reps. Driskell and Grant), at 3:41:50 (statement of Rep. Paul Renner); Senate Judiciary Committee Hearing on Monday, Mar. 25, 2019, on S.B. 7086, Voting Rights Restoration Act, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019031354&Redirect=true. Accessed 28 Feb. 2020, at 51:00 (Sen. Perry); S.B. 7086, Voting Rights Restoration Act – Hearing before the Senate Judiciary Committee on Monday, Apr. 8, 2019, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019041108&Redirect=true. Accessed 28 Feb. 2020, at 1:43:30 (Sen. Simmons); Call, James. "Ex-Offenders Must Pay to Vote in Divided Florida House Vote." *Tallahassee Democrat,* 24 Apr. 2019,

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40. Opponents of S.B. 7066 repeatedly doubted all parts of the faithful steward syllogism. For example, Rep. Fentrice Driskell (D-Tampa), a black legislator who took a prominent role in the legislative debate, stressed the plain language of Amendment 4 in a question and answer with Rep. Grant: "Because the plain language of Amendment 4 does not make any express reference to the repayment of financial obligations, isn't it true that excluding payment would not conflict with what the voters voted for?" Without disputing the point in logic or as a matter of interpretative theory, Rep. Grant simply dismissed it, as he dismissed similar questions from other legislators.[23]

41. The faithful steward assertion represents an ingenious effort to absolve the legislature of all responsibility for S.B. 7066, to deflect any consideration of racial, partisan, or just self-interested motives of the legislators. If all the legislators did was to determine the will of the voters carefully and objectively and then mechanically write that unequivocal will into a statute, on what grounds could anyone challenge their intentions? Such an account of their actions would form a perfect defense during legislative debates, campaigns for office, or the inevitable litigation that would follow passage of a bill that they knew that proponents of Amendment 4 had found unsatisfactory.

B. Evidence for the Faithful Steward Assertion

42. Instead, Rep. Grant and other backers of S.B. 7066 relied on statements made by Jon Mills, a one-term Speaker of the Florida House in 1987-88 and emeritus Dean of the University of Florida School of Law. Mr. Mills had represented the proponents of what became Amendment 4 before the Florida Supreme Court in a hearing on whether Amendment violated the "single subject rule" and whether "the title and summary" of the Amendment gave "a clear explanation of the overall purpose of the

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https://www.tallahassee.com/story/news/politics/2019/04/24/florida-house-restores-felons-voting-rights-long-they-pay-first/3560182002/ (Reps. Donalds and Altman).

[23] H.B. 7089, Voting Rights Restoration Act – Hearing before the Florida House of Representatives on Tuesday, April 23, 2019, available at https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264, 6:08-6:11 (colloquy between Reps. Hart and Grant).

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initiative."[24] In answering a question from Justice Alan Lawson, Mr. Mills arguably agreed that the Amendment required completion of all terms of the sentence, including fines, costs, and restitution.[25] Rep. Grant conceded, however, that Mills's interpretation of the meaning of the amendment still gave the legislature considerable discretion. In a colloquy with Rep. Joe Geller (D-Aventura), Rep. Grant remarked that,

> I have never suggested…that the testimony [of Dean Mills] before the Supreme [Court] bind us in any way. But, what the testimony before the Supreme Court was in fact binding on, was whether or not this language got to the ballot. I have never suggested that the FRCC's [sic] language, communicating to the voters, asking them to support Amendment 4, bind us to do exactly that. But what I will suggest is that it bound them to what they told the voters.[26]

43. What did proponents' websites say? According to the Senate Sponsor of S.B. 7066, Jeff Brandes (R-St. Petersburg),

> "[W]e also go to the two instances of the two websites that the sponsors have used to message to the public, we can, I think, those are very instructive as well. In the question-and-answer section [of] FRRC's website, it says what does the completion of all terms of my sentence mean. It says 'we believe the completion of all terms of sentence includes any period of incarceration, probation, parole, and financial obligations as imposed as part of an individual's sentence. These financial obligations may include restitution, fines, and fees

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[24] Audio Transcription of: Advisory Opinion to the Attorney General Re: Voting Restoration Amendment, SC16-1785 and Advisory Opinion to the Attorney General Re: Voting Restoration Amendment (FIS), SC16-1981. Florida Supreme Court Oral Arguments Monday, Mar. 6, 2017, at 2. Mills had a particular interest in increasing the incentives to collect fines and fees, because he had headed a committee in 1997 that recommended Florida's unusual system of financing the state court system largely through fines and fees. See Rivero, Daniel. "Co-Author And Attorney For Florida's Amendment 4 Helped Create Statewide Fines and Fees Policy," *WLRN*, 27 Mar, 2019 https://www.wlrn.org/post/co-author-and-attorney-floridas-amendment-4-helped-create-statewide-fines-and-fees-policy.

[25] *Ibid*. at 14-15. Mills was not asked whether having an outstanding fee or fine that had been converted into a civil lien disqualified an otherwise qualified former felon.

[26] H.B. 7089, Voting Rights Restoration Act – Hearing before the Florida House of Representatives on Tuesday, Apr. 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264, at 6:37.

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imposed as part of the sentence or as a condition of probation under existing Florida Statute.'"

"If we go to Floridians for a Fair Democracy ['s website], it says 'Amendment 4 would return the eligibility to vote to people only after they've completed a full sentence as ordered by a judge, including parole, probation, and restitution.'"[27]

C. Evidence Against the Faithful Steward Assertion

1. Inconsistencies

44. One difficulty with the website information is immediately apparent. The terms on the website of the organization that sponsored the petition drive and the initiative campaign, Floridians for a Fair Democracy, included restitution, but not fines and fees. Another problem is that the website of the FRRC did not mention that payment of fines and fees were required to vote under Amendment 4 during the 2018 campaign. In an op-ed responding to claims like that of Sen. Brandes, Desmond Meade and Neal Volz, leaders of the FRRC, stated that "According to archived versions of the website that are available to anyone online, the page in question did not exist until January 2019 — two months *after* the election." The group's stance

> included a specific understanding that a "paid debt" included the completion of probation and payment of restitution. That simple position was included in our campaign materials and verified during the [2019] debate in the legislature, when we publicly supported a bill that required payment of restitution before voting eligibility was restored. We took that position because of our belief in the values of forgiveness, redemption and restoration.[28]

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[27] S.B. 7086, Voting Rights Restoration Act – Hearings before the Senate Judiciary Committee on Monday, Apr. 8, 2019, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019041108&Redirect=true. Accessed 28 Feb. 2020 at 1:31.

[28] Meade, Desmond and Volz, Neil. "Amendment 4 was about People – Not Partisan Politics: Opinion." *South Florida Sun Sentinel*, 16 Oct. 2019. Op-ed, https://www.sun-sentinel.com/opinion/commentary/fl-op-com-desmond-volz-returning-citizens-voting-rights-20191016-tauhehzbrnep3pbidw5ttshd3q-story.html.

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45. In sum, during the campaign for Amendment 4, both Floridians for a Fair Democracy and the FRRC, in its advertisements, interpreted the Amendment as requiring payment of restitution, but not fines and fees, before a returning citizen could vote. Neither group mentioned requiring payment of any LFOs that had been converted to civil liens before the person would be allowed to vote.

2. The Financial Impact Estimating Conference Report

46. While proponents of S.B. 7066 and its predecessors in 2019 often referred to Mr. Mills's statements before the Florida Supreme Court, they largely ignored an official report on the Voting Restoration Amendment (VRA) completed by the Financial Impact Estimating Conference (FIEC) in 2016. The FIEC is an interagency group charged with determining the prospective costs of measures to state and local governmental bodies before the initiatives are voted on by the public. It is chaired by a representative of the Office of Economic and Demographic Research, "a research arm of the Legislature."[29] So the legislature can be assumed to have been aware of the FIEC report before it began to consider whether or how to implement Amendment 4.

47. To analyze the impact of the VRA, the FIEC held a series of five workshops in October, 2016 that involved not only the proponents of the VRA, but also Florida county election supervisors, representatives of the Governor, the Secretary of State, the Office of Economic and Demographic Research, the Department of Corrections, the Department of Law Enforcement, the Executive Office of Clemency, and the Commission on Offender Review.[30]

48. These workshops drilled down into the details of how the pre-VRA system of determining the eligibility of returned citizens to vote worked.[31] In particular, they examined the availability of information on payments of

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[29] See the description on the organization's home page: "About Us." Office of Economic & Demographic Research The Florida Legislature, Office of Economic & Demographic Research The Florida Legislature, http://www.edr.state.fl.us/Content/about/index.cfm.

[30] See, for example, "10/5/16 Financial Impact Estimating Conference: Public Workshop – Voter Restoration Amendment." *The Florida Channel*, . Accessed 28 Feb. 2020.

[31] As discussions in the FIEC noted repeatedly, getting information on payments of LFOs for people who had previously been released from prison was often much more difficult than for those who had been released more recently. *Ibid*., at 1:22.

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restitution, fines, and fees – who collected it, how both former felons and election officials could access it, and what problems might be anticipated if payment of some or all such LFOs were required before someone were allowed to vote under Amendment 4. They uncovered a bureaucratic horror story, with no central data repository, no established or proposed process for obtaining information on the payment of LFOs, and no agreed-upon definitions of what a "sentence" was or what constituted "completion."[32]

49. The FIEC's report concluded that "The precise effect of this amendment on state and local government costs cannot be determined" because there were too many unknowns, including the difficulty of predicting how many returning and returned citizens would attempt to register to vote and what process would be set up to gather and disseminate information about each individual's completion of the terms of his sentence. But the FIEC report emphasized in two separate places in a ten-page typescript that "**It is not clear whether the phrase 'terms of sentence' includes payment of court-ordered restitution, fines, and court costs."**[33]

50. This was the only official body – one centered in the research arm of the legislature itself – that issued a report on the meaning of what became Amendment 4. Far from stating that the legislature was compelled by the terms of the Amendment to require the payment of all restitution, fines, fees, and costs before enfranchising former felons, the FIEC announced that the Amendment itself settled nothing about LFOs. The FIEC's reading of the Amendment gave the legislature complete discretion to exclude particular

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[32] See, e.g., "10/5/16 Financial Impact Estimating Conference: Public Restoration –Voter Voter Restoration Amendment." *The Florida Channel*, https://thefloridachannel.org/videos/10516-financial-impact-estimating-conference-public-workshop-voter-restoration-amendment/. Accessed 28 Feb. 2020, at 1:09-1:12 (colloquy between Amy Baker and Julia McCall); at 1:55 (statement of Jose Diez-Arguelles) ; Oct. 17, 2016, https://thefloridachannel.org/videos/101716-financial-impact-estimating-conference-principals-workshop-voter-restoration-amendment/. Accessed 28 Feb. 2020, at 2:09:30-2:12:30 (statement of Joe White). The bureaucratic horror story is discussed at greater length in Section VI.C. below.

[33] "Financial Impact Estimating Conference: Complete Initiative Financial Information Statement, Voting Restoration Amendment (14-01)." Office of Economic & Demographic Research, http://edr.state.fl.us/Content/constitutional-amendments/2018Ballot/VRA_Report.pdf, p. 2. On p. 9, the report stated that "It is not clear to the Conference whether the phrase 'terms of sentence' includes payment of court-ordered restitution, fines, and court costs." My boldface in quote in text.

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LFOs or to exclude all LFOs from the Amendment's definition of "terms of sentence."

3. How Did Voters Understand Amendment 4? A Systematic Analysis of Newspaper Stories

51. As certain as he was about what Amendment 4 meant legally, Rep. Grant was completely agnostic about the intentions of the voters who passed the measure. "It is impossible to get inside the heads of one hundred percent of the voters," he remarked in a hearing before the House Judiciary Committee.[34] Defending the bill before the House on April 23 in a colloquy with a black representative, Rep. Wengay Newton (D-St. Petersburg), Grant expanded the thought:

> I have not talked about the will of the voters. I don't think that the voters are a monolith….What I do believe is crystal clear is what was offered to the voters…. We can pretend that all 5 million people…thought the same thing. . . . I'm suggesting that we not pretend anything and simply take the proponents of Amendment 4 at their word at every step of the way until the legislature convened. . . .
>
> "Newton: So, your bill is implementing what the voters understood they were voting for?...
>
> "Grant: I am not to say that this is what voters meant. What I'm standing up and saying is this is exactly what was presented to the voters. To do the former, would require me to read the mind of 5 million people….[W]e don't have to wonder what was presented to the voters, because the record is replete and consistent every step of the way…. I know exactly what was presented to the voters because that was unambiguous."[35]

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[34] H.B. 7089, Voting Rights Restoration Act – Hearing before the House Judiciary Committee on Thursday, Apr. 9, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041126. Accessed 28 Feb. 2020, at 2:35 (colloquy between Reps. Fentrice Driskell (D-Tampa) and Grant).

[35] H.B. 7089, Voting Rights Restoration Act – Hearing before the Florida House of Representatives on Tuesday, Apr. 23 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264, Accessed. 28 Feb 2020, at 7:37-7:40 (colloquy between Reps. Newton and Grant).

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52. This was a crucial move in the argument of those who favored S.B. 7066: According to Rep. Grant, statements of proponents of Amendment 4 were not just pieces of the evidence about the intentions of the voters, to be weighed against other, perhaps conflicting information. Those statements were not only unambiguous; they were the only evidence that mattered. If the words of the amendment or the statements of the proponents were ambiguous, or if there was other evidence of the intent of the voters, then the legislature had discretion in implementing Amendment 4, and the faithful steward explanation of the intent of the legislature would be fatally undermined.

53. It should be emphasized that the sponsors of S.B. 7066 and its 2019 predecessors did not rely merely on statutory and judicial language about what a "sentence" meant or the words of representatives of the campaign for Amendment 4 in a State Supreme Court judicial hearing of which voters were very likely unaware. The sponsors also quoted a campaign website, and in later court briefs, the Secretary of State cited one newspaper article, one television program, and two press releases as support for the contention that Floridians understood Amendment 4 to require completion of all LFOs before a returning citizen could vote.[36] Evidently, sponsors and defenders of S.B. 7066 understood that determining the intention of voters who passed a constitutional amendment by initiative required considerably more than narrow legalistic evidence. How many voters could possibly be aware of arcane canons of legal interpretation, intricate definitions of legal terms, or complicated discussions of case law?[37]

54. But we have much more data about voters' understanding of Amendment 4 than the tiny, cherry-picked amount presented by proponents of S.B. 7066 in the legislative debates and subsequent legal briefs. To gauge more systematically how Florida voters understood the terms of the Voter Restoration Amendment, I searched for "felon voting" for the dates October

[36] Initial Brief of Secretary of State, Laurel M. Lee, in Case No. SC19-1341, Advisory Opinion to the Governor Re: Implementation of Amendment 4, the Voting Restoration Amendment, at 5-6. This brief did not note that one set of press releases held that Amendment 4 required payment of restitution, but said nothing about fines or fees, while another mentioned fines and restitution, but not fees.

[37] For the legal arcana, see Governor Ron Desantis' Initial Brief, Case No. SC19-1341, Advisory Opinion to the Governor Re: Implementation of Amendment 4, the Voting Restoration Amendment.

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1 through November 7 (the day after the election), 2018 in every Florida newspaper covered in the database "Newspapers.com."[38] The database includes every major newspaper in the state except the *Miami Herald* and the *Jacksonville Florida Times-Union*. I searched those two newspapers on their individual websites. I include the relevant phrases from every article that appeared during the timeframe which contained any statement of what Amendment 4 was meant to accomplish. I found a total of 55 articles under the search term "felon voting" that contained explicit or implicit references to sentences. To allow the court to judge the results of my search independently, I have given not only the newspaper and article titles, dates, and page numbers, but also all excerpts from the articles that comment on the meaning of "sentence" under Amendment 4.[39] In the quotations, I have left out references to the exclusion of those convicted of murder or sex crimes, except when it was grammatically less clumsy to include them.

55. I have divided the newspaper definitions into five groups: First are those that clearly referred to sentences as prison terms (often including parole and probation), and that therefore clearly exclude LFOs from the definition of the terms of a sentence. For example, articles that say a felon would have to "serve" or "finish" his sentence would fall into this category, because in English, one cannot "serve" or "finish" a fine, fee, or restitution. I put references to time, such as "the entirety of their sentence" or the "period" of their sentence, into this category. I found 20 articles that fit these definitions. (See **Table 2 below**.)

[38] I included in the tables below every news article, editorial, or op-ed column, but not letters to the editor, on the grounds that letters to the editor might not be considered authoritative. Because I did not put the search term in quotations, the search engine picked up articles in which an exact match – "felon" followed immediately by "voting" – did not occur, as well as those in which there was an exact match. I limited the newspapers to those which were published in Florida because I thought that Florida voters looking for information on in-state issues were more likely to consult in-state newspapers.

[39] Newspapers.com does not give web addresses of the articles. I omitted the web addresses of the articles in the *Miami Herald* and the *Jacksonville Florida Times-Union* to save space in the tables.

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Table 1: Newspaper Abbreviations

Newspaper Name	**Abbreviation**
Florida Today	FT
Fort Myers News-Press	FMNP
Jacksonville Times-Union	JTU
Miami Herald	MH
Orlando Sentinel	OS
Palm Beach Post	PBP
Pensacola News Journal	PNJ
South Florida Sun-Sentinel	SFSS
Tallahassee Democrat	TD
Tampa Bay Times	TBT

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Table 2: Articles That Clearly Refer to "Terms of a Sentence" as Prison Terms (including Parole and Probation)

Paper, Author, Article Title, Date, Page	Definition of Amendment 4
PNJ, No byline, "What the 12 amendments on the ballot mean," Oct. 4, p. A1	"restores voting rights to former felons who served their sentence, including parole and probation"
MH, Samantha J. Gross and Elizabeth Koh, "What is Amendment 4 on Florida ballot? It affects restoration of felons' voting rights," Oct 5	"A vote "yes" means felons who have served their sentences, parole and probation can have their civil rights restored"
FT, No byline, "A Voter's Guide to the 12 Amendments on the 2018 Ballot," Oct. 6, p. A1	"restores voting rights to former felons who served their sentence, including parole and probation"
MH, Editorial, "Learn how 12 Florida amendments affect your life, and your wallet, before you vote," Oct. 7	"1.6 million Floridians — former prisoners — would have their voting rights restored after they finish their sentences"
FT, Editorial, "How to vote on Florida's 12 ballot amendments/We recommend voting 'yes' on only 5 constitutional amendments," Oct. 7, p. A22	"restores voting rights to former felons who served their sentence, including parole and probation"

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Paper, Author, Article Title, Date, Page	Definition of Amendment 4
FMNP, No byline, "What the 12 amendments on the ballot mean," Oct. 7, p. A9	"restores voting rights to former felons who served their sentence, including parole and probation"
OS, Mark Skoneki, Gray Rohrer and Dan Sweeney, "Constitutional amendments facing voter on Nov. 6 ballot," Oct. 7, p. A1	"would restore the voting rights [of] people convicted of felonies, except for murderers or felony sex offenders, after they finish their sentences"
TD, Editorial, "Florida's constitutional amendments: Vote 'yes' on 4 and 11, 'no' on the rest," Oct. 7, p. A13	"would restore voting rights for felons when they get out of prison"
FMNP, Editorial, "No on Amendment 4," Oct. 7, p. 38A	(Their editorial) "isn't a vote against ex-felons who have served their sentence for certain crimes, including parole and probation, and want their rights restored"
MH, Elizabeth Koh, in TBT, "Constitutional amendments/Voters to consider 12 revisions," Oct. 12, p. N1	"would restore voting rights to former felons if they have served their time"
PBP, Editorial, "Time is now to restore voting rights," Oct. 14, p. A20	"would automatically restore the voting rights of at least 1.5 million people – ex-felons who have served their prison terms, parole and probation"
TD, No byline, "What the 12 amendments on the 2018 ballot mean," Oct. 18, p. X3	"restores voting rights to former felons who served their sentence, including parole and probation"

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Paper, Author, Article Title, Date, Page	Definition of Amendment 4
FT, no byline, "Ballot Measures/State: 12 constitutional amendments," Oct. 21, p. K2	"restores voting rights to former felons who served their sentence, including parole and probation"
FMNP, Brooke Baitinger, "Felons seek vote, say it would limit recidivism," Oct. 26, p. A3	"would restore voting rights to former felons who've served their sentences"
TD, Audrey Wheeler, Amendment guide for the Florida elections," Oct. 29, p. U5	"would be automatically restored to people with prior felony convictions, excluding those convicted with a murder or sexual felony offense, after completion of their full sentence – prison, parole and probation"
SFSS, Rabbi Greg Weisman, guest columnist, "Jews encouraged to vote yes on 4," Oct. 31, p. A29	"would automatically restore voting rights for former felons once they have completed the entirety of their sentence"
MH, Rabiola Santiago, op-ed, "Voters should end Florida's partisan, racist policy of denying voting rights to felons," Nov. 2	"automatically restore the rights of people who have fully paid their debt to society, including the supervisory period following a sentence served"
PNJ, Lisa Nellessen-Savage, op ed "We prepared you for historic election, now it's your turn," Nov. 3, p. A3	restore "the voting rights of some former felons who have served their sentences"

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Paper, Author, Article Title, Date, Page	Definition of Amendment 4
OS, Lisa Maria Garza, "Voters restore voting rights to felons, OK greyhound racing ban," Nov. 7, p. A1	"will automatically allow people who have served their sentence – with the exception of those convicted of murder and felony sex crimes – to vote"
SFSS, No byline, "Opinion/ South Florida 100/ Our panel of 100 influential leaders discusses the most important issues affecting you," Nov. 4, p. A27 (opinion of Frank Ortis, Mayor of Pembroke Pines)	former prisoners "will have their voting rights restored after they finish their sentences"

57. Second are those that refer to parole, probation, and restitution, but not to fines or fees, or to restitution alone, which imply that readers would not consider the payment of fines or fees necessary for re-enfranchisement under Amendment 4. The logic of this position is that mention of a single LFO, but not others, would be read by voters as not including the other LFOs. Restitution is particularly important in this respect, because the campaign for Amendment 4 heavily stressed regret, reform, and forgiveness in a campaign that received support from the Christian Coalition and the Koch Brothers, as well as the ACLU.[40] Restitution to individuals damaged by a felony echoed the evangelical tone and appeal of the campaign.[41]

[40] Editorial Board, "5 good and 7 bad amendments for Florida's Constitution," *South Florida Sun-Sentinel*, Oct. 5, 2018, www.sun-sentinel.com/opinion/endorsements/fl-op-end-good-bad-constitutional-amendments-20181005-story.html; Ari Berman, "Inside the Unlikely Movement That Could Restore Voting Rights to 1.4 Million Floridians," *Mother Jones*, Nov/Dec 2018 <https://www.motherjones.com/politics/2018/10/inside-the-unlikely-movement-that-could-restore-voting-rights-to-1-4-million-floridians/.

[41] For the evangelical tone, see S.B. 7086, Voting Rights Restoration Act – Hearing before the Senate Judiciary Committee on Monday, Apr. 8, 2019,

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58. Third, I have divided articles that mention restitution into two groups – those that clearly imply that a "sentence" means time spent in prison, and those that are ambiguous about the nature of a "sentence," but that do not mention fines or fees. I found five articles that treated sentences as prison time and mentioned restitution and nine articles that mentioned restitution, but were not definite about the definition of "sentence." Neither group mentioned fines or fees. (See **Tables 3 and 4 below.**)

http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019041108&Redirect=true. Accessed on 28 Feb 2020, at 1:50 (testimony of Desmond Meade).

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Table 3: Articles That Clearly Refer to "Terms of a Sentence" as Prison Terms, But Which Also Mention Restitution, but Not Fines or Fees

Paper, Author, Article Title, Date, Page	Definition of Amendment 4
TBT, Editorial, "Yes on Amendment 4," Oct. 1, p. A8	"automatic restoration of voting rights for felons who have completed all the requirements of their sentence, including serving prison time and paying victim restitution"
TD, Jim Saunders, "Big money backs ballot measures, Oct. 1, p. A7	"automatically restore the rights of most felons after they serve their sentences, complete parole or probation and pay restitution"
OS, Shannon Green, "Amendment 4 fight is a crusade for many," Oct. 29, p. A4	"would automatically grant voting rights back to convicted felons after they've served their time, paid restitution and finished parole and probation"
TD, James Call, "Ministers, political allies say 'Remember Amendment 4,'" Oct. 30, p. A1	"served their time in prison, paid restitution and [are] off of parole and probation"
TBT, Editorial, "Vote No (except for Amendment 4)", Oct. 31, p. A10	"would automatically restore voting rights for most felons who have completed all of the requirements of their sentences, including serving prison time and paying restitution"

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Table 4: Articles That Do Not Clearly Treat "Terms of a Sentence" as Prison Terms, But Which Do Mention Restitution, Though Not Fines and Fees

Paper, Author, Article Title, Date, Page	Definition of Amendment 4
PBP, Dara Kam, "Floridians to decide on felon voting rights," Oct. 11, p. B5	"would automatically restore the right to vote for people who were convicted of felonies and who have completed their sentences, paid restitution and fulfilled parole or probation requirements"
TD, Dara Kam, "Floridians to decide debate over felon voting rights," Oct. 18, p. X14	"would automatically restore the right to vote for people who were convicted of felonies and who have completed their sentences, paid restitution and fulfilled parole or probation requirements"
TBT, Steve Bousquet, "Final push for felons' voting rights," Oct. 26, p. B5	"would restore the right to vote to convicted felons who have completed all terms of their sentences, including probation and payment of restitution"
FMNP, Howard Simon, guest columnist, "Restoring ex-felons' voting rights deserves your 'yes' vote," Oct. 28, p. A38	"completed all the terms of their sentence, including incarceration, restitution, parole and probation"
OS, Scott Maxwell, op-ed columnist, "Under Scott, Republicans, white felons fared better," Oct. 31, p. B1	"once someone has paid his full debt to society – including parole, probation and restitution – he gets back his civil rights"

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Paper, Author, Article Title, Date, Page	Definition of Amendment 4
TBT, Justine Griffin and Samantha J. Gross, "Most changes sail through/Felons will regain rights and dog racing will halt. Altering homestead rules is the only one to fall short," Nov. 7, p. B1	"means the right to vote will be restored to convicted felons who have completed all terms of their sentences, including probation and restitution"
MH, Steve Bousquet, "Diverse donors fund final push in campaign to win voting rights for Florida felons," Oct. 25	"would restore the right to vote to convicted felons who have completed all terms of their sentences, including probation and payment of restitution"
MH, Arch Bishop Thomas Wenski, op-ed "Miami ArcH.B.ishop Wenski: Vote for Amendment 4 to restore ex-felons voting rights," Oct. 27	"automatic restoration of a felon's voting rights (with exceptions for those convicted of murder or felony sexual offenses) after completing all sentencing terms, including restitution, parole, or probation"
MH, Samantha J. Gross, "Florida voters approve Amendment 4 on restoring felons' voting rights," Nov. 6	"restores the right to vote to convicted felons who have completed all terms of their sentences, including probation and restitution"

59. Fourth, after the two restitution categories, are those that do not clearly include or exclude any LFOs. An article saying that the Amendment would require a returning citizen to have "completed" his sentence or would "restore the right to vote to most felons" would fall into this category. The ambiguity of this category is captured perfectly in an article that appeared in the *Miami Herald* on October 5, 2018, which stated both that Amendment 4 "would restore voting rights to former felons who have completed their

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sentences, including parole and probation" and that "A vote 'yes' means felons who have served their sentences, parole and probation can have their civil rights restored." I placed this in the more specific category, category 1, because it clearly defined a "sentence" as a prison term. But many of the articles that mentioned "completion of sentence" might have been intended or interpreted as referring to prison terms. We simply cannot determine this from the words they used. I found 19 articles that fell into this ambiguous category. (See **Table 5 below**)

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Table 5: Articles That Do Not Clearly Include or Exclude Any Legal Financial Obligations

Paper, Author, Article Title, Date, Page	Definition of Amendment 4
MH, Adam Wollner, "One million Floridians can't vote due to felony convictions. That must change, influencers say," Oct 1	"would restore voting rights for convicted felons who have fully completed their sentences"
SFSS, Editorial, "5 good and 7 bad amendments," Oct. 7, p. A26	"would restore voting rights automatically upon completion of all terms of a sentence, including parole or probation"
SFSS, Dan Sweeney, "Your guide to Florida's constitutional amendments," Oct. 8, p. B1	"would restore the right to vote for all ex-felons, except murderers and sex offenders, who complete their sentence"
TD, Leon County Supervisor of Elections, Sample Ballot, Oct. 14, p. A4	"restores the voting rights of Floridians with felony convictions after they complete all terms of their sentence including parole or probation"
OS, Scott Maxwell, op ed column, "Florida Amendments: When to vote yes, when to say no," Oct. 14, p. B1	"can vote after they complete all the terms of their punishment and parole"
SFSS, Editorial, "2018 General Election Voter Guide/ A summary of Sun Sentinel endorsements," Oct. 21, p. A16	"restores voting rights to most felons"

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Paper, Author, Article Title, Date, Page	Definition of Amendment 4
SFSS, no byline, "Your guide to Florida's constitutional amendments,", Oct. 21, p. A2	"would restore the right to vote for all ex-felons, except murderers and sex offenders, who complete their sentences"
FT, Paul Wright, guest columnist, "The case against Amendment 4," Oct. 30, p. A5	"convicted felons who have completed their sentences, including parole or probation, will automatically have their voting rights restored"
FMNP, Sarah Jarvis, "New poll shows strong support for felon voting," Nov. 1, p. A3	"would restore voting rights to felons once they have completed their sentences"
OS, Anthony Man, "Polls show support for Florida ballot measure to automatically restore voting rights to felons," Nov. 2, p. B3	"automatically restore voting rights for felons who have completed their sentences"
TBT, Steve Bousquet, Connie Humburg, McKenna Oxenden, and Caryn Baird, "Bias in Fla. voting rights/Amendment 4 would restore felons, disproportionately black and Democrat, to the rolls," Nov. 3, p. A1	"most felons will automatically be able to register to vote after completing all terms of their sentences"
SFSS, Anthony Man, "Polls show support for Florida ballot measure to automatically restore voting rights to felons," Nov. 4, p. B5	"automatically restore voting rights for felons who have completed their sentences"

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Paper, Author, Article Title, Date, Page	Definition of Amendment 4
PNJ, Editorial, "'Yes' votes on 4, 9, 12 and 13 amendments make sense," Nov. 4, p. G6	"The League of Women Voters non-partisan voting guide aptly summarizes Am 4 as 'restoring the voting rights of ex-felons after they've completed their sentences'"
FT, Sample Ballot, Brevard County, Nov. 4, p. A26	"complete all terms of their sentence including parole or probation"
TBT, Langston Taylor and Emily Mahoney, "From the president to pop stars to you/The more-than-a-midterm feeling is everywhere as candidates and backers make their final pleas and early voting numbers soar," Nov. 5, p. A1	"would allow most felons to register to vote"
JTU, AP, "A guide to the 2018 midterm elections in Florida," Nov. 5	"automatically restore the voting rights of felons who complete their sentences"
JTU, Tamara Lush, AP, "Amendment seeks to restore voting rights for 1.5M Florida felons," Nov. 5	"voting rights restored automatically if they've completed their sentences, including parole and probation"
JTU, Tamara Lush, AP, "Florida passes amendment to restore felons' voting rights," Nov. 7	"most felons will automatically have their voting rights restored when they complete their sentences and probation"

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Paper, Author, Article Title, Date, Page	Definition of Amendment 4
PNJ, Jeff Burlew, "Red Sunshine State? DeSantis wins; Scott on brink of victory," Nov. 7, p. A5	"would restore voting rights to convicted felons"

60. A fifth category is articles in which it was explicitly mentioned that Amendment 4 required payment of all fines, fees, and restitution. These are the only ones of the 55 that fully and completely support the faithful steward assertion. Only two articles (those in **Table 6 below)** fit into this category, including the only newspaper article cited as evidence of voter opinion on Amendment 4 by either the sponsors or their attorneys.[42]

Table 6: Articles That Explicitly Include Fines, Fees, and Restitution as Parts of a Sentence

Paper, Author, Article Title, Date, Page	Definition of Amendment 4
MH, Reggie Garcia, op-ed, "Amendment 4 will give felons their lives back, and save the rest of us money," Oct. 12	"completed house arrest, jail, and prison sentences and community service; paid restitution, court costs and fees; and fulfilled any other special conditions of parole or probation."
JTU, "Times-Union Editorial Board offers suggestions on amendments," Nov. 4	"completed all of their sentences, paid all fines and restitution and completed parole"

61. One may draw five conclusions from this evidence. First, it is possible to generalize about what information voters were exposed to on the very specific question of how they were to understand a "sentence" in Amendment 4. Surely most voters deciding how to vote on down-ballot

[42] Initial Brief of Secretary of State, Laurel M. Lee, in Case No. SC19-1341, Advisory Opinion to the Governor Re: Implementation of Amendment 4, the Voting Restoration Amendment, at 5-6.

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issues would at least peruse newspaper articles with titles like "What the 12 amendments on the ballot mean" or "Learn how 12 Florida amendments affect your life, and your wallet, before you vote." Representative Grant's agnostic stance – that it was impossible to know what voters meant by "completion of all terms of sentence"--was unwarranted.

62. Second, 25 of the 55 articles (those in **Tables 2 and 3 above**) clearly understood a "sentence" to be a "prison term," not one involving LFOs.

63. Third, 14 of the 55 (those in **Tables 3 and 4 above**) included restitution, but not fines and fees, which implies that not all LFOs were understood to be included in Amendment 4.

64. Fourth, Amendment 4 was obviously drafted as a brief statement of principles, designed to attract a supermajority of voters. Nineteen of the 55 articles (those in **Table 5 above**) described Amendment 4 in such general terms that voters may have interpreted a sentence to include all, some, or no LFOs. We cannot tell, and the legislature could not, either.

65. Fifth and most important, 53 of the 55 (those in **Tables 2-5 above**) did not mention all of the LFOs that are contained in S.B. 7066. To contend that voters unequivocally meant Amendment 4 to be interpreted as requiring all LFOs to be paid in full before a returning citizen could be re-enfranchised is to fly in the face of the overwhelming evidence – the best we are likely to find – of newspaper coverage of the issue.

4. The Legislature's Actions Belie the Contention That Everyone Understood Amendment 4 to Require the Payment of All LFOs

66. When Amendment 4 passed, almost all of those who had been active in this widespread grassroots campaign believed that there was no need for the legislature to pass a bill to implement the measure. One of the three people who drafted the language of the amendment, the longtime executive director of the ACLU in Florida, Howard Simon, declared that the amendment was self-executing. "It says that voting rights 'shall be restored.' I don't know what is unclear about that, what could be unclear about that. . . . This was written in a way intentionally--we worked ... on this

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language intentionally to say that there is no role for politicians."[43] Senate President Bill Galvano (R-Bradenton) seemed to agree, and he promised that "'whatever we [the Legislature] determine our role is, **if any**, is going to be to fulfill the will of the people in a diligent manner."[44]

67. At the beginning of the legislative session, there was no consensus on what the supposedly crystal clear term "completion of all terms of sentence" meant. The assistant to Sen. Jeff Brandes, who became the chief Senate sponsor of S.B. 7066, sent him a memo dated Dec. 12, 2018 and entitled "Action Items,," which contained the following question under the topic "Amendment 4 implementation language": "When should rights be restored – at the end of the sentence or after restitution has been repaid?"[45] Although House Speaker Jose Oliva (R-Miami Lakes) "wanted to ensure voters' wishes are carried out," he was uncertain, a month after Amendment 4 passed, about exactly what the voters intended: "I think it [the Amendment] was rather broad,'" he remarked, "'but I think that the intent of the people was to make sure that those people who have paid their price to society for certain crimes were able to become a participant in our electoral process again. That part of it is pretty clear . . .'"[46]

68. During a March 19, 2019 House subcommittee hearing on H.B. 7089, Rep. Mike Grieco (D-Miami Beach) pointed out that under the then-current Rule 9A3 of the Florida Commission on Offender Review, a central institution in the executive clemency regime that preceded passage of Amendment 4, court costs and fees did not have to be repaid before a

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[43] Rivera, Daniel. "Amendment 4 Passed. Will It Actually Get Implemented?" *WLRN*, 8 Nov. 2018 https://www.wlrn.org/post/amendment-4-passed-will-it-actually-get-implemented.

[44] Kam, Dara. News Service of Florida. "Confusion surrounds felon voting rights." *South Florida Sun-Sentinel*, 5 Dec. 2018, p. 4B. The day after the House Criminal Justice Committee became the first body to pass one of the predecessors of S.B. 7066, *Politico* reaffirmed that Galvano had "initially agreed the amendment could be implemented without the Legislature acting . . ." Fineout, Gary, and Perano, Ursula. "Florida Felon Voting Rights Imperiled amid GOP Opposition." *Politico,*. 19 Mar 2019 https://www.politico.com/states/florida/story/2019/03/19/felon-vote-sparks-battle-for-florida-as-gop-moves-to-define-rights-921875.

[45] "Senator Brandes -Action Items." 12 Dec 2018, FloridaSenate-00026483_P02_FloridaSenate_20200124.pdf, a document in discovery in this case.

[46] Kam, Dara News Service of Florida, "Confusion Surrounds Felon Voting Rights." *South Florida Sun-Sentinel*, 5 Dec. 2018, p. 4B.

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returning citizen could apply to have his civil rights restored. To be sure, the clemency rules did require that a sentence be completed, but "completion of a sentence" did not include the payment of court costs and fees. Indeed, according to a news story, the Commission "had never taken into consideration court costs, fees or fines when considering applications for clemency."[47] Rep. Grant recognized this fact and explicitly advocated that H.B. 7089 should impose a higher standard – one that enfranchised fewer people – than the clemency process, declaring that "The clemency process is an individual applicant applying for executive grace, and I absolutely believe that should be a lower standard."[48] So the *status quo ante* lent no support to the view that all LFOs had to be paid before civil rights could be restored, and the chief House sponsor explicitly favored a standard that would be more stringent, i.e., more disfranchising, than that status quo. Grant's recognition of the differences in the executive clemency and H.B. 7089 standards is also yet another indication that the legislature understood that it had discretion in framing its measure to implement Amendment 4.

69. Republican uncertainty about what "completion of all terms of the sentence" meant was best captured in a statement by Rep. Byron Donalds (R-Naples) the day that the House Criminal Justice Subcommittee held its first hearing on H.B. 7089. "'Completion of sentence is all over the map,' said Donalds, who supported the amendment and the implementing bill. 'Nobody knows how to tell a previous offender that they have completed their time.'"[49] Even as late as April 9, 2019, House Judiciary Chair Paul Renner (R-Palm Coast) commented that "One of the problems is the

[47] Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246. Accessed 28 Feb 2020, at 1:40:30 (Grieco statement); Weiss, Jessica. "Debate About Voting Rights Now Centers On Fines, Fees," *WLRN*, 25 Mar. 2019, https://www.wlrn.org/post/debate-about-voting-rights-now-centers-fines-fees.

[48] Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246, at 2:29:28.

[49] Call, James. "House Committee Passes Amendment 4 Bill, Requires Ex-Felons to Pay Court Costs and Fees.," *Tallahassee Democrat*, Mar. 20, 2019, p. A1.

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Amendment did not define what terms of sentence means, which it could have done."[50]

70. The House bill introduced by Rep. Grant initially required payment not only of all restitution, fines, and fees associated with a felon's original sentence, but also the costs of drug tests during probation and other expenses related to felony convictions.[51] Republicans in the Senate, meeting six days after the House Criminal Justice Subcommittee hearing, had been, in the view of a Capitol Hill reporter, "stung by critics who said a House proposal to implement the constitutional amendment would create a new Jim Crow law by imposing a poll tax." Accordingly, they voted to confine the LFOs required to be paid before enfranchisement to those initially imposed by a judge.[52] Eventually, Rep. Grant amended his House bill to move closer to the Senate's measure by waiving repayment of interest and administrative fees charged during incarceration as a prerequisite for voting registration.[53]

71. An even more important difference between the House and Senate measures was over the issue of whether former felons could vote, even if they still owed fines and fees, so long as those fines and fees had been converted to civil liens.[54] Rep. Grant adamantly opposed allowing someone whose fines, fees, or restitution had been converted to a civil lien to vote. "A civil judgment," Grant announced at the first House committee hearing on H.B. 7089, "is an outstanding financial obligation" which must be paid

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[50] H.B. 7089, Voting Rights Restoration Act – Hearing before the House Judiciary Committee on April 9, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041126 at 2:40:44.

[51] Editorial, "A tale of two mandates/Legislators give in on smokeable marijuana, dig in on ex-felon voting," *Tallahassee Democrat*, Mar. 24, 2019, https://www.tallahassee.com/story/news/2019/03/19/house-committee-passes-amendment-4-bill-requires-ex-felons-pay/3212083002/.

[52] Call, James. "Senate moves less restrictive former felon voting bill," *Tallahassee Democrat*, Mar. 26, 2019, p. A1.

[53] Call, James. "Ex-offenders must pay to vote in divided Florida House vote," Tallahassee Democrat, Apr. 24, 2019 https://www.tallahassee.com/story/news/politics/2019/04/24/florida-house-restores-felons-voting-rights-long-they-pay-first/3560182002/.

[54] This was an issue that had been noted as left unsettled by the Amendment long before the Amendment's passage. See the videotaped workshop meeting of the FIEC, Oct. 27, 2016, at 3:14 – 3:18.

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before a returning citizen could register to vote.[55] According to Rep. Michael Gottlieb (D-Broward), a House member who had been a criminal defense lawyer for 25 years, such an understanding of the difference between "criminal" and "civil" violated the common understanding of court practices. When a judge agrees to convert an offender's financial obligations to a civil lien, Gottlieb declared, "it's understood in court that the criminal obligation has terminated and ended. And I think by creating these new definitions that we are, we're bypassing longstanding, well-rooted definitions and concepts that have been embraced by and utilized in the criminal justice system."[56]

72. In contrast to Rep. Grant's belief that Amendment 4 absolutely prohibited the legislature from allowing a returning citizen to vote if whatever LFOs he had outstanding were converted to a civil lien, Sen. Brandes successfully amended S.B. 7086, another predecessor to S.B. 7066, to allow former felons to vote if their fines and fees had been converted to civil liens.[57] Senator Brandes's amendment was the product of "weeks of talks" with proponents of Amendment 4, who preferred no implementation bill at all for Amendment 4, but who, facing the reality that the legislature was likely to pass a bill of some sort, eventually compromised with the Senator. Explicitly undercutting the notion that everyone agreed on exactly

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[55] Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246 at 41:20.

[56] Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246 at 1:57.

[57] Gray Rohrer, "Partisan clash over 'poll tax' as voting rights restoration fight starts," *South Florida Sun-Sentinel*, Mar. 26, 2019, https://www.msn.com/en-us/news/politics/partisan-clash-over-%E2%80%98poll-tax%E2%80%99-as-voting-rights-restoration-fight-starts-in-senate/ar-BBVdH5k. Amendment 703932 to S.B. 7086, at 15-17 (Fla. 2019), https://www.flsenate.gov/Session/Bill/2019/7086/Amendment/703932/PDF ("Unless expressly stated, a financial obligation required to be paid in accordance with this subparagraph is deemed completed if such obligation has been converted to a civil lien.").

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what Amendment 4 meant by completing a sentence, Brandes opined that his version of the measure was "fairer to felons."[58]

73. Sen. Randolph Bracy (D-Orlando), who is black, went a step further, proposing to treat restitution that had been converted to a civil lien the same way as Sen. Brandes's amendment treated fines and fees.[59] The Brandes and Bracy amendments to S.B. 7066 prompted one of the leaders of the Amendment 4 campaign, Cecile Scoon, first Vice President of the League of Women Voters of Florida, to testify in a Senate hearing that both amendments were necessary to bring S.B. 7086 into line with Amendment 4. "When the financial aspects of a criminal sentence are converted to a civil judgment," Scoon remarked, "the sentence is over and complete." A prominent black woman, Scoon noted that "many hardworking returning citizens with limited job opportunities are unable to earn enough to pay restitution completely," and she asserted that the overreaching purpose of Amendment 4 was to allow "a person who completed incarceration and all supervision to be able to vote."[60] The political director of the ACLU of Florida, Kirk Bailey, took exactly the same position as Scoon did in his testimony before the Senate Judiciary Committee, as did Neil Volz, co-leader of the FRRC, and Shelly Freeland Eddie, a black criminal lawyer and City Council member from Sarasota.[61]

74. Although Sen. Bracy's amendment failed in the Senate Judiciary Committee, the question of whether Sen. Brandes's or Rep. Grant's

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[58] Lawrence Mower, "Legislators' possible deal on Amendment 4 is bad news for felons seeking to vote," *Miami Herald*, Apr. 26, 2019 https://www.miamiherald.com/news/politics-government/state-politics/article229737969.html.

[59] Senate Judiciary Committee Hearing, Mar. 25, 2019, on S.B. 7086, Voting Rights Restoration Act, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019031354&Redirect=true. Accessed 28 Feb 2020, at 44:01-44:20, Amendment 776780.

[60] Senate Judiciary Committee Hearing, Mar. 25, 2019, on S.B. 7086, Voting Rights Restoration Act, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019031354&Redirect=true. Accessed 28 Feb 2020, at 45:45-50:23.

[61] Senate Judiciary Committee Hearing, Mar. 25, 2019, on S.B. 7086, Voting Rights Restoration Act, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019031354&Redirect=true, at 1:09:40 (Bailey statement); 1:50:25 (Eddie statement); Senate Rules Committee Hearing, Apr.23, 2019, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019041265&Redirect=true. Accessed 28 Feb 2020, at 2:56 (Volz statement).

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positions on civil liens would finally be adopted continued to be contentious. "This is a dance between us and the House," Sen. Brandes told the Senate committee. "We're still [pretty] far apart. There's probably going to be another substantial amendment on the floor."[62] In the judgment of a reporter for the *Miami Herald*, "If the Senate adopts the House version, it would be a devastating blow to supporters of Amendment 4," because of the difference in the treatment of LFOs that were converted into civil liens. "The House bill sponsor, Jamie Grant, R-Tampa, said he would negotiate with Brandes and others over the weekend," the *Miami Herald* reported.[63]

75. "The high-profile bill," the Tallahassee Democrat reported, "has been mired in drama throughout the 60-day session."[64] But the final compromise, which, on the last day of the legislative session, inserted parts of H.B. 7089 and S.B. 7086 into an unrelated elections bill, S.B. 7066, did not include a provision allowing people to vote after converting financial penalties to civil liens, whether the penalties involved fines, fees, or restitution. Instead, they could vote only if they paid all LFOs outright, if they convinced a judge to dismiss the unpaid LFOs and a victim who was owed restitution approved, or if a judge converted all fines, fees, and restitution to community service (that potentially could be paid at extremely low wages), and the returning citizen completed all of the community service hours. Brandes was disappointed, telling reporters "Obviously you know my heart is in a different place."[65]

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[62] Senate Rules Committee Hearing, Apr. 23, 2019, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019041265&Redirect=true. Accessed 28 Feb 2020, at2:51 (Brandes statement); Kam, Dara, and Saunders, Jim. "Amendment 4: Florida House Passes Bill Requiring Ex-Felons Pay Civil Judgments before Rights Restored." *Orlando Sentinel*, 4 Apr. 2019, www.orlandosentinel.com/politics/os-ne-amendment-r-house-civil-judgments-20190424-story.html.

[63] Lawrence Mower, "Legislators' possible deal on Amendment 4 is bad news for felons seeking to vote," *Miami Herald*, 26 Apr. 2019 https://www.miamiherald.com/news/politics-government/state-politics/article229737969.html.

[64] Kam, Dara. News Service of Florida. "Controversial felons' rights bill now in Gov. DeSantis' hands," *Tallahassee Democrat*, 4 May 2019, p. A7.

[65] Lawrence Mower, "Legislators make a deal on Amendment 4. Felons must pay but judges can waive costs," Miami Herald, May 2, 2019 https://www.miamiherald.com/news/politics-government/state-politics/article229969709.html.

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D. Just Faithful Stewards?

76. The faithful steward contention, put forward as the perfect defense to any charge that S.B. 7066 was adopted with a discriminatory racial or partisan intention, contained a fatal flaw: For it to be persuasive, every single piece of evidence about the voters' intent and the legislators' understanding of that intent had to line up exactly.

77. First, the words of the Amendment must seem unambiguous to experts, civil servants with long and detailed experience in administering the criminal justice system and the clemency process.

78. Second, evidence of the voters' intent about "completion of all terms of a sentence" must be unequivocal, or at the very least, it must overwhelmingly support the view that voters considered that returning citizens would have to repay all fines, fees, costs, and restitution before being allowed to register to vote.

79. Third, legislators, or at least legislators who finally voted for S.B. 7066, must have unanimously agreed on what Amendment 4 meant; there should have been no controversy about S.B. 7066 or either of its predecessors on the majority side.

80. Fourth, the chief proponents of Amendment 4 should have supported S.B. 7066 or at least only mildly opposed it. If any of these categories of evidence failed to support the mechanistic faithful servant assertion, then the defense would completely collapse. If it collapsed, then the legislators had discretion, and they must have had other motives for passing S.B. 7066 in its final form.

81. This section of this report has shown conclusively that none of the conditions necessary to support the faithful steward assertion are satisfied. Different proponents of Amendment 4 took different positions on LFOs during the campaign for the Amendment. In 2016, the FIEC, the governmental body officially tasked with spelling out the meaning of prospective amendments in order to determine their fiscal impacts on local and state governments, specifically told Florida's Legislature and the interested public that the meaning of completion of a sentence in Amendment 4 was "unclear," not unequivocal.

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82. A systematic examination of newspaper stories with titles like "What the 12 amendments on the ballot mean," which voters likely perused to guide their decisions on down-ballot propositions, found that only two of 55 articles described Amendment 4 as requiring payment of all fines, fees, and restitution before a returning citizen could vote.

83. Legislators disagreed on the terms of S.B. 7066 and its predecessors, repeatedly amended the bill, and clashed seemingly rather harshly behind closed doors about the final product, disagreements that left the bill's Senate sponsor, Jeff Brandes, quite disappointed with the final product.

84. Members of the public who had worked so long and hard to pass an amendment restoring the voting rights of former felons and who had had to negotiate with the legislature after they had convinced the voters, were much more bitter than Sen. Brandes. Requiring the payment of all fines and fees before becoming eligible to register to vote, said Neil Volz of the FRRC, "will restrict the ability to vote for thousands of Floridians, especially people who are poor, especially people of color."[66]

85. Legislators who opposed S.B. 7066 agreed. Representative Adam Hattersley (D-Riverview) stated that if the legislature passed the bill, "we'd create two classes of returning citizens. . . . There would be a minority of well-off individuals who would be able to repay their fines quickly and regain the right to vote; then, there'd be indigent citizens."[67] And Representative Michael Grieco (D-Miami Beach) warned that the proposed legislation would not be faithful to "the will of the voters," which was "very clear" that "1.4 million Floridians or more" would have their voting rights restored.[68]

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[66] Brendan Farrington, "Florida House panel passes controversial felon voting rights restoration bill," AP, *South Florida Sun Sentinel*, Mar. 21, 2019, p.B2.
[67] Hearing of House Committee on State Affairs, Apr. 4, 2019, https://thefloridachannel.org/videos/4-4-19-house-state-affairscommittee/, at 3:49 (remarks of Rep. Hattersley).
[68] Hearing of House Subcommittee on Criminal Justice, Mar. 19, 2019, https://thefloridachannel.org/videos/3-19-19-house-criminal-justice-subcommittee/, at 1:41.

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86. Facts about the framing, consideration, and passage of S.B. 7066 completely undermine the foundations of the faithful steward assertion. It should be rejected as pretextual.

V. What Light Does the History of Ex-Felon Voting Reform from 1975 to 2019 Shed on the Motives of the Framers of S.B. 7066?

A. Was Rep. James Grant Really Incredulous?

87. During the two-hour debate on final passage of S.B. 7066, Rep. Dottie Joseph (D-North Miami), a black representative, recounted for the House a lengthy history of racially-motivated voting laws and their impact in Florida, placing S.B. 7066 squarely within that tradition.[69] Another black legislator, Rep. Geraldine Thompson (D-Orlando) decried the bill as "cash-register justice. What you're being asked to do here today is wrong. It's wrong like poll taxes were wrong . . . and it continues FL's pattern of disenfranchising a significant portion of the population." Rep. James Grant claimed to be "dumbfounded by the critique."[70]

88. This was one of a series of strikingly disingenuous statements about the issue by Rep. Grant. Three days before voters went to the polls to decide on Amendment 4, Grant's hometown newspaper, the *Tampa Bay Times*, published the results of an extensive investigation, conducted jointly with the *Miami Herald*, of racial and partisan bias in the system of disfranchising former felons. "Bias in Fla. voting rights," the banner front-page headline read, "Amendment 4 would restore felons, disproportionately black and Democrat, to the rolls."[71]

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[69] Dara Kam, News Service of Florida, "Controversial felons' rights bill now in Gov. DeSantis' hands," *Tallahassee Democrat*, May 4, 2019, p. A7.

[70] *Ibid.*

[71] Steve Bousquet, Connie Humburg, McKenna Oxenden, and Caryn Baird, "Bias in Fla. voting rights/Amendment 4 would restore felons, disproportionately black and Democrat, to the rolls." *Tampa Bay Times*, Nov. 3, 2018, p. A1. The same story ran Nov. 2 in the *Miami Herald* under the headline "1.2 million Floridians have a lot riding on passage of Amendment 4." Because the *Times/Herald* story analyzed only the 21 most populous counties, some of its statistics may not be entirely correct. I quote it to show what expectations voters considering whether to support Amendment 4 and legislators considering whether to support S.B. 7066 may have had on the basis of publicly-available information. https://www.miamiherald.com/news/politics-government/state-politics/article221021940.html.

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89. The story distilled for voters and legislators many facts about the current system and the possible impacts of the passage of Amendment 4:

> Black voters were five times as likely as white voters to lose their voting rights last year, the *Times/Herald* analysis shows. Democratic voters were three times as likely as Republican voters to be removed.
>
> If Amendment 4 is approved by more than 60 percent of voters on Tuesday, most felons will automatically be able to register to vote after completing all terms of their sentences. . . .
>
> Any significant change in the makeup of the electorate would upend politics in a state with a recent history of extraordinarily close races. . . .
>
> The Palm Beach Post has reported that during [Gov. Rick] Scott's two terms in office, he voted to restore the right to vote to twice as many white people as black people, and three times as many white men as black men.
>
> The Post found that Scott, a Republican, restored voting rights to the highest percentage of Republican felons and the lowest percentage of Democrats of any governor since 1971.

90. In one of his defenses of H.B. 7089, Rep. Grant declaimed that "The only intellectually honest way to approach this is to take the strictest construction, the most complete review of the entire history . . ."[72] Neither Rep. Grant nor other legislators, however, reviewed the entire history. But a consideration of the recent part of that history will help us understand what moved legislators to pass S.B. 7066.

B. Executive Clemency from Gov. Reubin Askew to Gov. Rick Scott

91. The success of Floridians who had been convicted of felonies in recovering their civil rights varied dramatically over the period from 1975 through 2018, and those variations cast an important light on the intent of

[72] H.B. 7089, Voting Rights Restoration Act – Hearing before the Florida House of Representatives on Tuesday, Apr. 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264, at 6:29.

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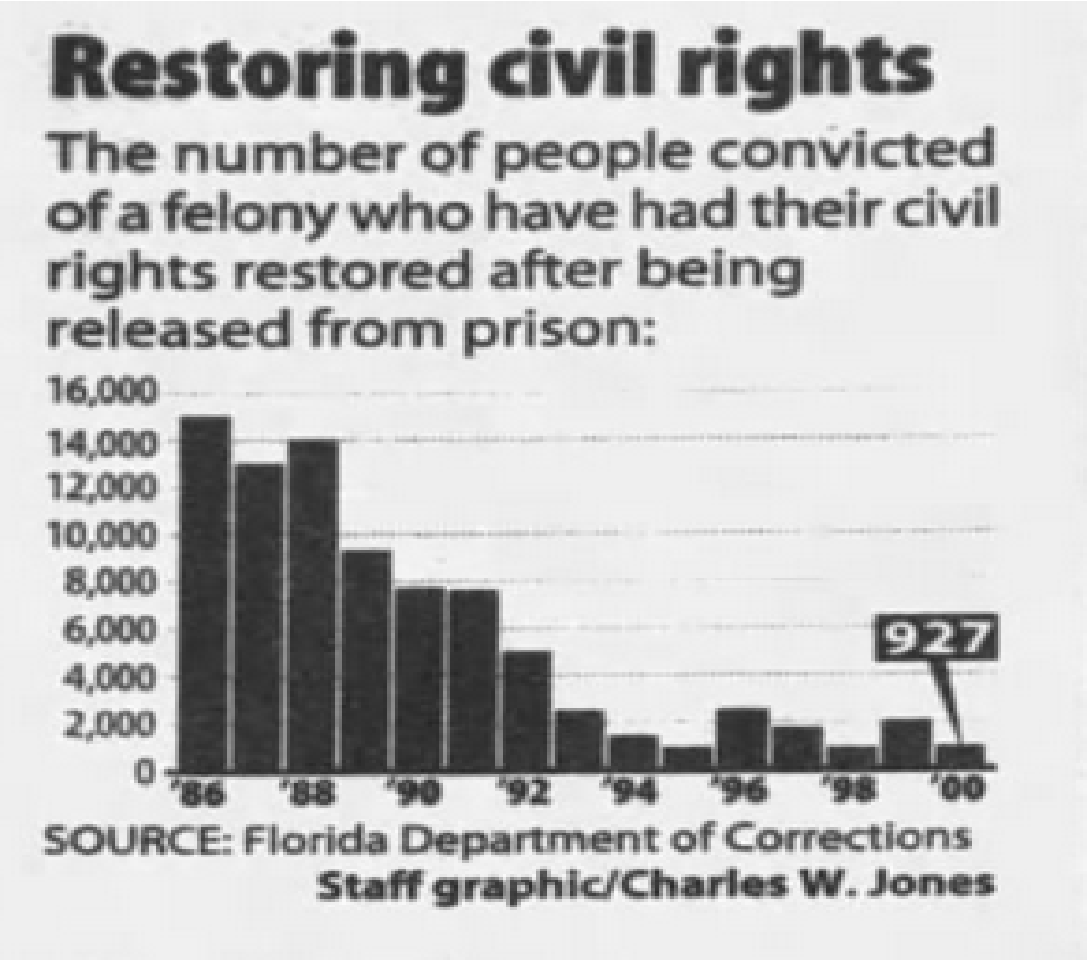
both proponents of Amendment 4 and of S.B. 7066. The inconsistencies depended entirely on the policies and often whims of the governor and the other three members of the Executive Clemency Board for, as then-Governor Rick Scott remarked in one clemency hearing, "We can do whatever we want."[73] The history of the changes in policy on the issue also reveals strong connections with the racial composition of the former prisoners.

92. From 1975 to 1978 under Gov. Reubin Askew and from 1979 to 1987 under Gov. Bob Graham, rights were restored automatically, without a hearing. Apparently, all they had to do was to submit short, simple forms. According to Graham, "if a person served their time…and post-incarceration parole and they lived an upstanding life," they resumed full citizenship without difficulty.[74] A later estimate of the number of people who had their rights restored under Gov. Askew was from 400,000 to 600,000, "a disproportionate number of whom," according to civil rights attorney Randy Berg, "are black."[75] Although I have not yet obtained statistics on the exact number of people granted executive clemency before 1997, the *South Florida Sun-Sentinel* published a graph based on such data from 1986 through 2000. I reproduce the graph in **Figure 1** below.

[73] Quoted in *Hand v. Scott*, 285 F. Supp. 3d 1289 (N.D. Fla. 2018), at 1292, vacated and remanded sub nom. *Hand v. Desantis*, 946 F.3d 1272 (11th Cir. 2020).
[74] Quoted in Melissa C. Chiang, "Some Kind of Process for Felon Reenfranchisement," *Univ. of Chicago Law Review*, 72 (2005), 1331, at 1352 n.123.
[75] Linda Kleindienst and May Bell, "New rules help restore rights for former felons," *South Florida Sun-Sentinel*, Dec. 10, 2004, p. B9.

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Figure 1: The Number of People Who Had Their Rights Restored, 1986-2000[76]



93. The stark decline in the numbers granted executive clemency during the 1990s induced some black legislators to introduce bills to ease the process of rights restoration as early as 1993.[77] But the large number of

[76] Lewis, Gregory. "The Right to be Angry," *South Florida Sun-Sentinel*, Sept 29, 2002, p.1.

[77] Mandy Dawson (D-Fort Lauderdale) introduced bills to make restoration of rights easier for former felons in 1993 and each succeeding legislature in which she served. Linda Kleindienst and Gregory Lewis, "State ban on felon voting upheld/The high court won't review an 1868 law. Advocates say they'll fight prohibition." *South Florida Sun-Sentinel*, 15 Nov. 2005, pp. 1B, 4B.

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bills, to be discussed below, went nowhere. It was the debacle of the 2000 presidential election that brought greater attention to the issue of the disfranchisement of former felons, and which shined a bright light on the racially disproportionate effects of felon disfranchisement laws and practices.[78]

94. Before the 2000 election, the Florida Secretary of State, Katherine Harris, sent county election supervisors a list of 58,000 alleged felons whom she said should be purged from the voting rolls. Although only 11% of Florida's registered voters at the time were black, 44% of those on the purge list were. After the election, the NAACP sued Florida under the Voting Rights Act, and as a result of the subsequent settlement, the company that had executed the purge reran it with stricter criteria and found 12,000 voters who had been wrongfully purged. Simple calculations by the U.S. Commission on Civil Rights suggested that the wrongful purge cost Al Gore the presidency that he lost by 537 votes in Florida.[79]

95. Two days after the U.S. Supreme Court issued its opinion in *Bush v. Gore*, Gov. Jeb Bush pledged to begin reforming Florida's election system, naming a bipartisan, 21-member task force to recommend changes, including changes in the process of restoring citizenship to persons convicted of felonies.[80] The task force, which contained two prominent black legislators, Rep. Chris Smith (D-Fort Lauderdale) and Sen. Daryl Jones (D-Miami), recommended that the legislature should restore voting rights to returning citizens who had served their sentences and paid restitution, but it did not include payment of fines, fees, or costs as a prerequisite for re-enfranchisement.[81] At the same time as the task force was

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[78] Even before the 2000 election, an AP story noted that 31% of black men in Florida and 13% nationwide were disfranchised because of previous felony convictions, according to the Sentencing Project. Toppo, Greg. AP. "13% of black men ineligible to vote/ Privilege is lost due to conviction," *South Florida Sun-Sentinel,* Sept. 22, 2000, p. 13A.

[79] Ari Berman, "How the 2000 Election in Florida Led to a New Wave of Voter Disenfranchisement/A botched voter purge prevented thousands from voting – and empowered a new generation of voting-rights critics," *The Nation*, July 28, 2015 http://www.thenation.com/article/how-the-2000-election-in-florida-led-to-a-new-wave-of-voter-disenfranchisement/.

[80] 531 U.S. 98 (2000); Mark Hollis, "Gov. Bush vows to modernize voting system," *South Florida Sun-Sentinel*, Dec. 15, 2000, p. 10A.

[81] Linda Kleindienst, "Restore felons' voting rights, panel suggests/Convicts would serve, pay first," *South Florida Sun-Sentinel*, Feb. 7, 2001, p. 6B. Jones was a very prominent

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meeting, several organizations filed lawsuits in state and federal court charging that the disfranchisement of former felons was a violation of the equal protection clause because, in a reporter's summary, of "its disproportionate effect on blacks." State Sen. Kendrick Meek (D-Miami), a prominent black politician, asked Gov. Bush to revise the executive clemency process, referring to the law as "a part of the Jim Crow era."[82] Along with the Florida Justice Institute and Florida Legal Services, the ACLU formed the Florida Equal Voting Rights Project, which sought, among other things, to "push for the restoration of ex-felons' voting rights."[83]

96. The rights restoration process in 2001 had two tracks, according to a description in the *South Florida Sun-Sentinel*:

> The state Clemency Board automatically reviews cases if a convict has no more than two felonies, no victim restitution due, and no other fines of more than $1000. Certain crimes – including drug trafficking, violent crimes, sexual battery or battery against law enforcement – are excluded.
>
> Felons who do not meet the automatic standards must apply for clemency from the state in order to vote and regain other rights, such as to sit on a jury.
>
> The government then launches an investigation, beginning with the felon filing a 12-page questionnaire and providing reams of

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politician, later a candidate for the Democratic nomination for governor in 2002 and winning the nomination for lieutenant governor in 2006. Linda Kleindienst, Bill Hirschman, and Gregory Lewis, "Jones seen as draw for blacks/ Davis introduces his running mate during 2-day tour," *South Florida Sun-Sentinel*, Sept. 15, 2006, p. 1A. Smith and Jones had publicly lobbied the task force to pay more attention to issues that particularly affected black people before the group endorsed the automatic restoration proposal. See Mark Hollis, "Voting Irregularities/ Push to Reform Begins," *South Florida Sun-Sentinel*, Jan. 8, 2001, p. 1A, 6A.

[82] AP, Florida's former felons will sue for right to vote/ Fort Lauderdale legislator offers restoration bills," *South Florida Sun-Sentinel*, 22 Jan. 2001, 6B.

[83] Weber, Janelle A. AP, "ACLU plan focuses on voting/Group seeks end to punch-card ballot method," *South Florida Sun-Sentinel* 18 Feb. 2001, 6B.

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paperwork, including tax returns, diplomas or degrees, and any loans, leases or mortgages. . . .[84]

97. Although companion bills to amend the constitution and legislatively weaken the restrictions on rights recovery were backed strongly by the 22-member Black Caucus, they failed in the House. Senate passage, however, encouraged reformers, and according to one report, "proponents of the change expect to see some administrative easing of the procedures felons must now undergo to regain the right to vote."[85]

98. Responding to criticisms, the Jeb Bush Administration reexamined its procedures, finding a major error in a computer program, mistakes in applying the rules that would have allowed the automatic restoration of rights, and a failure to begin the process of restoration for departing inmates. From 1998 to 2000, it announced, 14,208 more former felons should have had their rights automatically restored. The Administration also put into effect two changes, the most important of which allowed felons who had completed their sentences, but still owed court costs and fines, to apply for automatic restoration without a hearing. According to Gov. Bush, this change was aimed at promoting greater fairness. "Some offenders, despite their best efforts," the Governor remarked, "simply lack the financial ability to pay the fines against them."[86]

99. In 2003, the Bush Administration also settled a state court case, brought by black state legislators, in which the State admitted to not having provided proper help on rights restoration to nearly 125,000 released offenders between 1992 and 2001. About 31,000 of these persons were

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[84] Hahn, Brad and Butler, Anica. "Hurdles beset bill restoring felons' voting rights quickly." *South Florida Sun-Sentinel*, 18 Mar. 2001, p. 1A.

[85] Hahn, Brad and Butler, Anica. "Hurdles beset bill restoring felons' voting rights quickly." *South Florida Sun-Sentinel*, 18 Mar. 2001, p. 1A; Wallman, Brittany. "Felons plead for voting right/ House panel gives initial OK, but battle looms," *South Florida Sun-Sentinel*, 22 Mar. 2001, p. 17B; Kam, Dara. AP. "Felons' voting measures advance/Senate panel approves bill to restore right." *South Florida Sun-Sentinel*, 29 Mar. 2001, p. 9B; No byline, "Assessing the Session/ Adoptions to Windstorms," *South Florida Sun-Sentinel*, 9 May 2001, p. 30A.

[86] Bell, Maya and Mark, Silva. "State makes it easier for ex-convict to vote/ Cabinet says errors locked out 14,000," *South Florida Sun-Sentinel*, June 15, 2001, p. 10B. My underlining. See, similarly, *Johnson v. Bush*, 405 F.3d 1214, 1215-17 n. 1 (11th Cir. 2005) (en banc).

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eligible for automatic restoration, according to news reports, although the other 94,000 would have to apply for clemency hearings.[87] Noting the rise from fewer than 1,000 restorations in 2,000 to approximately 20,000 in 2004, Bush bragged that "We have streamlined the system." About 15% of felons had their names automatically submitted to state clemency officials immediately after they completed their sentences, and the other 85% were sent applications for a hearing by mail.[88]

100. Nonetheless, criticism of the State's procedures for blatant errors that at the least resulted in disparate racial and partisan purging of people wrongly identified as "felons" continued to bedevil the Jeb Bush Administration. In 2004, the State compiled a list of 48,000 people on the voting rolls who were suspected of having been felons who had not received clemency. But it did so by merging two databases – a felon database which did not contain a "Hispanic" category, and a voter registration database, which did use "Hispanic" as an identifier. A voter registered as "Hispanic" whose name and birthdate matched those of a person on the voting rolls was left off of the purge list unless his race on the felon list was characterized as "unknown." Consequently, only 61 Hispanic people appeared on the list of 48,000, while more than 22,000 were black. A majority of Hispanics then registered to vote in Florida were Republicans, while more than 90% of black people registered as Democrats. Of the 48,000 names, 28,025 were registered Democrats, 9,521 Republicans, and the rest unaffiliated. The embarrassed State scrapped the list. The company that compiled it contended that the State had known of the glitch since early 1998.[89]

101. After the unsuccessful federal court challenge to the Florida ex-felon disfranchisement law in 2005,[90] Rep. Chris Smith, who had served on Gov.

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[87] Kennedy, John. "20,000 felons could be cleared to vote/Bush moving too slowly, critics contend." *South Florida Sun-Sentinel,* June 18, 2004, p. 8B; AP, "Fla. To Restore Felons' Voting Rights," 24 July 2003.

[88] Kennedy, John. "Court: State failed felons/Rights ruling increases political heat." *South Florida Sun-Sentinel*, 15 July 2004, p. 16B.

[89] Pain, John. AP "State scraps felons list that left off Hispanics," *South Florida Sun-Sentinel*, 11 July 2004, p. 17A; Ford Fessenden, "Florida List for Purge of Voters Proves Flawed," *New York Times*, 10 July 2004; AP, "Florida Won't Use a Flawed Felon List," July 11, 2004; "Company: State Knew Of Problems With Felons List Since 1998." *WFTV.com*, 21 July 2004.

[90] *Johnson v. Bush*, 377 F. 3d 1163 (11th Cir. 2004), *aff'd* 405 F.3d 1214 (11th Cir. 2005), cert denied, 546 U.S. 1015 (2005).

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Bush's task force on voting reform and was by 2005 the Democratic leader in the state House, declared that black voters should force candidates in the 2006 governor's contest to take a stand on the issue. "'They come to our churches [asking for votes]. They have to make that a part of their platform,' Smith said. 'This is the last little bit of Jim Crow. It was developed to keep blacks from voting and became law when a black man whistling at a white woman was a felony.'"[91]

102. Statewide candidates listened. After Congressman and Democratic gubernatorial nominee Jim Davis picked State Senator Daryl Jones, who is black, as his lieutenant governor running mate and endorsed automatic restoration of the civil rights of former felons, Republican Attorney General Charlie Crist took a similar position on the issue late in the campaign, switching from the stance he had taken during the Bush Administration. Black Democratic legislators who, as discussed below, had long pushed for new laws and constitutional amendments on the issue were skeptical.

> State Sen. Frederica Wilson, a Miami Democrat who has repeatedly failed to pass legislation to change the state rule, said Crist never helped her efforts to lower the hurdles for felons and often was the lone vote blocking the restoration of rights for many who came before the clemency board.
>
> "This man will say anything to win," she said. "It is misleading and pandering to the black vote and it will blow up in his face."[92]

But Crist's last-minute change in position succeeded, and he won the election with triple the percentage of black voter support that Bush had received in 2002.[93]

103. Contrary to cynical expectations, Crist worked hard to convince the swing member of the Executive Clemency Board, Agriculture Secretary,

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[91] Kleindienst, Linda and Lewis, Gregory. "State ban on felon voting upheld/The high court won't review a 1868 law. Advocates say they'll fight prohibition." *South Florida Sun-Sentinel*, Nov. 15, 2005, p. B1.

[92] Like Daryl Jones, Wilson had chaired the Black Legislative Caucus. Mary Ellen Klas, "Voting ban for felons could end with next governor/Florida's century-old law banning felons from voting should be abandoned, both candidates for governor say," *Miami Herald*, Oct. 18, 2006.

[93] Farrington, Brendan AP. "Crist's agenda earns respect from blacks/He kept pledges, leaders say." *South Florida Sun-Sentinel*, 11 Oct. 2007, p. 12B.

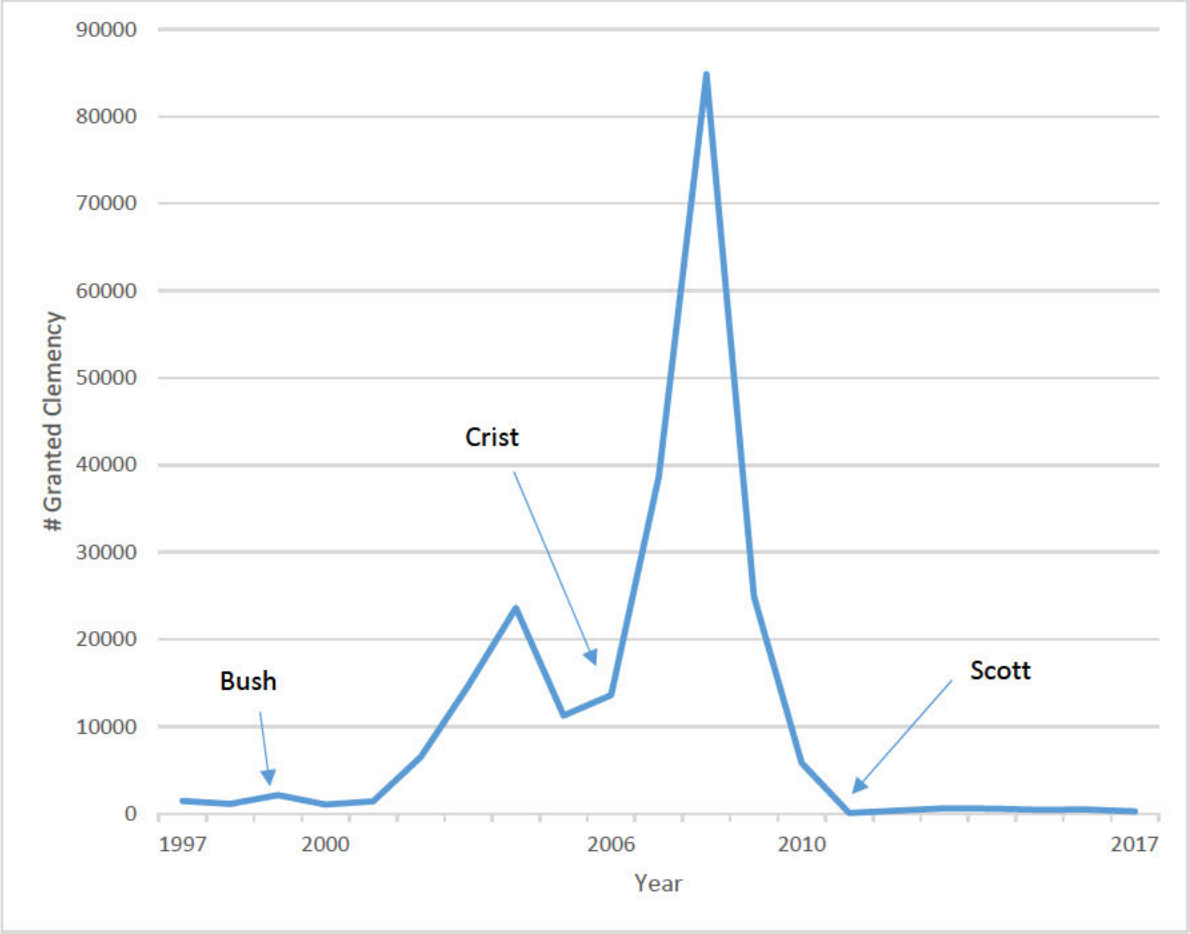
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Charles Bronson, to change his position on the issue.[94] By April, 2007, Crist succeeded, putting into effect changes in procedures that the *Sun-Sentinel*, a longtime opponent of ex-felon disfranchisement, called "a sea change that should impact the vast majority of non-violent felons immediately."[95] Thereafter, returning citizens convicted of nonviolent crimes who had completed parole and probation and paid restitution would have their rights automatically restored without a hearing or finishing paying fines, fees, or costs. By October, 2007, particularly because of the new governor's push on rights restoration, one black Democratic member of the Florida House was referring to Crist as the state's "first black governor."[96] This was an exaggeration, because the process was still bureaucratically complex, it too often failed to notify people of their right to register to vote, and it neglected to keep up with people's addresses after they came off of parole.[97] But as **Figure 2** below shows, the Crist reforms vastly increased the number of people who could enjoy their rights again.

[94] Hollis, Mark. "McCollum takes tough line on ex-felons," *South Florida Sun-Sentinel*, Nov. 17, 2006, p. 11B; Abby Goodnough, "Florida Governor Is Hoping to Restore Felon Voting Rights," *New York Times*,. 3 Apr. 2007; Kennedy, John. "Crist faces opposition on felon rights stance." *South Florida Sun-Sentinel*, Apr. 4, 2007, p. 12B.
[95] Editorial, "Felons' Rights/ISSUE: The Florida Cabinet tackles restoration of civil rights for felons." *South Florida Sun-Sentinel*, 9 Apr. 2007, p. 20A.
[96] Farrington, Brendan. AP. "Crist's agenda earns respect from blacks/He kept pledges, leaders say." *South Florida Sun-Sentinel*, 11 Oct. 2007, p. 12B.
[97] Editorial, "Still Waiting in Florida," *New York Times*, Oct 12, 2007; Bill Kaczor, AP, "Crist helps restore felons' voting rights," *South Florida Sun-Sentinel*, Aug. 30, 2008, p. 38; Mark R. Schlakman, "Get serious about restoring ex-felons' rights," *Miami Herald*, Sept 4, 2008.

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Figure 2: The Rise and Renunciation of Executive Clemency and the Impetus for Amendment 4



Source: Interrogatories 4 and 5, Case No. 4:17-cv-00128-MW-CAS, *Hand v. Scott*, Restoration of Civil Rights With and Without a Hearing Granted between 01/01/1997 and 6/15/2017, Florida Commission on Offender Review, Report Date 06/06/2017 (on file with author of the report). Totals added together to produce line.

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104. Crist's stance on ex-felon voting may have helped him attract support from black voters, but it alienated Republicans, and when he attempted to run for the Republican nomination for the U.S. Senate in 2010, he was so unpopular that he had to drop out and campaign as an independent. His Republican successor as governor, Rick Scott, quickly reversed the Crist clemency rules, forcing every clemency application into a hearing and delaying consideration for clemency until at least five years after release from prison. The *Washington Post* spelled out the partisan and racial nature of the issue as it detailed the changes and their implications:

> Florida Gov. Rick Scott and other Cabinet-level officials voted unanimously Wednesday to roll back state rules enacted four years ago that made it easier for many ex-felons to regain the right to vote.
>
> Now, under the new rules, even nonviolent offenders would have to wait five years after the conclusion of their sentences to apply for the chance to have their civil rights restored.
>
> The vote carries national political implications. Many GOP leaders never forgave then-Gov. Charlie Crist for his move to make civil rights restoration almost automatic for most ex-felons.
>
> The 2007 rule change spurred more than 100,000 ex-felons to earn the ability to register to vote ahead of the 2008 election in which then-candidate Barack Obama swept Florida. Experts say many of those new voters were likely Democratic-leaning African Americans. . . .
>
> Public comment was limited, with black lawmakers, civil rights leaders and a county elections official decrying the change as unfair and overly hasty. . . .
>
> Crist pushed the new rule in 2007 as he was looking for inroads into the state's black electorate. He won praise from Florida's black legislative caucus, which had long made the issue a priority.[98]

[98] Peter Wallsten, "Fla. Republicans make it harder for ex-felons to vote," *Washington Post*, Mar. 9, 2011.

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105. The *Post*'s story was reserved, compared to that in the *Miami Herald*. "**Welcome back, Jim Crow**," the paper's editorial screamed in bold type. "Plan to toughen felons' rights-restoration process is biased and unfair."

> In record time, Florida's Cabinet brought us back to Jim Crow-era laws Wednesday. Unanimously, the Cabinet undid a judicious measure that had partially streamlined the voting-rights restoration process for tens of thousands of felons convicted of nonviolent crimes.. . . .
>
> Make no mistake: This proposal has racial and partisan implications. . . .
>
> A disproportionate number of Florida's felons are African American, and in this state, blacks overwhelmingly vote Democratic. The Cabinet has further alienated black voters by adopting these more-stringent restoration rules. What purpose does that serve the state or the Republican Party?[99]

106. **Figure 2**, above, makes dramatically clear the overall effect of the substitution of Scott's rules for Crist's, and it suggests the impetus behind the drive for Amendment 4. When the legislature refused to pass any of the bills, discussed below, authorizing a vote of the people on the issue, proponents had no alternative to trying to gather the hundreds of thousands of signatures they needed to put the measure, now known as Amendment 4, on the ballot.

C. A Racial Issue

1. Reform Bills from 1998 to 2018

107. During the second floor hearing on H.B. 7089 on April 23, 2019, Rep. James Grant expressed again and again his dissatisfaction with making new law by constitutional amendment, instead of initiating it in the legislature. "[A] republic does not make policy in a constitution," he proclaimed. There were "troubling consequences of making policy in the constitution." "This is why policy in the constitution is a terrifying and troubling trend, because we don't get to ask questions like 'what did other states do, what would be

[99] Editorial "Welcome back, Jim Crow/ Plan to toughen felons' rights-restoration process is biased and unfair," *Miami Herald*, Mar 10, 2011.

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the best approach to this. We simply take what was given to us, sealed on election night last November, and follow that."[100] Representative Grant failed to note that since constraints on the civil rights of former felons were written into the constitution, reforms had first to amend that document.

108. This was another remarkably disingenuous statement from Rep. Grant, who had served in the legislature since 2010, and who could hardly have helped knowing that black legislators had made repeated efforts to revise the State's laws on the rights of former felons. In fact, there had been 53 bills introduced into the legislature from 1998 through 2018. **Table 7** (in the **Appendix**) summarizes them, with years of introduction, links to copies of original bills, sponsor names and their racial identities (black legislators' names are bold-faced), and truncated bill abstracts.

109. There are four major conclusions to note from this lengthy table: First, this was an issue that drew a lot of attention. Year after year, legislators kept introducing bills. Second, almost all of the bills died in committees. Only in 2000 and 2001 did committee substitutes emerge, and only in 2001 did a bill pass one house of the legislature. It was a task for Sisyphus. Third, the inability to pass a bill was not the result of inflexibility on the part of reformers. The proposed measures went through many permutations – bills or proposed constitutional amendments that restored rights automatically upon completion of parole; bills with different treatments of restitution, costs, and fees; bills with different waiting periods. Fourth, and perhaps most significant, this was an issue of particular concern to black legislators and the communities that they represented. Of 118 sponsors of the 53 bills and resolutions, 95 were black legislators. In the halls of the legislature, this was clearly an issue associated with race and, in particular, with black people.

2. Felon Disfranchisement Linked to Race in the Media Before Amendment 4

110. We have already observed several connections of the felon disfranchisement issue with racial concerns in the newspapers. It is as easy

[100] H.B. 7089, Voting Rights Restoration Act – Hearing before the Florida House of Representatives on Tuesday, Apr. 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264 , at 7:43, 6:54, 7:19.

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as it would be tedious to multiply examples, so we can confine ourselves to a few.

111. "The 22-member Black Caucus unanimously backs automatic restoration of rights and is making the issue a priority, said [Rep. Frederica] Wilson [D-Miami, chair of the legislature's Black Caucus]. "Members argue the voting ban disproportionately affects blacks."[101]

112. "'It has been documented that it was a way to deny blacks the right to vote,' said state Rep. Chris Smith, D-Fort Lauderdale. 'If you were convicted of a crime, your rights could be taken. It was started for racist reasons. But Florida went a step further. They put it in the constitution, and that's made it real hard to change.'"[102]

113. "When it comes to convicted felons, Florida doesn't play. There are 400,000 in the state – a third of them black – who can't vote, can't hold certain jobs and can't receive certain benefits, like financial aid for college."[103]

114. "The 2007 rule change spurred more than 100,000 ex-felons to earn the ability to register to vote ahead of the 2008 election in which then-candidate Barack Obama swept Florida. Experts say many of those new voters were likely Democratic-leaning African Americans."[104]

115. "Nearly one-fourth of black Florida adults, and one-tenth of the state's total voting-age population, aren't allowed to vote because of the state's prohibition on voting by former felons, the nation's highest rate of disenfranchisement, according to a study by an advocacy group."[105]

116. "Florida's hard line toward former felons voting isn't just anti-democratic. It disproportionately punishes black residents by disqualifying

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[101] Hahn, Brad and Butler, Anica. "Hurdles beset bill restoring felons' voting rights quickly." *South Florida Sun-Sentinel*, Mar. 18, 2001, p. 1A.
[102] Gregory Lewis, "The Right to be Angry," *South Florida Sun-Sentinel*, Sept 29, 2002, p.1.
[103] Douglas C. Lyons, op ed., "2004 Elections/ Right to vote again at center of controversy/ Supervisors are talking about erring on the side of the vote, which means thumbing their noses at the law." *South Florida Sun-Sentinel*, June 12, 2004, p. 19A .
[104] Peter Wallsten, "Florida Republicans make it harder for ex-felons to vote," *Washington Post*, Mar. 9, 2011,
[105] William Mar., "10 Percent of adults can't vote," *Tampa Tribune*, July 13, 2012, **Error! Main Document Only.**Metro, p.1.

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nearly one in four of them from casting ballots – prolonging a shameful legacy of policies concocted to disenfranchise black people that began after the Civil War."[106]

3. Race and Amendment 4

117. In March, 2017, the Florida Rights Restoration Coalition received the results of a telephone survey by two opinion research groups which tested, among other things, the success of various messages in convincing people to vote for or against a constitutional amendment on ex-felon disfranchisement. Of six potential messages to supporters, the one that the smallest number of respondents found either "very convincing" or "somewhat convincing" was a race-themed message: "There are over 1.6 million people in Florida who are banned for life from voting, and a disproportionate share are poor, African American or Hispanic. This amendment returns fairness to the historically-biased Florida criminal justice system."[107] Only 51% were convinced by the statement, compared to 79% who found a "second chances" message convincing or very convincing: "Americans believe in second chances and that people can earn forgiveness. Restoring a person's ability to vote is the right thing to do for those who have turned their life around and have become contributing members of their communities."[108] Not surprisingly, the FRRC chose to emphasize "second chances," not racial fairness in its advertising and direct appeals.

118. It is therefore surprising that so many newspaper articles about Amendment 4 stressed the racial context and potential effect of the Amendment. The intricate maneuvering of one of the Amendment's chief spokespersons, Desmond Meade, and the solid anchoring of the issue in the reality of racial discrimination was evident even before the Amendment had qualified for the ballot:

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[106] Editorial, "Ex-felons deserve voting rights," *South Florida Sun-Sentinel*, Sept. 1, 2016.
[107] Supplemental Appendix to Reply Brief of Secretary of State, Laurel M. Lee, Case No. SC19-1341, Supreme Court of Florida, Advisory Opinion to the Governor Re: Implementation of Amendment 4, the Voting Restoration Amendment, Appendix C, at 73-74.
[108] *Ibid*.

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> Some 500,000 of the 1.7 million Floridians who have lost the right to vote are African-Americans – just over 20% of the state's African-American population. That makes the issue a major concern in the African-American community, but Meade points out that it also means more than a million of these disenfranchised voters are not black.
>
> "It's very easy for this to be pigeonholed as an African-American issue or a political issue, but our belief is that this transcends those things," Meade said. "This issue impacts all Americans."[109]

119. By contrast, black State Sen. Perry Thurston (D-Fort Lauderdale) was more open about the racial issues involved when he urged every citizen to sign and circulate petitions to qualify the Amendment for the ballot:

> It may be 2017, but institutional racism is not gone. Through biases in our criminal justice system, Florida's felony disenfranchisement law unjustly leaves over two million African-Americans voiceless in our democracy. Of Florida's 1.6 million disenfranchised voters, about one-third are black, despite African-Americans making up only 15% of our state's population.[110]

120. During the campaign, newspaper article after article stressed the racial and partisan aspects of the current ex-felon disfranchisement process and of the racial stakes in the passage of Amendment 4.

121. In an op-ed column titled "Old Jim Crow still darkly looms over Florida state elections," Fred Grimm pronounced that

> "Florida was rid of Jim Crow voting laws a half-century ago. Except for that felon disenfranchisement clause and the racist sentiment that inspired it. It's still enforced. . . .

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[109] Dan Sweeney, "Push on for felon voting rights/Florida high court to rule on ballot access for amendment," *South Florida Sun-Sentinel*, Jan. 1, 2017, p. A1. Different people made different estimates of the number of people disfranchised by the current practices. It is not the purpose of this paper to reconcile the estimates, but just to report what different people said.

[110] State Sen. Perry Thurston, District 33, Fort Lauderdale, "Time to restore ex-felons voting rights," letter to editor, *South Florida Sun-Sentinel*, May 15, 2017, p. A9.

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> "Here's the damning stat: 21 percent of Florida's black citizens can't vote, thanks to what Charlie Crist described as 'a holdover of Jim Crow-era policies.' Of course, to Republican political strategists, large scale voting rights restoration equates to adding hordes of new Democrats to the voting rolls – something candidate Scott hardly wants to contemplate as he runs for a U.S. Senate seat." Amendment 4 provides "a chance for Florida to shed an ignominious distinction, even in the old South. . . .
>
> "When it comes to denying the vote to minorities, Florida has out-Confederated the Old Confederacy. But this fall, we can finally relegate Jim Crow to history."[111]

122. A television story about Amendment 4 noted that "About 1.4 million in the state of Florida do not have the right to vote that will be affected by this amendment. That's a tremendous number," [Miami-Dade County Public Defender Carlos Martinez] said. "About a third of that number is African Americans. But the biggest problem is it is double their population in the state of Florida. So disproportionately, they have been disenfranchised more than others."[112]

123. Endorsing Amendment 4, Cynthia Busch, chairwoman of the Broward Democratic Party, "said felon disenfranchisement sweeps many people who have gone to prison because of drug convictions. And, she said, that has disproportionately affected people from minority groups."[113]

124. Backing the Amendment editorially, the *Sun-Sentinel* remarked that "Florida's lifetime disenfranchisement is deeply rooted in post-slavery racism – some 21 percent are African-Americans – and serves no purpose except voter suppression.[114]

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[111] Fred Grimm, "Old Jim Crow still darkly looms over Florida state elections," op-ed column, *South Florida Sun-Sentinel*, Apr. 15, 2018, p. A25.
[112] Lily Oppenheimer, "Critical Ballot Amendment Could Impact Millions Of Florida Felons Without Voting Rights, WLRN, Sept 25, 2018, https://www.wlrn.org/post/critical-ballot-amendment-could-impact-millions-florida-felons-without-voting-rights ,
[113] Anthony Man, "Club urges opposition to felon voting rights proposal," *South Florida Sun-Sentinel*, Oct. 11, 2018, p. B1.
[114] Editorial, "5 good and 7 bad amendments," *South Florida Sun-Sentinel*, Oct. 7, 2018, p. A26.

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125. A story about Amendment 4 in the *Orlando Sentinel* featured a statement by the retired Chief Justice of the Florida Supreme Court, Harry Lee Anstead, which began: "It's been widely reported an estimated 1.5 million-plus Floridians are disenfranchised long after completing felony sentences resulting in the loss of their civil rights upon conviction, representing more than 25 percent of all felony disenfranchisement in the U.S. Of those, disproportionately high numbers are racial and ethnic minorities given the nature of our criminal justice system, exacerbating divisions in civil society."[115]

126. Assessing Gov. Rick Scott's legacy, an article in *Florida Today* noted that Scott "reversed a policy automatically restoring voting rights to nonviolent felons who complete their sentence. The decision appealed to law-and-order Floridians, but critics said it was a political move because felons are disproportionately low income and minority – groups that tend to vote for Democrats. The issue is on the ballot this fall."[116]

127. An article about the amendment from the News Service of Florida published in the *Tallahassee Democrat* noted that "Amendment 4 has drawn national support, with Florida one of a handful of states that have laws on the books critics say are remnants of post-Civil War Jim Crow policies designed to keep blacks from casting ballots."[117]

128. Endorsing Amendment 4, the *Palm Beach Post* pointed out that "Although a majority of felons are white, Fl's ban disproportionately affects black people. The outrageous reality is that more than one in five voting-age blacks can't vote in Florida, compared with about one in 10 voters in the state's general population. . . .[Felon disfranchisement] "is a living remnant of Reconstruction and Jim Crow."[118]

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[115] Harry Lee Anstead, "Here's what you haven't heard about restoring ex-felons' voting rights," *Orlando Sentinel*, Oct. 10, 2018, p. A15.
[116] Ledyard King, "Scott leaves mixed legacy in Florida," *Florida Today*, Oct. 13, 2018, p. B2. The same article ran in the *Tallahassee Democrat*, Oct. 13, 2018, p. B2 and in the *Fort Myers News-Press*, Oct. 13, 2018, p. 2B..
[117] Dara Kam, News Service of Florida, "Floridians to decide debate over felon voting rights," *Tallahassee Democrat*, Oct. 18, 2018, p. X14.
[118] Editorial, "Time is now to restore voting rights," *Palm Beach Post* (West Palm Beach), Oct. 14, 2018, p. A20.

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129. Spotlighting one of the voluntary crusaders for Amendment 4, a news story noted that "one in five black men can't vote in Florida because of prior felony convictions."[119]

130. A television story about Amendment 4 a few days before the 2018 election noted that it was an issue that "disproportionately impacts black adults."[120]

131. An op-ed just before the election was headlined "Voters should end Florida's partisan, racist policy of denying voting rights to felons."[121]

132. A pre-election poll by the University of North Florida suggested that voters understood the racial and partisan stakes in Amendment 4. Democrats favored the Amendment by 84-10; Republicans, 53-37, whites, 66-26; Hispanics, 61-27; African-Americans, 93-6.[122]

133. As quoted earlier, a news story that ran in both the *Tampa Bay Times* and the *Miami Herald* three days before the election announced in its headline that "Amendment 4 would restore felons, disproportionately black and Democrat, to the rolls," and went on to document extensively the racial and partisan facts of felon disfranchisement in the State.[123]

134. Almost on the eve of the election, the *Pensacola News Journal* endorsed a "yes" vote on Amendment 4, noting that "Florida's current

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[119] Shannon Green, "Amendment 4 fight is a crusade for many," *Orlando Sentinel*, Oct. 29, 2018, p. A1, A4.

[120] Nadege Green, "Here's How Amendment 4 Would Impact Floridians With Felony Convictions," WLRN, Nov. 1, 2018 https://www.wlrn.org/post/heres-how-amendment-4-would-impact-floridians-felony-convictions.

[121] Fabiola Santiago, "Voters should end Florida's partisan, racist policy of denying voting rights to felons," *Miami Herald*, Nov. 2, 2018 https://www.miamiherald.com/news/local/news-columns-blogs/fabiola-santiago/article220954360.html.

[122] Anthony Man, "Polls show support for Florida ballot measure to automatically restore voting rights to felons," *Orlando Sentinel*, Nov 2, 2018, p. B3. The remainder in each category were listed as "don't know."

[123] Steve Bousquet, Connie Humburg, McKenna Oxenden, and Caryn Baird, "Bias in Fla. voting rights/Amendment 4 would restore felons, disproportionately black and Democrat, to the rolls." *Tampa Bay Times*, Nov. 3, 2018, p. A1. The same story ran in the *Miami Herald*, Nov. 2, 2018, under the headline "1.2 million Floridians have a lot riding on passage of Amendment 4" https://www.miamiherald.com/news/politics-government/state-politics/article221021940.html.

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system is a direct descendant from Jim Crow era laws meant to prevent black citizens from voting." [124]

135. The day before the 2018 election, an AP story in the *Jacksonville Florida Times-Union* noted that "critics of the state's felon voting ban say it disproportionally affects minority voters who tend to support Democrats."[125]

136. In sum, however anxious the FRRC and its allies were to downplay racial considerations during the campaign for Amendment 4, because they feared that a racial justice appeal would fail to gain the support of a supermajority of Floridians, the media were under no such constraints. Numerous articles in newspapers pointed out, often starkly, the racial discrimination that underlay Florida's long of disfranchising people who had been convicted of felonies. Few people who voted on the issue could have been unaware that Amendment 4 not only aimed at giving people in general a second chance, but more specifically, that it would likely bring about at least some change in the racial composition of the electorate.

D. A "Complete Review of the Entire History" of Felon Disfranchisement from 1975 Through 2018 Shows the Issue to Have Been Suffused with Racial Concerns

137. Had Rep. James Grant publicly examined or engaged with the modern history of felon disfranchisement in the state, instead of just employing "history" in a rhetorical flourish, he would have found racial discrimination at every turn, and he might have understood how vast swings in the treatment of felon rights motivated proponents of Amendment 4 to seek a much more humane and permanent policy on rights restoration than Gov. Scott had put into force. It would then have been more difficult for him to have argued that S.B. 7066 merely carried out the will of the Florida electorate.

138. As discussed above, in 1975, Gov. Reubin Askew made the process of restoring the civil rights of former felons nearly automatic for most, and that policy was followed by his successor, Bob Graham. The number of people

[124] Editorial, "'Yes' votes on 4, 9, 12 and 13 amendments make sense," *Pensacola News Journal*, Nov. 4, 2018, p. G6.
[125] No byline, AP, "A guide to the 2018 midterm elections in Florida," Florida Times-Union, Nov. 5, 2018 https://www.jacksonville.com/nationworld/20181105/guide-to-2018-midterm-elections-in-florida.

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who had their rights restored under these two Democratic governors may have numbered in the hundreds of thousands. From 1986 to 1992, the number of restorations ranged from 5,000 to 15,000 annually. Executive clemency diminished in the 1990s, and in response, black legislators began to introduce bills aimed at easing former prisoners back into society. Those bills failed, and the presidential election of 2000 was likely determined by the imposition of an error-filled purge of purported felons who had not had their rights restored. In response, Gov. Jeb Bush appointed a bipartisan election reform task force which recommended, among other things, changes in the felon disfranchisement laws and procedures. The bills failed, but Gov. Bush changed the clemency rules, allowing people who could not afford to pay remaining fines, fees, and costs to vote as a matter of "fairness." The number of people regaining their rights rose from fewer than 1,000 in 2000 to 20,000 by 2004.

139. But, the most dramatic change that we can fully document in this period came with Republican Gov. Charlie Crist's reform of the system, a reform that he clearly made to win black voter support, which he did. From 1998 through 2006, 74 black and 11 white legislators sponsored 40 bills aimed at making it easier for returning citizens to regain their rights. All failed to be adopted, and almost none received a floor vote. In 2005, a major challenge to the disfranchisement of former felons failed in federal court. As a result, black leaders pushed the 2006 gubernatorial candidates to commit to reforms of the clemency process. After the Democratic gubernatorial candidate took a firm stand on the issue and chose a prominent black running mate, Charlie Crist, late in the campaign, switched the stance that he had taken as attorney general and endorsed easing the process of restoring rights.

140. Crist lived up to his campaign promises, the number of people who won executive clemency skyrocketed, and Crist's enfranchisement of so many former felons was blamed by some in his party for the Republicans' loss of the State in the 2008 presidential contest. In contrast, Crist's successor as governor, Rick Scott, dramatically cut back the number of returning citizens who were re-enfranchised, an action widely understood to have a disparate impact on black people. As the *Miami Herald* remarked of Scott's changes in the process of executive clemency, "Welcome back, Jim Crow . . . . Make no mistake: this proposal has racial and partisan

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implications."[126] Pressure built up to return to the practices of Scott's predecessor. A dozen more bills were deposited in the legislative hoppers during Scott's term. There was no committee action on any of them. The only alternative was a citizens' initiative, which became Amendment 4.

141. The sponsorship of 53 bills on the subject, largely by black state legislators, is merely one indication of the identification of the issue with racial discrimination. Article after article on the topic in newspapers, both before and after the campaign for Amendment 4, made explicit the connection between contemporary felon disfranchisement and Jim Crow Era franchise restrictions on black people or cited statistics of the disproportionate number of black people excluded from voting because they had once been convicted of felonies. Even though the sponsors of Amendment 4 sought to avoid an emphasis on race with their evangelical "second chance" appeals,[127] citizens who delved into the subject at all could hardly avoid being confronted with hard racial truths. By the time that the Amendment passed and the legislature prepared to consider whether it needed to take action implement it, the understanding that easing felon disfranchisement would disproportionately enfranchise black people and contrarily, that tightening the process of restoring rights would disproportionately harm black people, was firmly fixed in the consciousness of voters and, more importantly, of the policy experts in the Florida Legislature.

VI. The Threat of New Voters and the Passage of S.B. 7066

A. The Momentum of Amendment 4

142. During and after the 2018 election, newspaper articles suggested the threat to Republicans that the passage of Amendment 4 posed, because so many of the potential new voters were members of minority groups, particularly black people. The potential enfranchisement of approximately more than a million "disproportionately . . . minority voters who tend to

[126] Editorial "**Welcome back, Jim Crow**/Plan to toughen felons' rights-restoration process is biased and unfair," *Miami Herald*, Mar 10, 2011.

[127] The support of evangelicals was important in the campaign: "Amendment 4 is on the ballot because of a long-shot petition campaign that drew support not only from civil rights groups, but also a broad range of people. Among them are conservative evangelicals who believe the gospel smiles on second chances." Editorial, "Time is now to restore voting rights," *Palm Beach Post* (West Palm Beach), Oct. 14, 2018, p. A20.

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support Democrats . . .mean[s] a greatly reshaped Florida electorate for the 2020 presidential election," a news article in the *South Florida Sun-Sentinel* predicted.[128] Longtime ACLU leader Howard Simon felt that he could retire from his position "on the 'highest note' – restoring felons' voting rights," because he thought that "Amendment 4 is going to transform Florida forever."[129]

143. A news article in the *Tallahassee Democrat* noted that "The amendment will have an outsize effect on the black population, who are arrested and incarcerated at a higher rate than any other group. More than one in five black people in Florida can't vote because of a felony conviction, according to estimates by the Sentencing Project . . . . The effects of Amendment 4 will likely be felt during the 2020 election. Florida is a swing state, and if the ongoing tension over the close races for governor and senator are any indication, the 1.5 million additional voters could be an important factor in a 2020 contest."[130] And in an editorial that was in equal parts a lament about the immediate past and a prediction of the future, the *Sun-Sentinel* remarked "How different might other campaigns have turned out had they [returning citizens] already been allowed to vote, as they would have been in most other states? Given that most are black people, a demographic that votes heavily Democratic, Andrew Gillum would likely be the governor-elect and Bill Nelson would be returning to the Senate."[131]

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[128] Anthony Man, "10 things we have learned from Florida's 2018 midterm elections," *South Florida Sun-Sentinel*, Nov. 8, 2018, p. B1. Similarly, see Steve Bousquet, Connie Humburg, McKenna Oxenden, and Caryn Baird, "Bias in Fla. voting rights/Amendment 4 would restore felons, disproportionately black and Democrat, to the rolls." *Tampa Bay Times*, Nov. 3, 2018, p. A1, which suggested that the passage of Amendment 4 would "upend politics" in Florida.

[129] Sanya Mansoor, "ACLU Florida Chief Leaves On The 'Highest Note' – Restoring Felons' Voting Rights," WRLN Nov 19, 2018 https://www.wlrn.org/post/aclu-florida-chief-leaves-highest-note-restoring-felons-voting-rights; Frances Robles, "1.4 Million Floridians With Felonies Win Long-Denied Right to Vote," *New York Times*, Nov 7, 2018 https://www.nytimes.com/2018/11/07/us/florida-felon-voting-rights.html?action=click&module=RelatedLinks&pgtype=Article.

[130] J.D. Gallop and Lamaur Stancil, Florida Today, USA Today Network, "Second Chances/Felons Than Voters for Restoring Voting Rights, Making Them Feel 'Whole'" *Tallahassee Democrat*, Nov. 18, 2018, p. 7A.

[131] Editorial, "A triumph for voting rights," *South Florida Sun-Sentinel*, Nov. 9, 2018, p. A11.

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144. Driven by a grass-roots campaign sparked by former felons seeking not just to change a policy, but to restore their own franchise, many new voters signed up as soon as they became eligible on January 8, 2019 and others followed in succeeding months, even after S.B. 7066 became effective on July 1, 2019.[132] They represented a political movement that seemed to have the capability of overcoming the usual disconnection of the formerly imprisoned from civic affairs.[133] As Polk County Supervisor of Elections Lori Edwards reported, "We're getting a lot of inquiries from our constituents, from the public. People are very aware of this and they're wanting to act."[134] "In the run-up to Tuesday [Jan. 8]," the *Washington Post* reported, "the organizations and volunteers who worked for the past decade to pass the amendment to the state constitution have been ramping up their efforts to encourage ex-felons to quickly follow through."[135]

145. The activism apparently paid off. The *Jacksonville Florida Times-Union* reported a doubling of the rate of new registrations in Duval County, with higher percentages of them older Democratic men of color than before January 8, 2019, which the paper took to be an indication that many in "the recent flurry of new registrations" were returning citizens.[136] On the day that the House Criminal Justice Committee held its first hearing on what was

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[132] Daniel Rivero, "Despite Confusion About Amendment 4, Florida Is Granting Felons Voting Rights," WLRN, Feb. 27, 2019, https://www.wlrn.org/post/despite-confusion-about-amendment-4-florida-granting-felons-voting-rights (spotlighting the excitement of movement organizers at registering).

[133] Marc Meredith and Michael Morse, "Why letting ex-felons vote probably won't swing Florida/We analyzed ex-felons with voting rights. Their party affiliation is more mixed than you might think." Vox, Nov. 2, 2018, https://www.vox.com/the-big-idea/2018/11/2/18049510/felon-voting-rights-amendment-4-florida (reflecting the conventional political science wisdom that former felons, especially black people, would be unlikely to vote in large numbers if re-enfranchised).

[134] Dara Kam, News Service of Florida, "Confusion surrounds felon voting rights," *South Florida Sun-Sentinel*, Dec. 5, 2018, p. B1.

[135] Lori Rozsa, "'A joyous day' ahead as 1.4 million Florida ex-felons have voting rights restored," *Washington Post*, Jan. 5, 2019 https://www.washingtonpost.com/national/a-joyous-day-ahead-as-14-million-florida-ex-felons-have-voting-rights-restored/2019/01/05/58650ee2-106f-11e9-8938-5898adc28fa2_story.html?utm_term=.67a8be51b083.

[136] Andrew Pantazi, "After Amendment 4, thousands registered in Duval County. Now, will they vote?" Jacksonville Florida Times-Union, Mar. 1, 2019 https://www.jacksonville.com/news/20190301/after-amendment-4-thousands-registered-in-duval-county-now-will-they-vote.

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to become S.B. 7066, former Democratic gubernatorial candidate Andrew Gillum, who had lost the 2018 election by less than 33,000 votes, announced a plan to register a million new voters. "I want us to send an unapologetic message to the legislature to get their hands off of Amendment 4. It is the law of the land," Gillam declared.[137]

146. As the legislature began to consider whether Amendment 4 needed any implementing legislation at all, and if it did, what the provisions of that law should be, it was clear that if large numbers of returning citizens were allowed to vote, the black percentage of Florida voters would rise, perhaps markedly. Consequently, the fragile Republican majorities in all statewide and many more localized elections would be in jeopardy. [138] These widely understood facts shaped S.B. 7066 from the outset.

B. The Recognition and Denial of Racial Motives in the S.B. 7066 Debate

147. The single most instructive statement about intent during the consideration of S.B. 7066 and the bills that were blended into it came as Rep. James Grant closed the debate before the State Affairs Committee on April 4, 2018. "I'm going to leave my beliefs at the door, and I gonna take the package that was sent to us. I'm going to take my beliefs, my priorities, my preferences, and that all stays out. I was asked have I done a study to know how many people are impacted by this. I said 'no'. They said are you willing to take a study. I said 'no'. And here's why. I am happy to

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[137] Daniel Rivero, "Andrew Gillum Lays Out Plan To Register Voters Across Florida," WLRN, Mar 20, 2019 https://www.wlrn.org/post/andrew-gillum-lays-out-plan-register-voters-across-florida.

[138] Although Mark Meredith and Michael Morse sought to downplay the partisan consequences of the possible passage of Amendment 4 in a pre-election-day news article by pointing to the usually low levels of registration and turnout of returned citizens who had received clemency previously in Florida, they did estimate that enfranchising all of the State's felons in 2016 would have added 102,00 additional votes for Democrats, but only 54,000 for Republicans, with 40,000 not choosing a party. As I argue in the text, the "movement" spirit that the Amendment 4 campaign embodied might have increased turnout among the new post-November 2018 registrants. In any event, 50,000 votes could be pivotal in a swing state. See Marc Meredith and Michael Morse, "Why letting ex-felons vote probably won't swing Florida/We analyzed ex-felons with voting rights. Their party affiliation is more mixed than you might think." Vox, Nov 2, 2018, https://www.vox.com/the-big-idea/2018/11/2/18049510/felon-voting-rights-amendment-4-florida.

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review…numbers [when we're done], but I don't want to know the impact of this [bill]."[139]

148. Even without all the evidence, presented in Section IV of this report, that the "faithful steward" assertion about S.B. 7066 was fatally flawed, the notion that politicians could possibly ignore their own beliefs and disregard their preferences when considering bills should fill anyone with skepticism. Skepticism should turn to cynicism when the statement goes on to claim that the politician does not want to examine the consequences of a particular measure. Why not? The obvious answer, supported by considerable evidence quoted and cited above, is that Grant and everyone else knew what the impact of the law would be: It would disproportionately disfranchise black people and that impact would damage the electoral fortunes of the Democratic Party. Grant did not need a study because he knew the answer. In pleading a desire for ignorance, the chief sponsor of S.B. 7066 was actually exhibiting a guilty knowledge.

149. It should also be noted that H.B. 7089 originated in the Criminal Justice Subcommittee of the House Judiciary Committee. Rep. Grant chaired that subcommittee. The senate sponsor of S.B. 7086, Sen. Jeff Brandes, was Vice Chair of the Criminal Justice Committee. While it might be possible that other legislators were unaware of the approximate black and Latino percentage of Floridians who had been convicted of felonies, it is absolutely inconceivable that members of criminal justice committees were ignorant of the racial and socioeconomic disparities in the populations in the Florida and federal criminal justice systems. In the same 2019 legislative session that passed S.B. 7066, the legislature also held extensive hearings and passed the "First Step Act," which originated in the criminal justice committees on which Grant and Brandes served. Brandes was the principal sponsor of the First Step Act, a bill aimed at reducing spending on the criminal justice system by reducing the prison population.[140] It was a

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[139] H.B. 7089, Voting Rights Restoration Act – Hearing before the State Affairs Committee, Thursday Apr. 4, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041080, at 3:56-3:57 (remarks of James W. Grant).

[140] On the Florida First Step Act, see Schweers, Jeffrey and Call, James. "A Checklist for the 2019 session's final week/ The done deals, dead on arrivals and issues in flux," *Tallahassee Democrat*, 28 Apr. 2019, p. 1A; Paula Dockery, op-ed, "Legislature should enact criminal justice reform," *Tallahassee Democrat*, 28 Apr. 2019, p. A4; Schweers,

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conservative bill patterned after Pres. Trump's "First Step Act" of 2018.[141] Witnesses at those hearings often commented on the demographics of the Florida prison population, and there was an obvious connection between the disproportionately black and poor population in the prisons and the disparate effects that S. B. 7066 would cause.

150. Just as Rep. Grant claimed not to care about the racial effect of S.B. 7066, he denied any interest in the related question of whether his bill was unfair to poorer returning citizens, since they would be less able to pay restitution, fines, fees, and costs, and thus less likely to be able to recover their rights to vote. In a colloquy on the last day of the session with Rep. Anna Eskamani (D-Orlando), Grant was asked "Is there a concern that when someone is in that economic situation [minimum wage worker] that we are still not granting them an appropriate pathway to have their rights restored under the context and intent of Amendment 4?" His reply: "No. That is not a concern."[142]

151. Even more revealing, Rep. Grant was asked by a black member, Rep. Geraldine F. Thompson (D-Orlando) "Do you have any statistics regarding individuals who have been required to make restitution and who have, in fact, made restitution?" Grant responded: "No, as I have addressed numerous times, I intentionally wanted to stay blind to the data." Thompson pressed him: "So, Representative, you have no information regarding the ability of people to make restitution and how many people we would expect to make restitution and then get their rights restored. Is that what you're saying?" Grant declined to respond.[143]

Jeffrey. "Session wraps up with big GOP wins, historic $91.1 billion budget and piles of dead bills," *Tallahassee Democrat*, 4 May 2019, p. 1A.

[141] Safavian, David and Plein, Patrick. "Florida needs to join push for criminal justice reform." *Tallahassee Democrat*, 30 Apr. 2019, p. 5A.

[142] House Floor Session, May 3, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019051002 at 3:45 (colloquy between Rep. Eskamani and Rep. Grant).

[143] *Ibid*., at 3:59-4:02 (colloquy between Rep. Thompson and Rep. Grant). Similarly, in the Senate, when asked how many Floridians had outstanding financial obligations, Senator Keith Perry (R-Gainesville) said that he did not know. Senate Criminal Justice Committee Hearing, Mar. 25, 2019, https://thefloridachannel.org/videos/3-25-19-senate-committee-on-criminal-justice . Accessed 2 Mar 2020, at 35:07.

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152. In the course of his answers to Rep. Thompson, Rep. Grant attempted to distinguish data about the criminal justice system from that on the disfranchisement of returning citizens. But in doing so, he admitted that he wished to seem to remain ignorant of—or willfully ignore— the effect of S.B. 7066 on any racial or economic group because he did not want to provide evidence of a discriminatory intent:

> I did not want to know the data, because the data is not relevant for this particular objective. The data is absolutely relevant to the criminal justice reform we work on, or the policies we work on. This isn't a policy bill. This is a taking of the Amendment 4 package in the totality sent to us. And so, as I have repeatedly stated, I did not want to know data, because I did not want anybody to be able to make the allegation that my work product was skewed by any data.[144]

153. As might be expected on a topic whose distant and immediately preceding history had been inextricably intertwined with racial concerns, the debate in the legislature sometimes turned from the specifics of the bills to charges that S.B. 7066 was racially discriminatory in intent and/or effect. These charges were almost never directly answered by the proponents of S.B. 7066, who instead sought to deflect them by offering the faithful steward defense, and to delay and diffuse them by continuing to negotiate with opposing legislators and the leaders of the Amendment 4 campaign until almost the last day of the legislative session.[145] On the day after S.B. 7066 passed, a news article in the *Tallahassee Democrat* revealed that the FRRC had "worked behind the scenes with Republicans and Democrats to craft a proposal they said they hoped would be closer to the amendment's intent."[146]

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[144] *Ibid*. (my emphasis).

[145] Sen. Jason Pizzo (D-North Miami Beach) reflected on the penultimate day of the session that "This [bill has developed in] a serpentine fashion" as it moved between the Senate and the House, and he recalled his hope that "the best deal was going to be with us [Democrats and Republicans] working together for a good work product. . . . I am a little disappointed." Senate Floor Session, S.B. 7066, May 2, 2019, http://www.flsenate.gov/media/VideoPlayer?EventID=2443575804_2019051020&Redirect=true. Accessed 28 Feb 2020, at 8:01-8:05.

[146] Dara Kam, News Service of Florida, "Controversial felons' rights bill now in Gov. DeSantis' hands," *Tallahassee Democrat*, May 4, 2019, p. A7. Glimpses of the

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154. When all else failed, the sponsors of S.B. 7066 met the charges not with argument or contrary facts, but with disdain. For example, when Rep. Fentrice Driskell (D-Tampa), who is black, asked Rep. James Grant "[H]ow many African-Americans will be impacted by the legislation?" Grant replied, sternly, "I have no idea and it had no bearing on this legislation….I have intentionally not looked at the numbers."[147] This followed the suggestions of a memo setting out talking points for Republican legislators for dealing with the media during the debate over S.B. 7066. If asked "What is your reaction to people calling this bill discriminatory against minorities and the poor?" the memo suggested the following answer: "Our job is to follow the will of the voters and make sure that Floridians who have fully completed their sentence can easily get registered to vote. Name-calling is a sad distraction from the important work of implementing this amendment."[148]

155. This strategy of deflect, delay, diffuse, and disdain explains why there were so few statements by sponsors and other proponents of S.B. 7066 about issues of racial discrimination.

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negotiations sometimes appeared even in the hearings. For example, when he appeared before the Senate Judiciary Committee at an Apr. 8, 2019 hearing, Neil Volz testified that "Because of the civil lien language, we're not prepared to accept the bill or amendment, [but] we do think it is important to acknowledge the clarifying language on costs as well as provision taking 'attempted murder' out of the definition of 'murder', as a step in the right direction." http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019041108&Redirect=true. Accessed 28 Feb 2020, at 1:47:35-1:48. Testifying before the Senate Rules Committee meeting, Apr. 23, 2019, Volz said that "We [the FRRC] look forward to continuing to work together hoping we can put something together on the floor of the Senate that brings everyone in [the Senate] together." Senate Rules Committee Hearing, Apr. 23, 2019, http://www.flsenate.gov/media/videoplayer?EventID=2443575804_2019041265&Redirect=true. Accessed 28 Feb 2020, at 2:58 (statement of Neil Volz).
In his deposition in this case, Desmond Meade of the FRRC said he had met not only with Rep. Grant and Sen. Brandes, but with between 10 and 20 state legislators during the 2019 legislative session. Deposition of Desmond Meade, Jan. 14, 2020, in *Jeff Gruver vs. Kim Barton*, p. 119.

[147] Second Floor Hearing on H.B. 7089, Apr. 23, 2019 https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264 at 7:05-7:06 (colloquy between Reps. Driskell and Grant).

[148] Email from Christiana Johnson to Paul M. Renner, Apr. 8, 2019, FloridaHouse-00012047_P03_FloridaHouse_20200203.pdf, a document turned over during discovery in this case.

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156. There were also fewer direct charges of racially discriminatory intent by opponents of H.B. 7089, S.B. 7086, and S.B. 7066 inside the legislature than might be expected, and the legislators told us why. During debate in the Senate on May 2, 2019, State Senator Oscar Braynon (D-Miami Gardens), who is black, referred indirectly to the racial origins of felon disfranchisement: "I know why this original law was created." But then he pivoted away from the theme, confiding to senators that "I've been asked to not get deep into that by people who put [Amendment 4] on the ballot."[149] Just as they had shied away from emphasizing racial justice themes in the campaign for Amendment 4, some activists who had led the movement for it appear to have feared to endanger any chance at compromise in the Republican-dominated legislature if they or their allies too openly stressed the entanglement of the issue with racial discrimination.

157. Nonetheless, the issue did arise during the legislative session. At the first hearing on H.B. 7089, Neil Volz, the political director of the FRRC, announced the group's opposition because the bill "will restrict the ability to vote for thousands of Floridians, especially people who are poor, especially people who are people of color."[150] In the same hearing, Rep. Adam Hattersley (D-Riverview) denounced the bill, saying "It's not only targeting the poor and…targeting minorities, but it's blatantly unconstitutional as a poll tax."[151] Rep. James Bush (D-Miami), who is black, invoked Martin Luther King, Jr., Rosa Parks, Coretta Scott King, and other civil rights leaders and stressed that Amendment 4 had been "a great cause for people of color." Stressing the opposition to H.B. 7089 by the NAACP and the Black Caucus, he recounted phone calls from constituents who asserted that the bill might be in violation of the Reconstruction Amendments and Section 2 of the Voting Rights Act, as well as Article 11, Section 3 of the Florida Constitution, which governs amendments by initiative.[152] More colloquially,

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[149] Senate Floor Debate, S.B. 7066, May 2, 2019, http://www.flsenate.gov/media/VideoPlayer?EventID=2443575804_2019051020&Redirect=true. Accessed 28 Feb 2020, at 7:28-7:30 (remarks of Sen. Braynon).
[150] Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246, at 1:13-1:14 (remarks of Neil Volz).
[151] *Ibid*., at 1:46-1:47.
[152] *Ibid*., at 1:58-2:16.

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Michael Anderson of the FRRC, testifying before the House Committee on State Affairs on April 4, 2019, charged that "What y'all are doing with the poll tax is continuing to oppress poor Black and Brown communities."[153]

158. In response, Rep. James Grant called the charge that his bill constituted a poll tax "near arrogance . . . Members, to suggest that this is a poll tax inherently diminishes the atrocity of what a poll tax was."[154] He dismissed "lots of concern about this bill because it discriminates or disenfranchises" on the (false) grounds that the comments were not directed to any specific sections of the bill. Relying entirely on the faithful steward defense, he did not address explicit assertions that the bill would have a racially discriminatory effect or implicit assertions that that effect was intended.[155] Instead, in the April 4, 2019 meeting, Rep. Grant accused the opponents of his bill of lacking "truth and fact and intellectual honesty."[156]

159. As a matter of fact, Rep. Grant was quite wrong about the poll tax, which first entered Anglo-American law in 1377 as an English tax of 4 pence on each person over the age of 14 who was not a beggar to finance Edward III's war against France.[157] Many historians think it was a partial cause of the 1381 "Peasants' Revolt." The poll tax in England had nothing to do with qualifications for voting. In the American colonies and Early Republic, poll taxes were levied to expand the tax base as more people began to live in towns, where there was less taxable real property. After the American Revolution, poll tax receipts were used in Pennsylvania, New Hampshire, and North Carolina to allow men who were too poor to meet the

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[153] Hearing of House Committee on State Affairs, Apr. 4, 2019, , https://thefloridachannel.org/videos/4-4-19-house-state-affairscommittee/. Accessed 28 Feb 2020, at 3:22.

[154] Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246. Accessed 28 Feb 2020, at 1:13, at 2:26:40-2:27:20 (remarks of Rep. Grant).

[155] *Ibid*., at 2:26-2:37:50.

[156] H.B. 7089, Voting Rights Restoration Act – Hearing before the State Affairs Committee, Thursday Apr. 4, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041080. Accessed 28 Feb 2020, at 3:59-4:00 (remarks of Rep. Grant).

[157] See Carolyn Christine Fenwick, "The English Poll Taxes of 1377, 1379 and 1381: A Critical Examination of the Returns" (London School of Economics and Political Science, 1983).

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property qualifications for suffrage to vote anyway – i.e., the poll tax at first expanded the suffrage. Other states adopted similar provisions from 1789 on. It was only after the Reconstruction governments in the South fell that the poll tax was employed to disfranchise African-Americans and poor whites – most notably the 1877 Georgia cumulative poll tax. Florida adopted a non-cumulative poll tax in 1889, which was quickly effective in disfranchising the vast majority of African-Americans in the state.[158] The point is that the poll tax was just a capitation or head tax which was often used purely to finance governments. It became a disfranchising device only when it was employed to differentiate between those who could afford to pay it and those who could not as a prerequisite to voting – exactly like the differentiation between returning citizens who cannot afford to pay LFOs and those who can. Just as there was nothing about a poll tax that necessarily had anything to do with voting, there is nothing about an LFO for a returning citizen that necessarily has anything to do with voting.

160. Even though Grant sought to avoid questions of who would be disadvantaged by S.B. 7066 or its predecessors, Rep. Shevrid D. Jones (D-West Park), who is black, tried to corner him with the statistic that "83 percent of the fines are never paid back… and over 60 percent of those fines that are never paid back are from African Americans. And so now we say that this is not political and no one is being disenfranchised, but I just want[ed] to let you know that those [i.e., African-Americans] are the individuals who are being disenfranchised." Representative Grant resorted as usual, to the faithful servant defense : to his usual circumlocution: "Nobody is being disfranchised by this bill . . . . nobody [is] losing anything in this bill. . . . To suggest that this bill is disenfranchising [anyone] is misguided. [We are passing what voters wanted.]"[159]

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[158] Kousser, J. Morgan. "Poll Tax," in The International Encyclopedia of Elections (Washington, D.C.: Congressional Quarterly, Inc., 1999), 208-09; Kousser, "Voting Rights," in *Oxford Handbook of American Political History* (New York: Oxford Univ. Press, forthcoming); Kousser, *The Shaping of Southern Politics: Suffrage Restriction and the Establishment of the One-Party South, 1880-1910* (New Haven, Connecticut: Yale Univ. Press, 1974), 91-103.

[159] Second Floor Hearing, H.B. 7089, Apr. 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264. Accessed 28 Feb 2020, at 7:20-7:22 (colloquy between Reps. Jones and Grant).

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161. In the Senate, the crucial amendment and discussion came on the day before final passage, when State Sen. Perry E. Thurston, Jr. (D-Fort Lauderdale), who is black and had been the Democratic Minority Leader when he was in the lower house of the legislature, offered an amendment that would have allowed returning citizens to vote if any restitution, fines, fees, and court costs had been converted into civil liens. He explained both the racial connections of the issue and the reasons behind the campaign for Amendment 4 well enough to make his remarks worth quoting at length. His amendment, he remarked,

> Address[es] the simple, simple effort at voter suppression and disenfranchisement and the thwarting of the will of 5 million plus people of this State. And how do we know that?...All we have to do is to look at the timeline. We don't have to go back to Reconstruction or 1970, when the first African-American was elected to this legislature. That's [1970 is] when the effort to change this law began; and it's been going on ever since. But all we have to do is to go back to 2006, [when [Charlie] Crist was elected [governor], and 2007, when his executive order addressed this issue.]. . .The reason I want you to go back to 2006-07 is because then you can look at it through the eyes of that disenfranchised citizen who's coming back into society. . . .There was never…a big uproar about fines, costs, and restitution [during those 4 years] [2007-11]. How many people's rights were reinstated in four years based on that? 150,000 people got their rights reinstated without any reference to fines, fees, and restitution. What else happened? The legislature didn't fund the process. So what happened? 100,000 people were in a bottleneck, [having] completed all of their requirements, wanted to get their rights reinstated. And why couldn't they? Gov. Rick Scott was elected. The first order of business was to discontinue that process that was working; that's when this petition and drive [for Amendment 4] began.[160]

162. The Republican-majority made no effort to refute the charges of racial discrimination or to comment on Sen. Thurston's short history of the origins of Amendment 4, a history that entirely undercut the faithful steward theory

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[160] Senate Floor Debate, S.B. 7066, May 2, 2019, http://www.flsenate.gov/media/VideoPlayer?EventID=2443575804_2019051020&Redirect=true. Accessed 28 Feb 2020, at 7:37-7:42 (remarks of Sen. Thurston).

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of the intent of the voters. Even though Sen. Brandes admitted that he preferred a bill that would allow someone to vote if his fines and fees had been converted to civil liens, Sen. Brandes opposed restoring the right to vote to someone who still owed any restitution. The Thurston amendment failed on a voice vote (i.e., without a roll call), and S.B. 7066 – the Grant version that did not allow for restoration of the vote if any LFO had been converted to a lien – passed on a party-line vote.[161]

163. In the House on the last day of the session, with any hope of further amendments to the bill exhausted, more black legislators seem to have felt freer to address the racial nature of the legislation openly and directly. In the most comprehensive statement, Rep. Dotie Joseph (D-North Miami) reviewed the history of felon disfranchisement and other parts of what she referred to as the "Black Codes" in Florida.

> "The reality is that the policy decision to disenfranchise felons was one of the tools that was used by this legislature back in the 1800s to keep African-Americans from exercising their right to vote . . . . Enforcement of those Black Codes were so effective that by the 1870s and 1880s, more than 95% of the convicts in the state of Florida were Black. That was not the case before. Legislator William J. Purman reportedly bragged about the policies that had kept Florida from becoming 'nigger-ized.' Of those racially motivated disenfranchising laws, removing a felon's right to vote was one of the most effective of those. . . . Florida's felon population [tends to be] overrepresented by black and brown people who are, in many cases, the victims of a criminal justice system that disproportionally targets, arrests, charges, prosecutes, convicts, and sentences people of color at a higher rate based on no other factor, [other] than their race."[162]

[161] *Ibid*., at 7:50-8:14.
[162] House Floor Session, May 3, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019051002 at 4:11-4:21.

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C. The Provisions of S.B. 7066 and their Known Racially Discriminatory Effects

164. What was considered and rejected, and what was not even seriously considered during the process of developing the bill, may be as instructive about its motives as what was included in the final law. It was self-evident that the more restrictive the bill was, the greater the disfranchising effect on black potential voters would be, because everyone understood that since the First Reconstruction, African-Americans in the South and much of the non-South have been more likely to be convicted of felony crimes than whites were. So every layer of LFOs and every provision that made them more onerous would obviously have a greater racially discriminatory effect. If the payment of no LFOs was required to vote, that would enfranchise or re-enfranchise more African-Americans and Latino potential voters. If restitution had to be paid, fewer would enjoy the suffrage; if, in addition to restoration, fines and/or fees were required, even fewer could vote; if costs were added, still fewer. If returning citizens were able to vote so long as their LFOs, or some of them, were converted to civil liens, either at the original sentencing or after they emerged from prison, more would be able to vote.

165. It was this last provision, discussed above in Section IV, which was in Sen. Brandes's S.B. 7086, that especially gave the activists responsible for Amendment 4 hope, for if judges converted most LFOs to liens – nobody discussed any statistics on the percentages so converted during the debates – then most returning citizens would be eligible to vote. When Sen. Brandes's version of the legislation was still alive, the *Miami Herald* reported that "Creators of the amendment objected to lawmakers passing any bill, but after weeks of talks with Brandes, who has championed criminal justice reforms over the years, they eventually supported the Senate's bill."[163] But when the House refused to accept Sen. Brandes's position on civil liens, Amendment 4 supporters were dismayed. As Cecile Scoon, the chief lobbyist on this bill for the Florida League of Women Voters, remarked in her deposition, "there was another part of 7066 that was devastating; that

[163] Lawrence Mower, "Legislators' possible deal on Amendment 4 is bad news for felons seeking to vote," *Miami Herald*, Apr. 26, 2019 https://www.miamiherald.com/news/politics-government/state-politics/article229737969.html.

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together with the fines and fees made it a minefield, and that was the part that said, we don't care if the judge converted your legal financial obligations to a civil lien or judgment, you've still got to pay. . . . So when 7066 at the very last minute flipped that dime, that was a problem."[164]

166. The refusal of Rep. Grant and the House to accede to this provision of Sen. Brandes's bill is strong evidence of the legislators' intention to pass nearly the most restrictive bill they could, one that by the very nature of the ex-felon population had a more discriminatory effect than bills with more lenient treatments of the payment of LFOs did. The only important provisions of S.B. 7066 that made it less draconian than the original bills were one that allowed LFOs to be waived, either by a judge or by a victim owed restitution, and another that excluded post-sentence costs from the LFOs that had to be paid before a returning citizen could vote.[165] And the legislature knew that these waiving provisions could not be exercised by Florida residents with out-of-state or federal convictions, that judges might not be able to waive LFOs that had previously been converted to civil liens, that judges were not required to waive the LFOs of people who were too poor to pay, and that the bill set no standards at all for judges on waiving financial penalties.[166] So even the minor waiving amendments would likely have only the most minimal effects.

167. But there was another consideration that interacted with the necessity to pay LFOs that greatly increased the discriminatory effect of S.B. 7066, and the failure to alleviate that problem is an even stronger indication of discriminatory intent than the rejection of the civil lien provision. The most subtle issue in the felon disfranchisement debate in Florida and one which

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[164] Deposition of Cecile Scoon, Jan. 24, 2020, in Jeff Gruver vs. Kim Barton, 37-40.
[165] Lawrence Mower, "Legislators make a deal on Amendment 4. Felons must pay but judges can waive costs," *Miami Herald*, May 2, 2019 https://www.miamiherald.com/news/politics-government/state-politics/article229969709.html.
[166] House Floor Session, May 3, 2019, https://thefloridachannel.org/videos/5-3-19-house-session-part-2/, at 13:48 (remarks of Rep. Grant concerning out-of-state convictions); *ibid*., at 1:25 (remarks of Rep. Geller on waiving after conversion to civil liens); *ibid*., at 37:33 (Rep. Grant recognizing that courts were not required to have community service programs); Senate Floor Debate, May 2, 2019 https://www.flsenate.gov/media/VideoPlayer?EventID=2443575804_2019051020&Redirect=true, at 6:30 (Sen. Brandes admitting that the bill set no standards for judges in waiving).

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had been forcefully raised long before voters went to the polls in November, 2018, was that there was no central source of records on any of the LFOs. No one, not the Secretary of State, county elections supervisors, voter registration groups, or returning citizens themselves could easily discover who would be qualified to register or what was necessary for them to do to become qualified. Fines, fees, and costs had not had to be paid before a returning citizen could be granted executive clemency. By adding them into the process, the framers of S.B. 7066 added more bureaucratic hurdles, more confusion.

168. From the beginnings of the process in the workshops of the Financial Impact Estimating Conference in October, 2016, the lack of a central data repository on LFOs was recognized. For instance, in the Oct. 5, 2016 FIEC workshop, Jose Diez-Arguelles, of the Florida Senate professional staff, noted that there was not then any single office "saying yes, Jose, you have completed all your terms, so now you can vote – if [in the future] there's no one doing that, the Secretary of State will not know that that has happened, and I don't know how that is going to work. I mean that's just not going to work. I think the State is going to have an interest . . . if this passes and the State puts in place a process that takes five years to check these items, I think somebody is going to court and say that's unreasonable."[167]

169. When the FIEC sent out inquiries to various State agencies about how they determined the eligibility of former felons to vote, it received a variety of replies, which were summarized by Matt Hasbrouck, of the Office of Economic and Demographic Research, for the workshop on Oct. 17, 2016: "You can see there's a large list [of databases] coming from different areas, for instance [DOC] [Department of Corrections], and I believe, a variety of different information. I think there's one here that works with federal information. A lot of different databases that are used to determine eligibility."[168] Appendix A of the FIEC report listed 11 different databases

[167] "10/5/16 Financial Impact Estimating Conference: Public Workshop –Voter Restoration Amendment." *The Florida Channel*, https://thefloridachannel.org/videos/10516-financial-impact-estimating-conference-public-workshop-voter-restoration-amendment/. Accessed 28 Feb. 2020, at 1:54-1:55 (statement of Jose Diez-Arguellues).
[168] Financial Impact Estimating Conference: Voter Restoration Amendment workshop, Oct. 17, 2016, https://thefloridachannel.org/videos/101716-financial-impact-estimating-conference-principals-workshop-voter-restoration-amendment/, at 00:15:50-00:16:10 (statement of Matt Hasbrouck).

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that were used in the pre-Amendment 4 period to determine the eligibility of returning citizens to vote.[169] And information on restitution, for instance, was not on any database, but was kept in the offices of the local clerks of court.[170]

170. The FIEC workshops revealed some of the complexities of the process that would have to be set up to if Amendment 4 passed. As the chair of the FIEC, Amy Baker, of the Office of Economic and Demographic Research, noted, "there is still going to have to be somebody determining that in fact all terms of the sentence have been completed." Accordingly, Baker asked Julia McCall, the representative of the Office of Executive Clemency (OEC), which was part of the Department of Corrections (DOC), who appeared before the workshop, how the new process might work. McCall replied that "there are a lot of things that are unanswered with who would do what, who would verify, who would send correspondence to the applicants, who would send the final certificates . . . I think we're the agency who has the expertise to do all that, but this is still at this time, there's so many unanswered questions. And some of our inmates are on interstate compact in other states, some inmates are serving federal crimes in federal prisons, some are in local jails and specialized programs, and there's still a lot up in the air about who would monitor and who would double check."[171]

171. The legislature was well aware of the difficulty of finding out about LFOs. For example, at the first House hearing on H.B. 7089, Lee Adams of the Bureau of Admission and Release in the Department of Corrections

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[169] "Financial Impact Estimating Conference: Complete Initiative Financial Information Statement Voting Restoration Amendment (14-01)," Office of Economic & Demographic Research, http://edr.state.fl.us/Content/constitutional-amendments/2018Ballot/VRA_Report.pdf, Appendix A.

[170] "10/5/16 Financial Impact Estimating Conference: Public Workshop – Voter Restoration Amendment." *The Florida Channel*, https://thefloridachannel.org/videos/10516-financial-impact-estimating-conference-public-workshop-voter-restoration-amendment/. Accessed 28 Feb. 2020, at 1:09-1:12 (colloquy between Amy Baker and Julia McCall), at 1:56 (statement of Katie Cunningham, Governor's Office professional staff).

[171] "10/5/16 Financial Impact Estimating Conference: Public Workshop – Voter Restoration Amendment." *The Florida Channel*, https://thefloridachannel.org/videos/10516-financial-impact-estimating-conference-public-workshop-voter-restoration-amendment/. Accessed 28 Feb. 2020, at 1:09-1:12 (colloquy between Amy Baker and Julia McCall).

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(DOC) testified that the DOC in "has no way of knowing" if someone has completed their LFO payments after they have finished probation. "There are enormous gaps in what we do know and what we don't know."[172] At the same hearing, Martin County Clerk of Court Carolyn Timmann stated that it was "most common for restitution to be handled outside of the clerk's office," that the Department of Corrections might have records of restitution payments if they were completed before the person completed probation, and that when courts ordered individuals to pay restitution directly to crime victims, clerks rarely received receipts or any sort of documentation.[173]

172. At the second floor hearing of H.B. 7089 on April 23, 2019, Rep. Mike Grieco (D-Miami Beach) asked Rep. Grant whether there was "somewhere somebody can go to find out if [they are] eligible?" Grant replied "One of the very troubling realizations… is that the state of Florida nowhere keeps a discrete data element that documents whether …somebody has completed the term of their sentence….I'm a bit embarrassed that I have not realized this before. . . There is no process. [T]here is no database in the state of Florida that contains the . . . [information]" on whether one is eligible. "[W]e will need to fund in future effort to ensure that the Secretary of State will have the ability to answer these questions .... This is a massively different and more complicated workflow that what we have done historically."[174] For anyone who missed this admission, Rep. Grant replayed it even more clearly in a colloquy with Rep. Fentrice Driskell, the same day:

> "Driskell: Do the clerks of court have a database showing those who've completed payment of all their monetary obligations? (7:04)
>
> "Grant: There is no stakeholder in the state of Florida that can serve as a source of truth that somebody completed all the terms of their sentence."

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[172] Hearing of the Criminal Justice Subcommittee and Judiciary Committee on H.B. 7089, Feb. 14, 2019, https://thefloridachannel.org/videos/2-14-19-joint-house-meeting-of-the-criminal-justice-subcommittee-and-the-judiciary-committee/. Accessed 28 Feb 2020, at 1:18.
[173] *Id*., at 29:56, 54:18.
[174] Second Floor Hearing, H.B. 7089, Apr. 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264. Accessed 28 Feb 2020, at 6:02 (colloquy between Reps. Grieco and Grant).

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> "Driskell: So if the clerks of court doesn't have a database, what information is The Div. of Elections supposed to use to check the voter registration application?
>
> "Grant: As I've described, you would have a process akin to the Florida Commission on Offender Review doing a case by case analysis to retrieve information from disparate sources – FDLE, DOC, clerks of court, DJJ, OSCA – the list goes on and on. So the answer to where the information is contained is all over the course of Florida's government."[175]

173. In other words, the legislature was quite cognizant of the fact when it passed S.B. 7066 that it was creating almost insuperable barriers to the broad re-enfranchisement of voters contemplated by Amendment 4. Not only was it going to be as complicated and ad hoc as the pre-Amendment 4 executive clemency process. It was specifically designed by Rep. Grant to be more complicated, because it required the payment of fines, fees, and costs, which were not mandated under the clemency process.[176] Unlike in Sen. Brandes's version of the legislation, S.B. 7066 did not enable someone to vote whose fines, fees, and costs had been converted to civil liens, which meant that there were more potential payments to check, more disparate sources to contact to determine whether someone had fully complied with the law. Although the legislature was aware of this Kafkaesque bureaucratic nightmare, it made no effort to simplify the process, to add staff to numerous departments, as the FIEC had suggested might need to be done, to create a single office with a single database to which the Secretary of State, local election supervisors, and returning citizens themselves might inquire to determine a person's eligibility to register and vote. It did not hold a single hearing about how S.B. 7066 would actually work. And despite a federal

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[175] Second Floor Hearing, H.B. 7089, Apr. 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264. Accessed 28 Feb 2020, at 7:04-7:05 (colloquy between Reps. Driskell and Grant). FDLE is the Florida Department of Law Enforcement; DOC is the Department of Corrections; the clerks of court are county judicial officials; the DJJ is the Department of Juvenile Justice; OSCA is the Office of the State Courts Administrator.

[176] Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246. Accessed 28 Feb 2020, at 2:28:30 (remarks of Rep. Grant).

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judicial decision recognizing the "administrative nightmare" that S.B. 7066 created, the legislature still refuses to take any actions to create a new, more rational process.[177]

174. Sociologists have a name for such actions, "bureaucratic disentitlement," taking away a right by purposefully creating such a complicated web of administrative rules that the right is practically extinguished.[178]

175. The evidence about this particular bureaucratic disentitlement amounts to a syllogism. First, the Florida Legislature knew that the process of determining whether someone had paid all restitution, fines, fees, and costs was so disorganized that S.B. 7066 would drastically restrict the number of returning citizens who would be able to vote. Even after being urged by a federal judge to simplify and systematize the process of re-enfranchisement, the Legislature declined to act.[179] Second, the legislators knew that a disproportionate percentage of felons in Florida were black people, because that fact had been stressed again and again during the public debate over Amendment 4 and during the discussions of S.B. 7066 in the Legislature. Therefore, third, the legislators must have intended that law would have that racially disproportionate effect.

D. In Summary: The "Sabotage of Amendment 4"

176. As what became S.B. 7066 was working its way through the legislature, the *Orlando Sentinel*, which had endorsed the Amendment in 2018, harshly criticized the proposed implementing legislation in an editorial titled "The unfolding sabotage of Amendment 4:"

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[177] Lawrence Mower, "Amendment 4 won't get fixed in Florida. Here's why," Tampa Bay Times, Feb. 5, 2020, https://www.tampabay.com/florida-politics/buzz/2020/02/05/florida-felons-still-cant-vote-as-2020-election-looms-heres-why/.

[178] Michael Lipsky, "Bureaucratic Disentitlement in Social Welfare Programs," Social Service Review, 58 (1984), 3-27.

[179] Order Denying the Motion to Dismiss or Abstain and Granting a Preliminary Injunction, *Jones v. DeSantis*, Consolidated Case No. 4:19cv300-RH/MJF (Oct. 18, 2019), at 48.

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> "Amendment 4 was supposed to give ex-felons, who have paid their debt to society, the right to vote. Floridians loved it, approving the amendment last year with nearly 65 percent of the vote.
>
> "But in the worst tradition of Florida voter suppression, some lawmakers want to take the harshest possible line on implementing a constitutional amendment that arguably doesn't even require the Legislature's involvement. . . .
>
> "Grant and Brandes are most likely angling for the harshest possible interpretation of Amendment 4 because they're worried the ex-felons now free to vote might weaken the Republican grip on power in Tallahassee. Or swing the state to Democrats in next year's presidential election. . . . the House is proposing rules that would make it difficult for the poor to regain voting rights."[180]

177. Unlike in other states that have recently lessened restrictions on voting by returning citizens, Florida's adamant blocking of change for so long energized a movement, necessary to circumvent the legislative logjam, which might have stimulated a larger percentage of returning citizens to register and vote than has usually been the case. Newspapers and other media recognized the potential partisan and racial implications of the victory. And it appeared at first that the registration surge might occur.

178. But then the legislature acted. It took a "serpentine" path, unsure at first whether there needed to be any implementing legislation, then successively including or excluding particular provisions – including, then excluding fines, fees, and costs that were not imposed at the time of the original sentence; allowing the enfranchisement of people whose fines, fees, and costs had been converted to civil liens, then disallowing their voting; extending the possibility of waivers of various parts of a sentence. These swerves in provisions gave the lie to the faithful steward argument because obviously the legislature did not believe that the instructions to the steward were clear.

179. Although black legislators were cautioned by the sponsors of Amendment 4 against exposing the racial overtones and effects of the

[180] Editorial, "The unfolding sabotage of Amendment 4," *Orlando Sentinel*, Mar. 20, 2019, p. A12.

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legislation as the session proceeded, some legislators did speak in racial terms, particularly at the end of the session, when the possibility of compromises had ended. But their indictments of the bill as a continuation of the Jim Crow history of felon disfranchisement were perhaps less illuminating about the bill's racially discriminatory intent than the repeated statements of its principal sponsor, Rep. James Grant, that he didn't "want to know the impact" of the bill. This statement is effectively a "smoking gun," because as Chair of the Criminal Justice Subcommittee of the House Judiciary Committee, Rep. Grant unquestionably knew the racially disproportionate impact of the bill. Neither he nor any other proponent of S.B. 7066 directly or meaningfully answered charges by Democratic legislators, especially black legislators, that the bill had a discriminatory intent and would have a discriminatory effect, and that by making it more difficult for poorer than more affluent returning citizens to vote, it constituted a poll tax. Representative Grant's responses especially dripped with disdain, when he bothered to respond to the charges at all.

180. The amendments to the bill that failed, particularly Sen. Brandes's amendment allowing people to vote if their fines, fees, and court costs had been converted to civil liens, and the more far-reaching amendments by Sens. Bracy and Thurston, to exclude restitution that had been converted to civil liens from being disfranchising, are instructive about the intent of the framers of S.B. 7066. The legislature could have adopted other versions of the bill that would have been much less restrictive of the vote, and the proponents of S.B. 7066 were repeatedly and strenuously asked to do so. Legislators knew that since black people were disproportionately likely to have been convicted of felonies, they would be disproportionately disadvantaged as voters by stiffer restrictions on voting for returning citizens.

181. Legislators were also repeatedly made aware of the fact that there was no central repository of data on all of the aspects of disfranchising restrictions in S.B. 7066, and that there was no single authority in State or County governments that was tasked with pulling together all of the necessary information to determine whether someone had completed his sentence. If an implementing bill had required only proof that one had been released from custody and had completed parole and probation, it would have been relatively easy for the corrections and court system to determine.

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But every added LFO made it more difficult to make the system work, and the longer the time after probation that it took to pay off LFOs, the more likely that the judicial and correctional systems would lose contact with the former prisoner. This could be called "bureaucratic disfranchisement," a variety of the more general "bureaucratic disentitlement" phenomenon identified by sociologists.

182. That the legislature, especially Rep. Grant, knew and publicly identified this phenomenon and did nothing about it, even after being urged to not only by other legislators, but also by the federal judge in this case, is an indication that legislators wanted to increase the vote-restrictive effect of the law. Since they knew that black people would be disproportionately affected by the restrictions, they must have realized the racially discriminatory effect. And making no effort to mitigate what they knew would be a racially discriminatory effect is indicative of a racially discriminatory intent.

VII. Was S.B. 7066 Adopted with a Racially Discriminatory Intent? A Summary of Ten Intent Factors

A. Models of Human Behavior

183. The scholarly literature on felon disfranchisement spotlights the connection of the practice to racial discrimination. As the best-known book on the contemporary practice, Manza and Uggen's *Locked Out*, puts it:

> ". . . the adoption and expansion of [felon disfranchisement] laws in the United States is closely tied to the divisive politics of race and the history of racial oppression. Concerns about the role of race are not limited to matters of historical interest. The extraordinarily high proportion of African American men in the criminal justice system today produces the shocking fact that more than one in seven black men is currently denied the right to vote, and in several states over one in four black men are disenfranchised. Just as felon disenfranchisement laws in several states can be traced to patterns of racial exclusion, their effect in diluting the African American vote is no less significant."[181]

[181] Jeff Manza and Christopher Uggen, *Locked Out: Felon Disenfranchisement and American Democracy* (New York: Oxford University Press, 2006), 9-10.

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184. Similarly, Brown and Clemons begin their chapter on felon disfranchisement by saying that "Since the turn of the [21st] century, felony disfranchisement has been used increasingly in combination with changes in voting regulations, which generally tend to make it more difficult to vote for many African Americans, Hispanics, and other nonwhites including immigrants, the homeless, and poor people."[182]

185. Historians and political scientists have long understood how political leaders have crafted election laws to promote their own and their groups' interests, and this is particularly well known to have been the case in the South. As soon as whites gained control of southern legislatures in the late 19th century, for example, they began to pass subtle and not so subtle election laws with the intent and effect of disadvantaging African-Americans and their white political allies – registration laws, "8-box" and secret ballot laws that were effectively literacy tests, poll taxes, laws setting high bonds for candidates, redistricting laws, felon disfranchisement laws – the list goes on.[183] Many of these laws were presented as nonpartisan, non-racial "reforms," but historians have unmasked them.[184]

186. The wide understanding among scholars that felon disfranchisement laws have racially discriminatory effects and that those who shape election laws, especially in the South, often use them to the disadvantage of racial and other out-groups points toward that there likely is a racial purpose behind a law that makes it much more difficult for disproportionately black returning citizens to vote.

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[182] Donathan L. Brown and Michael L. Clemons, *Voting Rights under Fire: The Continuing Struggle for People of Color* (Santa Barbara, Calif.: Praeger, 2015), 35.
[183] Kousser, *Colorblind Injustice: Minority Voting Rights and the Undoing of the Second Reconstruction* (Chapel Hill, N.C.: University of North Carolina Press, 1999), 25-36.
[184] The most familiar examples are registration laws and secret ballot acts, both of which were used to restrict black and other non-Democratic party voters in the South. See Kousser, J. Morgan. *The Shaping of Southern Politics: Suffrage Restriction and the Establishment of the One-Party South, 1880-1910* (New Haven, Connecticut: Yale University Press, 1974), 45-62. For a discussion of works by other scholars who have tracked the disfranchising effects of registration laws in the late-nineteenth and early-twentieth century North, see Kousser, "Suffrage," in Jack P. Greene, ed., in *Encyclopedia of American Political History* (New York: Charles Scribner's Sons, 1984), III, 1236-58, at 1249-50.

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B. Historical Context

187. Florida has a long history of racial discrimination in voting, disfranchising African-Americans until 1867 and after a generation of quite active black participation in politics, substantially disfranchising them again through a poll tax and an "8 box" law, a form of literacy test.[185] From 1888 until 1968, there no black legislators in the Florida State Legislature. From 1982 through 2005, there were numerous voting rights violations in the state, including preclearance denials under Section 5 of the Voting Rights Act, at-large elections found to be violations of Section 2 of that Act, and discrimination against language minorities under other sections of the Act.[186]

188. More recently, Florida has been adjudged to have manipulated several types of election laws, establishing a pattern of such manipulation against a variety of groups. In 2012, for instance, the District Court of the District of Columbia refused to preclear a law that cut back the number of early voting days from 12 to 8.[187] In 2017, a Florida District Court found that the State had allowed so little time for those who applied for absentee ballots, but whose applications were rejected because of alleged signature mismatches, as to constitute a violation of the equal protection clause.[188] And in 2018, a District Court enjoined the Florida Secretary of State from categorically barring early voting sites on any college or university campus as a violation of the first, fourteenth, and twenty-sixth amendments to the U.S. constitution.[189]

189. The history of felon disfranchisement in Florida from 1975 to 2018 provides a more specific historical context for S.B. 7066, and it points strongly in one direction.

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[185] Kousser, J. Morgan. *The Shaping of Southern Politics: Suffrage Restriction and the Establishment of the One-Party South, 1880-1910* (New Haven, Connecticut: Yale University Press, 1974), 91-103.
[186] JoNel Newman, "Voting Rights in Florida, 1982-2006 (RenewtheVRA.org: 2006), http://www.protectcivilrights.org/pdf/voting/FloridaVRA.pdf.
[187] *Florida v. United States*, 885 F. Supp. 2d 299 (D.D.C 2012) (per curium).
[188] *Democratic Exec. Comm. V. Detzner*, 347 F.Supp. 3d 1017 (N.D. Fla. 2018).
[189] *League of Women Voters of Fla., Inc. v. Detzner*, 314 F. Supp. 3d 1205 (N.D. Fla. 2018).

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C. Text of the Laws

190. A constitutional amendment with a few words and a lot of history and other context to help interpret it, was adopted in a statewide election in which the best sources – newspapers – did not express a consensus on the meaning of the crucial word "sentence," left the text open to interpretation. And the legislators, even the Republican majority legislators, did not agree on an interpretation. In a colloquy with Sen. Jason Pizzo (D-North Miami Beach) on the last day of consideration of S.B. 7066 in the Senate, for instance, Sen. Jeff Brandes was asked whether he thought each of three different versions of the bill comported with the "will of the electorate." Each time, Brandes said he agreed that it did, even though each version of the bill set different requirements for LFOs before a returning citizen could be re-enfranchised.[190] If someone would be allowed to vote if his fines, fees, and court costs had been converted into a civil lien, then the number of returning citizens who could be re-enfranchised would expand markedly. So according to a systematic analysis of the newspapers, the report of the FIEC, and statements by state legislators, even a sponsor of the final bill, Amendment 4 was ambiguous, and the legislators had discretion in framing the legislation, or even in not passing any implementing law at all.

191. The texts of the bills and amendments that went into the final S.B. 7066 is also instructive. The rejection of Sen. Brandes' civil lien amendment made the bill much more restrictive, and, by contrast, if the legislature had adopted the proposals of black Sens. Bracy or Thurston, the bill would have enfranchised many more people. The fact that the final bill was nearly as restrictive as it could have been suggests that the dominant powers in the legislature wanted to disfranchise almost as many people as possible. Since they knew that returning citizens were disproportionately black people, they therefore must have had a racial purpose in framing the bill as they did.

[190] Senate Floor Debate, S.B. 7066, May 2, 2019, http://www.flsenate.gov/media/VideoPlayer?EventID=2443575804_2019051020&Redirect=true. Accessed 28 Feb 2020, at 6:36-6:38.

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D. Basic Demographic Facts

192. It was widely known that a disproportionate number of people in Florida prisons were black, and that that resulted in a disproportionate number of black people getting disfranchised. For example, an Associated Press report on the oral argument in *Johnson v. Bush* in 2004 quoted a lawyer for the plaintiffs: "We are dealing with permanent political disenfranchisement of 10 percent of African-American voters in the state of Florida."[191] A news article about changes in executive clemency processes over the last few governors casually mentioned that "a disproportionate number" of the estimated 400,000-600,000 returning citizens whose rights had been restored by Gov. Reubin Askew "were black."[192] A 2011 editorial on Gov. Rick Scott's new clemency process in the *Miami Herald* incidentally noted that "A disproportionate number of Florida's felons are African American, and in this state, blacks overwhelmingly vote Democratic."[193] Speaking in favor of Amendment 4 in September, 2018, Miami-Dade County Public Defender Carlos Martinez told his audience that "About 1.4 million in the state of Florida do not have the right to vote that will be affected by this amendment. . . . About a third of that number is [sic] African Americans."[194] After the November, 2018 election, a news article on Amendment 4 in the *New York Times* included the fact that "African-Americans in the state have been disproportionately disenfranchised . . . "[195] Another article on the passage of Amendment 4, in the *Tallahassee Democrat* remarked that "The amendment will have an outsize effect on the African-American population, who are arrested and incarcerated at a higher rate than any other group." "More than one in five African-Americans in

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[191] Wyatt, Kristen. AP. "U.S. court to decide on felon-voting case." *South Florida Sun-Sentinel*, 27 Oct. 2004.
[192] Kleindienst, Linda and Bell, May. "New rules help restore rights for former felons," *South Florida Sun-Sentinel*, Dec. 10, 2004.
[193] Editorial "Welcome back, Jim Crow/ Plan to toughen felons' rights-restoration process is biased and unfair," *Miami Herald*, Mar 10, 2011.
[194] Oppenheimer, Lily. "Critical Ballot Amendment Could Impact Millions Of Florida Felons Without Voting Rights, *WLRN*, Sept 25, 2018 https://www.wlrn.org/post/critical-ballot-amendment-could-impact-millions-florida-felons-without-voting-rights.
[195] Patricia Mazzei, "'A Proud Day': Ex-Felons Clear Final Hurdle to Vote, *New York Times*, Nov 9, 2019, https://www.nytimes.com/2019/11/09/us/florida-felon-voting-rocket-docket.html .

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Florida can't vote because of a felony conviction, according to estimates by the Sentencing Project."[196]

193. These facts were repeated during the debates over S.B. 7066 and its predecessors in the legislature. Perhaps the most extensive discussion came on the last day of debate in the House. Rep. Dotie Joseph, a black legislator, cited a 2016 study that estimated that "1 in 5 of African Americans of voting age could not vote because of [felon disfranchisement]. . . . Given the demographics of Florida's felon population, excluding the sex offender registry, which tends to be predominantly white, Florida's felon population tends to be overrepresented by black and brown people who are, in many cases, the victims of a criminal justice system that disproportionally targets, arrests, charges, prosecutes, convicts, and sentences people of color at a higher rate based on no other factor than their race. . . . In closing, I'll say this. In 2010 in the entire United States, there were 5.85 million citizens that are disenfranchised. Over 26% of them live in Florida. 23% of the state's African American age voting population couldn't vote and of that 83% of them had completed their sentences."[197]

194. The legislature also knew about the demographics of the criminal justice system because that session spent a good deal of time on the First Step Act, sponsored by Sen. Jeff Brandes, which a former legislator called "a herculean task," "one of the most comprehensive [bills] since those discussions a decade ago" when she chaired the Criminal Justice Committee, "a bold start toward fixing part of our criminal justice system."[198] One could hardly spend time studying prisons without encountering racial issues.

195. The legislature and citizens following the legislative sessions or impacted by the criminal justice system were unquestionably aware of the basic demography of incarceration in Florida and of the consequent likely effect of increasing the barriers to vote for returning citizens. That they

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[196] J.D. Gallop and Lamaur Stancil," "Second Chances/Felons Than Voters for Restoring Voting Rights, Making Them Feel 'Whole'" *Tallahassee Democrat*, Nov. 18, 2018, p. 7A.

[197] House Floor Session, May 3, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019051002 at 4:11-4:21.

[198] Paula Dockery, op-ed, "Legislature should enact criminal justice reform," *Tallahassee Democrat*, Apr. 28, 2019, p. A4.

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acted to increase those barriers supports the position that they intended those racially discriminatory consequences.

E. Climate of Racial Politics

196. Florida politics is racially polarized, and the nomination of Andrew Gillum, the first black candidate for governor from a major party in the state's history in 2018 provoked extremely racist robocalls and what a *Huffington Post* article referred to as "racist comments and dog whistles throughout his [Gillum's] campaign.[199] One robocall, from an Idaho neo-Nazi, began "Well hello there. I is the Negro Andrew Gillum, and I be asking you to make me governor of this here state of Florida."[200] There were also public comments with racial overtones directly connected with the campaign of Gillum's opponent, Ron DeSantis. In what may have been unfortunate phraseology, DeSantis told Florida voters not to "monkey this up" by electing Gillum. In another revealing slip of the tongue, just days before the November 6, 2018 election at an event for DeSantis, U.S. Agriculture Secretary Sonny Perdue described the race as "cotton-pickin'" important, pleading with voters not to "mess it up."[201] And Republican Congressman Matt Gaetz, speaking at a DeSantis rally, invoked a familiar racist trope connecting black people with crime when he falsely charged that Tallahassee, during the time when Gillum was mayor, had become "the murder capital of Florida. I don't know whether to call him Andrew Gillum or Andrew Kill'em."[202]

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[199] Amanda Terkel, "Disgustingly Racist Robocall Goes Out Against Andrew Gillum In Florida," *Huffington Post*, Oct. 23, 2018, https://www.huffpost.com/entry/andrew-gillum-racist-robocall_n_5bcf47a2e4b055bc9485320d ; Jeff Burlew, "Racist robocalls tied to neo-Nazi group target Andrew Gillum," *Tallahassee Democrat*, Aug. 31, 2018, https://www.tallahassee.com/story/news/2018/08/31/racist-robocalls-tied-neo-nazi-group-targets-andrew-gillum/115786000/ .

[200] Amanda Terkel, "Disgustingly Racist Robocall Goes Out Against Andrew Gillum In Florida," *Huffington Post*, Oct. 23, 2018, https://www.huffpost.com/entry/andrew-gillum-racist-robocall_n_5bcf47a2e4b055bc9485320d.

[201] Gregory Kreig, "Agriculture Sec. Sonny Perdue: Florida governor's race 'so cotton-pickin' important,'" CNN (Nov. 4, 2018), https://www.cnn.com/2018/11/04/politics/sonny-perdue-cotton-pickin-florida-governor-andrew-gillum-ron-desantis/index.html .

[202] Julia Craven, "Here's a Running List of Racist Attacks on Candidates of Color," Huffington Post, Oct. 18, 2018, https://www.huffpost.com/entry/racist-attacks-candidates-of-color-midterm-elections_n_5bc0e7b5e4b0bd9ed559f1d7; no byline,

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197. In 2018, according to the CNN exit poll, 86% of black people, but only 39% of white people had voted for Gillum for governor.[203] In 2016, 84% of black people, but only 32% of white people supported Hillary Clinton for president.[204] On the other hand, racial feelings had to have been less virulent in Florida by 2018 than they were in, for example, the 1950s, when the first African-Americans did not enter "white" schools until 1959, five years after *Brown v. Board of Education*.[205] According to pre-election polls in 2018, 93% of black people, but also 66% of white people supported Amendment 4.[206] If voting on Amendment 4 had been as racially polarized as voting was for state and national office, Amendment 4 would never have received the requisite 60% of the votes cast in that ballot contest.

"DeSantis campaign under fire for 'Andrew Kill'em' comment made at Cape Coral rally," Fox4, Oct. 8, 2018, https://www.fox4now.com/news/national/democracy-2018/desantis-campaign-under-fire-for-andrew-killem-comment-made-at-cape-coral-rally .

[203] In 2018, according to the CNN exit poll, 86% of African-Americans, but only 39% of whites had voted for Gillum for governor. https://www.cnn.com/election/2018/exit-polls/florida.

[204] In 2016, 84% of African-Americans, but only 32% of whites supported Hillary Clinton for president. https://www.cnn.com/election/2016/results/exit-polls/florida/president. On the other hand, racial feelings had to have been less virulent in Florida by 2018 than they were in, for example, the 1950s, when the first African-Americans did not enter "white" schools until 1959, five years after *Brown v. Board of Education*.

[205] Joseph A. Tomberlin, "Florida and the School Desegregation Issue, 1954-1959: A Summary View," *Journal of Negro Education*, 43 (1974), 457-67. According to pre-election polls in 2018, 93% of African-Americans, but also 66% of whites supported Amendment 4.

[206] Anthony Man, "Polls show support for Florida ballot measure to automatically restore voting rights to felons," *Orlando Sentinel*, Nov. 2, 2018, p. B3. If voting on Amendment 4 had been as racially polarized as voting was for state and national office, Amendment 4 would never have received the requisite 60% of the votes cast in that ballot contest. Unless the standard errors in this poll were extraordinarily high, there was a statistically significant difference between the voting behavior of whites and African-Americans on Amendment 4. I have not seen any polling on S.B. 7066, but the statements and behavior of African-American state legislators and their reports of their constituents' remarks on the bill suggests that there is a striking racial division of opinion on S.B. 7066. See, e.g., Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246, at 1:58-2:16 (remarks of Rep. Jones).

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198. As described above, the combination of the large number of felon disfranchisement bills, largely by black state legislators, and the disproportionate impact of felon disfranchisement on the black community are additional indicators that felon disfranchisement have been suffused with racial concerns.

199. But private polling warned the organizers of the Amendment 4 campaign away from running a campaign based on appealing to a sense of racial justice. Racial resentment may not have any longer been so apparent among Florida whites, but it was not absent, either. Open hostility is not, however, required for an action to have been racially motivated. Florida voters were strongly racially polarized; African-Americans were increasingly prominent among Democratic nominees; S.B. 7066 made it markedly more difficult for returning citizens to vote than a rule that allowed returning citizen to vote if he had completed probation or even probation plus paid restitution or had LFOs converted to civil liens; returning citizens were disproportionately black; therefore, the racial climate combined with the demographic makeup of returning citizens supports the proposition that S.B. 7066 was adopted for a racially discriminatory purpose.

F. Background of Key Decisionmakers

200. As has been explained above, Rep. James Grant and Sen. Jeff Brandes, the chief sponsors of S.B. 7066 and its predecessors, also played prominent roles on the two chambers' criminal justice committees, insuring that they were aware of the racial consequences of their acts in sponsoring S.B. 7066 and amending it in the way that they did.

G. Other Actions of Key Decisionmakers

201. As with S.B. 7066, Sen. Brandes failed to win the somewhat less stringent version of the First Step Act. Aimed at saving money by allowing some non-violent prisoners to serve somewhat shorter terms, the Senate version of the bill was scaled back on the last day of the session because of House intransigence, just as S.B. 7066 was.[207] Senator Brandes's frustrations on these two bills show just how antipathetic the legislature as a whole was toward anything that might alleviate racial discrimination. As Rep. Carlos

[207] Schweers, Jeffrey. "Session wraps up with big GOP wins, historic $91.1 billion budget and piles of dead bills," *Tallahassee Democrat*, 4 May 2019, p. 1A.

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Guillermo Smith (D-Orlando) summed up the legislative session, "'They did a decent job with the budget, but then they destroyed everything else,' including arming teachers, expanding voucher programs, creating hurdles for citizen-led ballot initiatives, and derailing voting rights. 'They're transforming Florida for the worst, and the bad outweighs the good.'"[208]

H. Statements by Important Participants

202. Rep. James Grant repeatedly exposed what he sought to obscure by insisting so vehemently that he did not want to know it. Closing the debate on S.B. 7066 before the State Affairs Committee on April 4, Rep. Grant declared: "I was asked have I done a study to know how many people are impacted by this. I said no. They said are you willing to take a study. I said no. And here's why. I am happy to review numbers when we're done, but I don't want to know the impact of this [bill]."[209] Asked by Rep. Geraldine Thompson whether he had any information on the proportion of returning citizens who were too poor to pay restitution, Rep. Grant replied

> "I did not want to know the data, because the data is not relevant for this particular objective. The data is absolutely relevant to the criminal justice reform we work on, or the policies we work on. This isn't a policy bill. This is a taking of the Amendment 4 package in the totality sent to us. And so, as I have repeatedly stated, I did not want to know data, because I did not want anybody to be able to make the allegation that my work product was skewed by any data."[210]

203. These two statements are smoking guns. Someone as knowledgeable about the criminal justice system as Rep. Grant was had to have known generally what the impact on different groups would be and that his bill would have more of an impact on people with fewer economic resources than on those who were more affluent. Rep. Grant explicitly realized that if

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[208] Schweers, Jeffrey. "Session a success for Republicans and conservative values, a disappointment for Democrats," *Tallahassee Democrat*, 5 May 2019, p. 5A.
[209] H.B. 7089, Voting Rights Restoration Act – Hearing before the State Affairs Committee, Thursday Apr. 4, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041080, at 3:58 (remarks of James W. Grant).
[210] House Floor Session, May 3, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019051002 at 3:59-4:02 (colloquy between Reps. Thompson and Grant). My underlining.

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he obtained the data before the bill was passed, the charges that were, in fact, made during the legislative debate about the bill's racial impact and that would no doubt be made in the future in court would be backed by more evidence. The data might, indeed, support a charge that S.B. 7066 was meant to "target African Americans with almost surgical precision," as the Fourth Circuit Court of Appeals had declared when it learned that the 2013 North Carolina legislature had sought data on the racial incidence of various provisions of H.B. 589, that state's election law.[211] But so adamantly refusing to obtain the data that he must have known might lead a court to a conclusion similar to that of the Fourth Circuit has the same effect. Protesting too much is equally a sign of guilt – in this case, of having a racially discriminatory motive.

I. State Policies and Institutional Rules

204. Had the 2019 legislature sought to preserve as much of the status quo as was consonant with Amendment 4, they would have excluded fines and court fees from counting against the re-enfranchisement of returning citizens, because that is what Rule 9A3 did in the executive clemency process. Instead, Rep. Grant insisted, even over the protests of the State Senate, in treating fines and fees that had not been fully paid as absolute bars to the vote. He did so, he said, because he believed that "The clemency process is an individual applicant applying for executive grace, and I absolutely believe that should be a lower standard."[212] That meant a higher – more restrictive – standard for returning citizens under S.B. 7066. That is to say, current State policy instantiated in Rule 9A3 did not constrain the legislators to adopt the standards in S.B. 7066, but encouraged more leniency. History and numerous expressions of public opinion demonstrate that Amendment 4 was motivated by a desire to make it possible for more returning citizens to vote than under the executive clemency process of the Scott Administration. Instead, in some respects, S.B. 7066 was explicitly motivated by a desire to restrict the suffrage further than the status quo.

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[211] *N.C. State Conf. of the NAACP v. McCrory*, 831 F.3d 204 (4th Cir. 2016), at 214, 216-18.

[212] Mar. 19, 2019 hearing of the Criminal Justice Subcommittee of the Judiciary Committee on H.B. 7089, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019031246, at 2:28:30.

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205. Even though it is not unprecedented in limited-session legislatures for bills to be changed and even switched late in the session, the procedure adopted for S.B. 7066 of stuffing an earlier version into an entirely different bill at the last moment prevented amendments and deprived the public and interest group of another chance to organize, protest, or even speak out against a controversial bill. Many Amendment 4 activists had worked behind the scenes all session to obtain a bill that was relatively less objectionable to them – the Brandes version that at least let returning citizens vote if their fines, fees, and costs had been converted to civil liens. Their efforts were stifled, as were their voices, by the end-of-session maneuver. This sort of legislative stratagem raises suspicions about the motives for them.

J. Impact

206. Evidence about the basic demographic facts, reviewed in Section VII.D., above, largely establishes that the legislature had foreknowledge of the facts about the likely impact or effect of S.B. 7066. But there was more evidence available in a highly visible court case on felon disfranchisement, *Hand v. Scott*, which revealed that "More than one-tenth of Florida's voting population – nearly 1.7 million as of 2016 – cannot vote because they have been decimated from the body politic. More than one in five of Florida's African American voting-age population cannot vote."[213] A brief for the Sentencing Project in that case pointed out that prior to Amendment 4, Florida was one of only four states that permanently disfranchised its citizens for committing a single felony offense, that Florida disfranchised a higher percentage of its citizens than any other state in the United States, and that the state was responsible for more than 25 percent of all U.S. citizens disfranchised because of conviction for a felony in the country as a whole.[214] A 2016 study by the Brennan Center showed that while black people comprised 16% of Florida's population, they made up more than 32% of those disfranchised for a felony conviction.[215] And a 2018 study by the

[213] 285 F. Supp. 3d 1289 (N.D. Fla. 2018), at 1310.
[214] Brief for the Sentencing Project, *Hand v. Scott*, No. 18-11388, 2018 WL 3328534, at 5, 14-15 (11th Cir. June 28, 2018).
[215] Erika L. Wood, *Florida: An Outlier in Denying Voting Rights* (New York: Brennan Center for Justice, 2016),

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ACLU found that black Floridians are more likely to be arrested, charged, convicted, and face harsher sentences than white Floridians.[216]

207. More systematic studies conducted since the passage of S.B. 7066 have established that the law, indeed, has had the foreseeable and foreseen racially discriminatory effect. As discussed in detail in his reports, Professor Daniel Smith compiled data from 58 of the 67 Florida counties and identified 542,207 qualifying individuals with felony convictions who had completed all terms of their sentence including, probation, or community control or supervision. He found that 436,266, or 80.5%, of these felons had outstanding LFOs.[217] In an update to be filed with the court, Smith extended his study to the remaining 9 counties, finding that across the whole state, 77.4% of persons with felony convictions, other than murder or a sexual offense, who have completed parole, probation, or community control or supervision still cannot qualify to vote under S.B. 7066 because of outstanding LFOs. In the state as a whole, there is a marked racial disparity in the proportion of people with felony convictions who have completed incarceration, parole, probation, or community control or supervision but who still have outstanding LFOs--only 17.8% of black, compared to 26% of white.

208. The racially discriminatory impact was foreseen, and Smith's study conclusively shows that it took place.

K. Alternative Hypotheses

209. In most cases of election laws, it is possible to come up with several more or less plausible alternatives or rationalizations of motives. For instance, in voter ID cases, proponents usually claim, as did proponents of secret ballots in the late 19th century South, that they are attempting to

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https://www.brennancenter.org/sites/default/files/publications/Florida_Voting_Rights_Outlier.pdf

[216] Nick Petersen et. al, *Unequal Treatment: Racial and Ethnic Disparities in Miami-Dade Criminal Justice* at 5, ACLU of Fla. – Greater Miami Chapter (July 2018), https://www.aclufl.org/sites/default/files/aclufl_unequaltreatmentreport2018.pdf, and an earlier Brennan Center study, *Racial Bias in Florida's Electoral System* (Brennan Center, 2006), https://www.brennancenter.org/sites/default/files/legacy/d/download_file_9477.pdf.

[217] Supplemental Expert Report of Daniel A. Smith, Ph.D. in Jones v. DeSantis, Consolidated Case No. 4:19-cv-300 (Sept. 17, 2019), at 4.

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combat ballot fraud. As discussed at length in Section IV, above, the primary hypothesis articulated by the legislative sponsors in this case was what I have called the Faithful Steward Assertion, and as I showed in that Section, the evidence against that assertion is overwhelming.

210. During the debates, a few legislators made remarks that might be read as indicating that they had other, secondary motives, as well. But these purported secondary motives are so contradictory to the actual provisions of S.B. 7066 that they seem as pretextual as the Faithful Steward Assertion.

211. In the first legislative hearing on H.B. 7089, one of the predecessors of S.B. 7066, Rep. Grant contended that the bill was necessary to remove "subjectivity" and provide Floridians with objective guidelines and "truth," and at the same hearing, Rep. Paul Renner (R-Palm Coast) contended that in this bill, "We try to remove subjectivity and create objectivity."[218] On the last day of the session, Rep. Grant admitted that there had been many questions raised about "what happens if this is applied differently throughout the state" and asserted that S.B. 7066 would offer "clarity, transparency, and accuracy for the class of people covered by Amendment 4."[219] But as demonstrated in Section VI.C. above, the FIEC, election officials who testified before the legislature, legislative opponents of S.B. 7066, and Rep. Grant himself agreed that there was no central repository of data to which the Secretary of State, county election supervisors, or returning citizens could turn to find out whether someone had paid all of his LFOs. Because there was no uniform source of information, there could be no uniformity of action from county to county or even individual to individual. Eleven databases and no consistent process set out to coordinate the information represents not consistency and transparency, but arbitrariness and confusion. I understand that the expert report of Dr. Burch will demonstrate the lack of consistency in information across counties in more detail and with more rigor. Because the Florida Legislature was well aware of this bureaucratic

[218] Joint Meeting of the House Judiciary Committee and the Criminal Justice Subcommittee on H.B. 7089, Feb. 14, 2019, https://thefloridachannel.org/videos/2-14-19-joint-house-meeting-of-the-criminal-justice-subcommittee-and-the-judiciary-committee/. Accessed 28 Feb 2020, at 2:24:20 (Rep. Grant) and at 2:05:50 (Rep. Renner).
[219] House Floor Session, May 3, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019051002. Accessed 28 Feb 2020, at 4:47:16; Hearing of the Criminal Justice Subcommittee and Judiciary Committee on H.B. 7089, Feb. 14, 2019.

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morass and did nothing in S.B. 7066 or in any other law to build a path through it, the "desire for objectivity and uniformity" hypothesis should be rejected.

212. There is another possible hypothesis that was at least hinted at during one debate over H.B. 7089 on April 23, 2019. To help people who were "struggling financially," Rep. Evan Jenne (D-Hollywood) proposed to allow returning citizens to vote if they had set up a payment plan to satisfy restitution, fines, and fees. Rep. Jenne noted that courts in many areas of the state currently did set up such payment plans. In response, Rep. Ralph Masullo (R-Lecanto) opposed the Jenne amendment because "there is a big risk of default. And if they vote – if they exercise the right that this amendment is to give them before all those fees, fines, and restitution have been totally paid and eliminated, then we would then default on our responsibility to the people of Florida, to execute this amendment." Rep. Grant decried the Jenne amendment as "an affront to the Florida voters" who had supported Amendment 4 and Amendment 6, an amendment that sought to guarantee restitution to crime victims.[220]

213. Although the opposition to Rep. Jenne's amendment (which was rejected on a voice vote) appears to have rested largely on the Faithful Steward Assertion, it is conceivable that supporters of the unamended bill were implying that one of its purposes was to incentivize payments by withholding a right, the right to vote, until all of the payments were completed. But the Florida Legislature had been informed in the same debate by Rep. Shevrin D. Jones (D-West Park) that "83 percent of the fines are never paid back… and over 60 percent of those fines that are never paid back are from African Americans."[221] So the Legislature was aware that adding an incentive above and beyond the legal obligation to pay all LFOs, which existed independently of Amendment 4 or S.B. 7066, would have a disparate impact on those who were too poor to pay, in general, and black people, in particular. Therefore, the incentive argument, which in any event

[220] House Floor Session, H.B. 7089, April 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264. Accessed 28 Feb 2020, at 7:59-8:05 (debate between Reps. Jenne, Jacquet, Masullo, and Grant).

[221] House Floor Session, H.B. 7089, April 23, 2019, https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019041264. Accessed 28 Feb 2020, at 7:20 (remarks of Rep. Jones).

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was never clearly stated, only strengthens the case for a racially discriminatory motive.

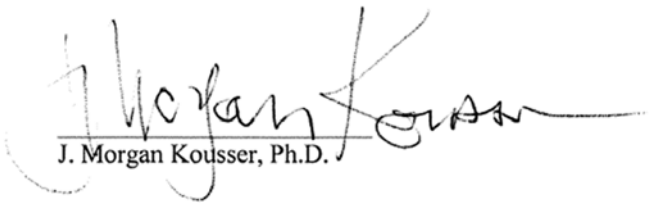
214. In sum, the evidence arrayed under the ten intent factors and examined in much more detail in Sections IV-VII of this report strongly supports the conclusion that S.B. 7066 had a racially discriminatory purpose.

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I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belier.

I reserve the right to continue to supplement my declarations in light of additional facts, testimony, and/or materials that may come to light.

Executed this March 2, 2020, at Los Angeles County, California.



J. Morgan Kousser, Ph.D.

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APPENDIX

Table 7: Florida Bills and Resolutions on the Rights of Former Felons, 1998-2018

Legislative Session	Bill #	Sponsors	Action	Bill Summary
1998	HJR 1745	**Logan**	None	A state constitutional amendment to eliminate the disqualification of a convicted felon to vote and hold office.
1998	HB 1475	**Logan**	None	Provides for automatic restoration of right to vote 1 year after the date of completion of sentence.
1999	HB 1811	**Reddick**	None	Provides for restoration of the right to vote 1 year after completion of the sentence, unless automatic restoration is objected to by a majority of the Board of Executive Clemency.
1999	HB 265	**Logan, Bradley, C. Smith**	None	Provides for restoration of the right to vote 1 year after completion of the sentence, unless automatic restoration is objected to by a majority of the Board of Executive Clemency.
1999	HJR 263	**Logan, Bradley, C. Smith**	None	A state constitutional amendment authorizing the Legislature to provide the conditions under which a convicted felon's right to register or vote may be restored.
1999	SB 210	**Hargrett, Holzendorf,**	None	Provides for restoration of the right to vote 1 year after completion of

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
		Dawson-White		the sentence, unless automatic restoration is objected to by a majority of the Board of Executive Clemency.
2000	CS/HJR 779	**Reddick, Chestnut, Ritchie**	Committee substitute	A state constitutional amendment authorizing the Legislature to provide the conditions under which a convicted felon's right to register or vote may be restored.
2000	CS/HB 781	**Reddick, Chestnut**	Committee substitute	An act providing for automatic restoration of former felons' right to vote following completion and satisfaction of sentence of incarceration and community supervision
2000	SJR 244	**Hargrett, Dawson, Holzendorf**	None	A state constitutional amendment authorizing the Legislature to provide the conditions under which a convicted felon's right to register or vote may be restored.
2000	SB 246	**Hargrett, Dawson, Holzendorf**	None	Provides for restoration of the right to vote 1 year after completion of the sentence, unless automatic restoration is objected to by a majority of the Board of Executive Clemency.
2000	SB 254	**Hargrett**	None	Provides for restoration of the right to vote 1 year after completion of the sentence, unless automatic restoration is objected to by a majority of the Board of Executive Clemency.

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
2000	SJR 256	**Hargrett**	None	A state constitutional amendment authorizing the Legislature to provide the conditions under which a convicted felon's right to register or vote may be restored.
2001	SJR 406	**Miller**	None	A state constitutional amendment authorizing the Legislature to provide the conditions under which a convicted felon's right to register or vote may be restored.
2001	SJR 434	**Dawson**	None	A state constitutional amendment authorizing the Legislature to provide the conditions under which a convicted felon's right to register or vote may be restored.
2001	SB 152	**Dawson, Campbell, Miller**	Committee substitute	An act providing for automatic restoration of former felons' right to vote 1 year following completion and satisfaction of sentence of incarceration and community supervision. Committee substitute restored after 5 years and required payment of court costs and court-ordered restitution.
2001	HB 51	**Smith**	None	An act providing for automatic restoration of former felons' right to vote following completion and satisfaction of sentence of incarceration and community supervision.
2001	HJR 49	**Harper, Smith**	None	A state constitutional amendment to authorize

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
				the Legislature to provide the conditions under which a convicted felon's right to register or vote may be restored.
2003	SJR 1264	**Wilson, Siplin, Dawson, Klein, Geller, Campbell, Hill, Bullard, Wasserman Schultz, Miller**	None	A state constitutional amendment to restore felony offender's right to vote and hold office upon his or her release from incarceration and post-conviction supervision.
2003	HJR 1003	**Roberson, Bullard**	None	State constitutional amendment to restore a felony offender's right to vote and hold office upon his or her release from incarceration and post-conviction supervision.
2003	SB 2288	**Siplin, Wilson**	None	An act providing for automatic restoration of former felons' right to vote following completion and satisfaction of sentence of incarceration and community supervision.
2003	SJR 2292	**Siplin, Wilson**	None	A state constitutional amendment to provide conditions under which convicted felon's right to register or vote may be restored by statute.
2003	HB 1413	**Bendross-Mindingall, Roberson**	None	An act providing for the automatic restoration of the right to vote of a former felon following completion and satisfaction of sentence

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
				of incarceration and community supervision.
2004	SJR 134	**Dawson, Siplin**	None	A state constitutional amendment to authorize Legislature to provide conditions under which convicted felon's right to register or vote may be restored by statute.
2004	SB 172	**Dawson**	None	An act for automatic restoration of former felon'' right to vote following completion and satisfaction of sentence of incarceration and community supervision.
2004	SJR 1426	**Wilson, Lynn**	None	State constitutional amendment to restore felony offender's right to vote and hold office upon his or her release from incarceration and post-conviction supervision.
2004	HJR 799	**Bendross-Mindingall, Smith**	None	State constitutional amendment to authorize the Legislature to provide the conditions under which a convicted felon's right to register or vote may be restored by statute.
2004	HB 931	**Bendross-Mindingall**	None	An act providing for automatic restoration of former felons' right to vote following completion and satisfaction of sentence of incarceration and community supervision; contingent on passage of authorizing

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
				constitutional amendment.
2005	SJR 148	**Lynn**	None	A state constitutional amendment to allow Legislature to restore rights to vote and to hold office of person convicted of felony who is subsequently exonerated of offense.
2005	SJR 130	**Dawson. Geller, Siplin, Campbell, Bullard, Wilson, Miller, Lawson, Smith**	None	A state constitutional amendment to authorize Legislature to provide conditions under which convicted felon's right to register or vote may be restored by statute.
2005	SB 132	**Dawson. Geller, Siplin, Campbell, Bullard, Wilson, Miller, Lawson, Smith**	None	An act providing for automatic restoration of former felons' right to vote following completion and satisfaction of sentence of incarceration and community supervision; contingent on passage of authorizing constitutional amendment.
2005	HJR 271	**Bendross-Mindingall, Roberson, Y.**	None	A state constitutional amendment to authorize Legislature to provide conditions under which convicted felon's right to register or vote may be restored by statute.
2005	HB 269	**Bendross-Mindingall, Cusack, Roberson, Y., Sobel**	None	An act providing for automatic restoration of former felons' right to vote following completion and satisfaction of sentence of incarceration and

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
				community supervision; contingent on passage of authorizing constitutional amendment
2005	CS/SJR 1190	**Wilson, Lawson, Hill**	Passed Criminal Justice Committee 4-2 and Ethics and Elections Committee 2-1; died in Judiciary Committee.	A state constitutional amendment to restore felony offender's right to vote and hold office upon his or her release from incarceration and post-conviction supervision and payment of court-ordered restitution.
2005	HJR 1363	**Roberson**	None	A state constitutional amendment providing that a felony offender whose offense did not involve the use or threat of physical force or violence against any person would no longer be disqualified from voting and holding office and that one whose offense did involve the use or threat of physical force or violence against any person would have such disqualification removed once released from incarceration and post-conviction supervision.
2005	HJR 1679	**Jennings, Kendrick**	None	State constitutional amendment to allow the Legislature to restore the rights to vote and to hold office of a person convicted of a felony who is subsequently

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
				exonerated of the offense.
2006	SB 1084	**Dawson**	None	An act for automatic restoration of former felon's right to vote following completion and satisfaction of sentence of incarceration and community supervision.
2006	SJR 1082	**Dawson**	None	A state constitutional amendment to authorize Legislature to provide conditions under which convicted felon's right to register or vote may be restored by statute.
2006	CS/SB 2230	**Wilson**	Passed Criminal Justice Committee 7-1 and Ethics and Elections Committee 6-0; died in Judiciary Committee.	An act providing for automatic restoration of former felon's right to vote following completion of his or her sentence of incarceration and community supervision.
2006	SB 2736	**Siplin**	None	An act providing for automatic restoration of former felon's right to vote following completion and satisfaction of sentence of incarceration and community supervision.
2006	SJR 2734	**Siplin**	None	A state constitutional amendment to authorize Legislature to provide conditions under which convicted felon's right to register or vote may be restored by statute.

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
2007	SB 204	**Dawson, Lawson, Hill, Wilson**	None	An act providing for automatic restoration of former felon's right to vote following completion and satisfaction of sentence of incarceration and community supervision.
2007	SJR 202	**Dawson, Lawson, Hill, Wilson**	None	A state constitutional amendment to authorize Legislature to provide conditions under which convicted felon's right to register or vote may be restored by statute.
2007	HB 103	**Taylor**	Withdrawn	An act providing for automatic restoration of former felon's right to vote following completion of sentence of incarceration and community supervision.
2007	HJR 101	**Taylor**	Withdrawn	A state constitutional amendment to authorize Legislature to provide conditions under which convicted felon's right to register or vote may be restored.
2007	SB 466	**Siplin**	None	An act providing for automatic restoration of former felon's right to vote following completion of sentence of incarceration and community supervision.
2010	SJR 1434	**Wilson**	None	A state constitutional amendment to disqualify a person who is convicted of a felony from voting, holding public office, or serving on a jury only while the person is incarcerated.

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
2011	HJR 51	**Porth, Rehwinkel Vasilinda**	None	State constitutional amendment to disqualify person who is convicted of felony from voting only until completion of all sentences imposed and expiration or completion of all conditions of supervision, if any.
2011	SJR 538	**Joyner**	None	A state constitutional amendment to disqualify a person who is convicted of a felony from voting only until completion of all sentences imposed and expiration or completion of all conditions of supervision, if any.
2011	SJR 706	**Sobel**	None	A state constitutional amendment to disqualify a person who is convicted of a felony from voting only while the person is incarcerated.
2014	SJR 1612	**Clemens**	None	A state constitutional amendment, to automatically restore the voting rights and right to hold public office of felons under certain circumstances.
2014	HJR 1339	**McGhee**	None	A state constitutional amendment proposing to automatically restore voting rights of person convicted of felony upon completion of his or her sentence unless he or she was convicted

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
				of a homicide or sexual offense.
2015	SJR 208	**Clemens, Smith, Bullard, Sachs**	None	A state constitutional amendment proposing to automatically restore the voting rights and right to hold public office of certain convicted felons.
2016	SJR 192	**Clemens**	None	A state constitutional amendment proposing to automatically restore the voting rights and right to hold public office of certain convicted felons.
2016	HJR 729	**Narain, Pafford**	None	A state constitutional amendment proposing to automatically restore the voting rights and right to hold public office of certain convicted felons.
2017	SJR 74	**Clemens**	None	A state constitutional amendment proposing to automatically restore the voting rights and right to hold public office of certain convicted felons.
2017	HJR 565	**Jacquet, Duran, Heller**	None	A state constitutional amendment to automatically restore voting rights of convicted felon 3 years after person completes his or her sentence.
2017	SJR 1266	**Powell, Campbell**	None	A state constitutional amendment to automatically restore the voting rights of convicted felons after a specified time.

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Legislative Session	Bill #	Sponsors	Action	Bill Summary
2018	HJR 149	**Jacquet**	Withdrawn	A state constitutional amendment to automatically restore voting rights of convicted felon 3 years after person completes his or her sentence.

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EMPLOYMENT

California Institute of Technology

Professor of History and Social Science, 1980-Present
Professor of History, 1979-80
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Assistant Professor of History, 1971-74
Instructor in History, 1969-71

Visiting and Adjunct Appointments

University of Michigan
Visiting Instructor, summer, 1980
Harvard University
Visiting Professor, fall, 1981
Oxford University
Harold Vyvyan Harmsworth Professor of American History, 1984-85
Claremont Graduate School
Adjunct Professor of History, 1993
Hong Kong Institute of Science and Technology, 2014

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PUBLICATIONS

Books

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Jeff Manza and Christopher Uggen. *Locked Out: Felon Disenfranchisement and American Democracy*, and Sasha Abramsky, *Conned: How Millions Went to Prison, Lost the Vote, and Helped Send George W. Bush to the White House*, in *Election Law Journal*, 6 (2007), 104-12.

Peter F. Lau, Editor, *From the Grassroots to the Supreme Court*: *Brown v. Board of Education and American Democracy*, in *American Historical Review* 111 (2006), 231-32.

Glenn Feldman, *The Disfranchisement Myth: Poor Whites and Suffrage Restriction in Alabama*,

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John B. Boles and Bethany L. Johnson, eds., *Origins of the New South Fifty Years Later: The Continuing Influence of a Historical Classic*, in *The Historian*, 67 (2005), 307-09.

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Lee J. Alston and Joseph P. Ferrie, *Southern Paternalism and the American Welfare State: Economics, Politics, and Institutions in the South, 1865-1965*, in *The Independent Review*, 4 (Winter, 2000).

Keith J. Bybee, *Mistaken Identity: The Supreme Court and the Politics of Minority Representation*, in *American Political Science Review* 93 (1999), 968-69.

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Ward M. McAfee, *Religion, Race, and Reconstruction: The Public School in the Politics of the 1870s*, in *American Historical Review* 104 (1999), 1677-78.

Samuel L. Webb, *Two-Party Politics in the One-Party South: Alabama's Hill Country, 1874-1920*, in *Journal of Economic History*, 59 (1999), 234-35.

Stewart E. Tolnay and E.M. Beck, *A Festival of Violence: An Analysis of Southern Lynchings, 1882-1930*, in *Historical Methods* 31 (1998), 171-75.

Alex Lichtenstein, *Twice the Work of Free Labor: The Political Economy of Convict Labor in the New South* in *Journal of Interdisciplinary History* 28 (1998), 484-85.

Stephen Cresswell, *Multi-Party Politics in Mississippi, 1877-1902*, in *Journal of American History*, 83 (1996), 642-43.

Nancy MacLean, *Behind the Mask of Chivalry: The Making of the Second Ku Klux Klan*, in *Journal of the History of the Behavioral Sciences*, 32 (1996), 229-32.

Daniel I. Greenstein, *A Historian's Guide to Computing*, in *Journal of Interdisciplinary History*, 27 (1996), 103-05.

Howard N. Rabinowitz, *Race, Ethnicity and Urbanization*, in *Slavery and Abolition* 16 (1995), 267-69.

Michael C. Dawson, *Behind the Mule: Race and Class in African-American Politics*, in *North Carolina Historical Review* 72 (1995), 376-77.

James Goodman, *Stories of Scottsboro*, in *Princeton Alumni Weekly* 95, #9 (Feb. 8, 1995), 20-21.

Robert R. Dykstra, *Bright Radical Star: Black Freedom and White Supremacy on the Hawkeye Frontier*, in *Reviews in American History*, 22 (1994), 442-48.

Robert C. McMath, Jr., *American Populism: A Social History, 1877-1898*, in *Georgia Historical Quarterly* 77 (1993), 634-36.

Michael F. Holt, *Political Parties and American Political Development from the Age of Jackson to the Age of Lincoln*, in *Reviews in American History* 21 (1993), 207-12.

William Cohen, *At Freedom's Edge: Black Mobility and the Southern White Quest for Racial Control, 1861-1915*, in *Slavery & Abolition* 13 (1992), 239-41.

Loren Haskins and Kirk Jeffrey, *Understanding Quantitative History*, and Konrad H. Jarausch and Kenneth A. Hardy, *Quantitative Methods for Historians*, in *Journal of Interdisciplinary History* 23 (1992), 139-40.

Donald G. Nieman, *Promises to Keep: African-Americans and the Constitutional Order, 1776 to*

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the Present, in *Journal of Southern History* 58 (1992), 704-05.

William E. Nelson, *The Fourteenth Amendment: From Political Principle to Judicial Doctrine*, in *Slavery and Abolition* 11 (1990), 414-16.

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James D. Anderson, *The Education of Blacks in the South, 1860 - 1935*, in *Slavery and Abolition* 10 (1989), 144-46.

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Richard L. McCormick, *The Party Period and Public Policy*, in *Journal of American History*, 74 (1987), 169-70.

Gail Williams O'Brien, *The Legal Fraternity and The Making of a New South Community, 1843-1882*, in *North Carolina Historical Review*, 64 (1987), 219-20.

Theodore M. Porter, *The Rise of Statistical Thinking, 1820-1900*; Stephen M. Stigler, *The History of Statistics: The Measurement of Uncertainty Before 1900*, in *Wilson Quarterly*, XI (Spring 1987) 2, 161-62.

C. Vann Woodward, *Thinking Back: The Perils of Writing History*, in *Journal of Economic History*, 48 (June 1987), 591-92.

Dan T. Carter, *When The War Was Over: The Failure of Self-Reconstruction in the South, 1865-1867*; Ted Tunnell, *Crucible of Reconstruction: War, Radicalism, and Race in Louisiana, 1862-1877*, in *Slavery and Abolition*, 7 (1986), 290-98.

Olivier Zunz, ed., *Reliving the Past: The Worlds of Social History*, in *Reviews in American History*, 14 (1986), 342-47.

Robert F. Durden, *The Self-Inflicted Wound: Southern Politics in the 19th Century*, in *Journal of American History*, 73 (1986), 189-90.

Alexander M. Bickel and Benno C. Schmidt, Jr., *History of the Supreme Court*, Vol. X, in *Journal of Southern History*, 52 (1986), 479-81.

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Eric Foner, *Nothing But Freedom*, in *Slavery and Abolition*, 7 (1986), 77-79.

Alexander P. Lamis, *A Two-Party South*, in *Times Literary Supplement* (October 10, 1985).

Steven F. Lawson, *In Pursuit of Power*, in *Georgia Historical Quarterly*, 69 (1985), 441-43.

David B. Davis, *Progress and Human Slavery*, in *Times Literary Supplement* (February 1, 1985), 123-24.

Michael Perman, *The Road to Redemption: Southern Politics, 1869-1879*, in *Political Science Quarterly*, 100 (1985), 350-51.

Catherine A. Barnes, *Journey From Jim Crow: The Desegregation of Southern Transit*, in *Constitutional Commentary*, 2 (1984), 197-202.

Raymond Arsenault, *The Wild Ass of the Ozarks: Jeff Davis and the Social Bases of Southern Politics*, in *American Historical Review*, 90 (1985), 228-29.

Walter J. Fraser, Jr. and Winfred B. Moore, Jr., *The Southern Enigma: Essays on Race, Class, and Folk Culture*, in *Virginia Magazine of History and Biography*, 92 (1984), 475-76.

Stephen Hahn, *The Roots of Southern Populism*, in *American Historical Review*, 89 (1984), 854-55.

Paul Kleppner, *Who Voted?* and W. Dean Burnham, *The Current Crisis in American Politics*, in *Social Science History*, 9 (1985), 215-28.

Patricia C. Cohen, *A Calculating People: The Spread of Numeracy in Early America*, in *American Historical Review*, 89 (1984), 203-04.

John W. Cell, *The Highest Stage of White Supremacy*, in *Journal of American History*, 70 (September 1983), 424-25.

David L. Kirp, *Just Schools: The Idea of Racial Equality in American Education*, in *The Public Historian*, 5, #3 (1983), 119-22.

Anthony P. Dunbar, *Against the Grain: Southern Radicals and Prophets 1929-1959*, in *Business History Review*, 54 (1982), 608-09.

Jody Carlson, *George C. Wallace and the Politics of Powerlessness*, in *American Historical Review*, 87 (1982), 884.

Eric Anderson, *Race and Politics in North Carolina, 1872-1901: The Black Second*, in *Journal of Southern History*, 48 (1982), 123-25.

William Gillette, *Retreat From Reconstruction, 1869-1879*, in *Register of the Kentucky*

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Historical Society, 79 (1981), 191-94; and 80 (1982), 214-16.

Bruce A. Campbell and Richard J. Trilling, eds., *Realignment in American Politics*, in *Reviews in American History*, 9 (1981), 23-28.

Paul Kleppner, *The Third Electoral Era*, in *Journal of American History* (December 1979), 670-71.

Jonathan M. Wiener, *Social Origins of the New South: Alabama, 1865-1885* in *American Historical Review* (December 1979), 1482-83.

Joel Silbey et al., *The History of American Electoral Behavior* in *Reviews in American History*, 7 (1979), 157-62.

Jack Bass and Walter DeVries, *The Transformation of Southern Politics*, in *American Historical Review* (December 1978), 1368-69.

Michael P. Johnson, *Toward a Patriarchal Republic: The Secession of Georgia* in *Journal of Interdisciplinary History*, 9 (Autumn 1978), 374-76.

Michael Schwartz, *Radical Protest and Social Structure: The Southern Farmers' Alliance and Cotton Tenancy, 1880-1890*, in *Journal of American History* (December 1977), 811-812.

Hugh D. Graham and Numan V. Bartley, *Southern Politics and the Second Reconstruction*, in *American Historical Review* 82 (1977), 217.

Lawrence Grossman, *The Democratic Party and The Negro: Northern and National Politics, 1868-92*, in *Journal of Ethnic Studies*, 4 (1977), 114-117.

John Shelton Reed, *The Enduring South*, in *Red River Valley Historical Review*, 4 (1979), 98-99.

Louis Galambos, *The Public Image of Big Business in America, 1880-1940* in *Journal of American History* (September 1975), 437-38.

Monroe Lee Billington, *The Political South in the Twentieth Century*, in *Political Science Quarterly*, 90 (1975), 561-562.

Roger L. Hart, *Redeemers, Bourbons, and Populists: Tennessee, 1870-1896*, in *Journal of American History* (March 1976), 1005-06.

James B. Murphy, L.Q.C. Lamar: Pragmatic Patriot, in *Mississippi Quarterly*, 27 (1974-75), 109-114.

Charles M. Dollar and Richard J. Jensen, *Historian's Guide to Statistics: Quantitative Analysis and Historical Research*, in *Journal of the American Statistical Association*, 67 (1972), 493.

AMERICAN OVERSIGHT

Unpublished Works

"Tennessee Politics and The Negro, 1948-1964" (A.B. thesis, Princeton University, 1965).

POST-DOCTORAL GRANTS AND AWARDS

National Endowment for the Humanities Grant #R-9980-140, "Political Outputs in the South: Who Got What, When, Where, and Why?" January 1, 1974--May 31, 1975, $23,641.

Graves Foundation Award, Summer, 1976

Howard Foundation Fellowship, 1979-80

National Endowment for the Humanities Grant #RO-20225-82, 1981-83, "Separate But Not Equal: A Social History of School Racial Discrimination Law in the Nineteenth Century," $74,860.

Guggenheim Fellowship, 1985-86

Woodrow Wilson Center Fellowship, 1985-86

Haynes Foundation Grant, 1989-90

Lillian Smith Award, Southern Regional Council, 1999 (co-winner)

Ralph J. Bunche Award, American Political Science Assn., 2000 (co-winner)

Richard P. Feynman Prize for Excellence in Teaching, Caltech, 2011

Associated Students of Caltech Teaching Award, 1988-89, 2012-13

TEACHING

Undergraduate

U.S. History, Colonial - Present (many courses)
Why Were We in Vietnam?
Nuclear Weapons Policy and Star Wars
The Supreme Court
Race Relations in History and Social Science

Graduate

American Electoral Behavior
American Political Development
Race Relations in U.S. History

AMERICAN OVERSIGHT

Social Science History
Topics in Econometrics
Writing for Social Scientists

Ph.D. Theses Directed

Gary W. Cox, "Party and Constituency in Victorian Britain" (1982)

Shawn Everett Kantor, "Politics and Property Rights: The Closing of the Open Range in the Postbellum South" (1991)

Micah Altman, "Districting Principles and Democratic Representation" (1998)

PAPERS AND LECTURES

Popular Writings

"Voting Rights: Yes ___ No ___ Maybe ___ Obstructionists Threaten to Undo 16 Years of Effort," *Los Angeles Times*, February 7, 1982.

"Jim Crow in the Voting Booth," *Los Angeles Times*, June 24, 1984.

"The District that Stretched Almost Anywhere but East," *Los Angeles Times*, June 12, 1990.

"The Open Primary Will Ruin California Politics," *Public Affairs Report*, May 1996, 7.

"Charges of bias way off target," *Sacramento Bee*, Oct. 9, 1998, B9.

"How the Supreme Court Feeds a Rumor," *Los Angeles Times*, Oct. 10, 1999, M2.

"Revamping the Doctrine of Separate and Equal," *Los Angeles Times*, March 26, 2000, M2.

Remarks at Lillian Smith Award Ceremony, *Southern Changes* 21, #4, Winter 1999, 8-11.

"The Duties of Historians," debate on review of *Colorblind Injustice*, H-POL.

"The Supreme Court and the Undoing of the Second Reconstruction," *National Forum*, 80, # 2, Spring 2000, 25-31.

"Proposition 77: How It Would Really Work," *San Diego Union-Tribune*, Oct. 31, 2005, p. B7.

"Are We Better Off Redistricting by Citizen Panel?" *San Francisco Chronicle*, Nov. 13, 2011.

"The Strong Case for Keeping Section 5," *Reuters*, Feb. 15, 2003, http://blogs.reuters.com/great-debate/2013/02/15/the-strong-case-for-keeping-section-5/.

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"Gutting the Landmark Civil Rights Legislation," *Reuters*, June 26, 2013, http://blogs.reuters.com/great-debate/2013/06/26/gutting-the-landmark-civil-rights-legislation/.

INVITED LECTURES

Universities (American)

University of Pennsylvania (1976)
California State University at Los Angeles (1977)
Harvard University (1978)
Duke University Law School (1979)
Michigan State University (1980)
University of California, Santa Barbara (1980, 1984)
University of Chicago (1980, 1984)
University of Michigan (1980)
University of California, Irvine (1981)
University of Alabama at Birmingham (1981)
Brandeis University (1981)
California State University, Fullerton (1982)
University of California, Los Angeles (1981, 1983, 1988, 1993)
University of Miami (1983)
Claremont-McKenna College (1984)
University of Maryland, College Park (1985)
University of Maryland, Baltimore County (1985)
New School for Social Research (1986)
University of Dayton (1986)
Ohio State University (1987)
Albany Law School (1988)
University of Texas, Austin (1988)
Stanford University (1990, 1999, 2016)
Univ. of CA, Berkeley (1991, 1999)
Univ. of CA, San Diego (1991, 2000, 2016)
Claremont Graduate School (1993)
Northwestern University Law School (1993)
Rutgers Law School, Camden (1993)
Georgetown Law Center (1994)
C. Vann Woodward Lecture, Henderson State College (1994)
Yale University (1994)
American U. Law School (1994)
Univ. of Michigan Law School (1996, 1998)
Univ. of Southern California Law School (1996, 2018)
Univ. of CA, Los Angeles School of Law (1994, 1996, 1999)
CA State Univ., San Bernardino (1999)
Harvard Univ., Du Bois Center (1999, 2000, 2001)
Augusta State University (1999)

AMERICAN OVERSIGHT

Paine College (1999)
University of Kansas (2015)
University of LaVerne (2000)
University of Montana (2004)
University of Texas, Austin, Law School (2004)
University of Texas, San Antonio (2004, 2005)
University of North Carolina, Chapel Hill, Law School (2006)
University of Texas, Austin (2006)
Duke University (2006)
Whittier Law School (2006)
Indiana University School of Law (2009)
U.C.L.A. School of Law (2010)
Hong Kong University of Science and Technology (2014)
Kansas University (2015)
Caltech (2016)

Universities (English)

Oxford University (1984, 1985)
Cambridge University (1984, 2009)
University of Leeds (1985)
University of East Anglia (1985)
East Anglia University (1985)
Southampton University (1985)
Warwick (1985)
Sussex, Keele (1985)

CONVENTIONS

Papers Delivered

American Historical Association (1974, 1976, 1988, 2015, 2017)

Social Science History Association (1976, 1978, 1980, 1981, 1983, 1987, 1989, 1991, 1993, 1994, 1995, 1996, 1997, 2000, 2004)

Southern Historical Association (1978, 1980, 1992, 2005, 2012)

Organization of American Historians (1981, 1984, 1986, 1990)

International Conference on Quantitative History (1982)

Association of American Law Schools (1983)

Joint Center for Political Studies Forum on Run-Off Primaries (1984)

AMERICAN OVERSIGHT

16th International Congress of Historical Sciences, Stuttgart, Germany (1985)

Brookings Institution Conference on the 25th Anniversary of the Voting Rights Act (1990)

Continuing Legal Education Conference, Los Angeles (1990)

Voting Rights Symposium, University of San Francisco Law School (1992)

California Studies Association Convention (1994)

Midwest Political Science Association (1997, 2004)

USC/Caltech Conference, "Election Reform: 2000 and Beyond" (2001)

NAACP/MALDEF/APLAC Conference, "Making Our Communities Count: United for a Fair Redistricting Process" (2001)

AALS/APSA Conference on Constitutional Law (2002)

"The Future of the Voting Rights Act" (Columbia University Law School, 2003)

American Society of Legal History (2003)

American Political Science Association (2004, 2018)

"Who Draws the Lines: The Consequences of Redistricting Reform for Minority Voters" (University of North Carolina, 2006)

"Whither the Voting Rights Act? Agreements and Contestations in the Debate over its Renewal" (Duke University, 2006)

Southern Political Science Association (2017)

AALS (2018)

Discussant on Convention Panels

American Historical Association (1983, 1989)
American Political Science Association (1977, 1988, 1989, 1995, 2000, 2007)
Pomona College Conference on Voting Rights (1983)
California Institute of Technology Conference on Political Institutions (1984)
Organization of American Historians (1988, 2002)
Conference on The Future of African-American State Universities (1990)
UCLA Conference on American Politics in Historical Perspective (1990)
Federal Judicial Center, Conference on Civil Rights Act of 1964 (1994)

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American Historical Association, Pacific Coast Branch (1996)
Southern Historical Association (1997, 2000, 2002)
Social Science History Assn. (1998, 1999, 2001, 2003, 2006, 2008, 2011)
Southern Sociological Society (1999, 2007)
Western Political Science Assn. (2001, 2002, 2004)
The Historical Society (2010)

Other

Rand Corporation (1978)
Town Hall of Los Angeles (1979)
Severance Club of Los Angeles (1979)
NAACP Legal Defense Fund Conference on Voting Rights, New Orleans (1982)
Constitutional Rights Foundation of L.A. (1990)
Caltech, Martin Luther King Day Speaker (1990, 1992, 1999, 2010)
All Saints Church Issues Forum (1992)
Church of the Good Shepherd Issues Forum (1995)
Pasadena Jewish Temple (1996)
The Field Institute, San Francisco (1997)
"Beyond 2007: Voting Rights in the 20th Century," (Washington D.C., 1997)
Augusta-Richmond County Museum (1999)
Princeton University Reunion Forum, "Fifty Years of the Voting Rights Act" (2015)
Pasadena-Foothills Democratic Club (2016)
Pasadena Playhouse (2017)
Pasadena NAACP (2017)
MonteCedro Senior Living Community (2018)

ORGANIZATIONS AND PROFESSIONAL SERVICE

Committees

Chairman, Methodology Network, Social Science History Association, 1976-80
Program Committee, Social Science History Assn., 1981, 1983
Membership Committee, Southern Historical Association, 1976-77, 1983, 1991-92
American Historical Association Committee on Quantitative Methods, 1983-86
Anglo-American Historical Committee, 1984-85
Committee on Harmsworth Professorship, American Historical Assn., 1985-88
Executive Committee, Social Science History Assn., 1989-1993

Editorial Boards

Journal of American History, 1977-1980
Historical Methods, 1983-86
Social Science History, 1987-92
Journal of Interdisciplinary History, 1989-
Co-Editor, *Historical Methods*, 2000-05

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Editor, *Historical Methods*, 2005-13

EXPERT WITNESS TESTIMONY

Hunter v. *Underwood*, 471 U.S. 222 (1985).

Mobile v. *Bolden*, 542 F. Supp. 1050 (S.D. Ala. 1982).

Moore v. *Brown*, 542 F. Supp. 1078 (S.D. Ala. 1982).

United States v. *Dallas County Commission*, 548 F. Supp. 875 (S.D. Ala. 1981).

Taylor v. *Haywood County, Tenn. Commission*, 544 F. Supp. 1122 (W.D. Tenn. 1982).

Sumter County Council v. U.S., 444 F. Supp. 694 (D.D.C. 1983).

Brown v. *Board of Commissioners of the City of Chattanooga, Tenn.* 722 F. Supp. 380 (E.D. Tenn. 1989).

Garza v. *Los Angeles County Board of Supervisors*, 756 F. Supp. 1298 (C.D. Cal. 1990), *aff'd*, 918 F.2d 763 (9th Cir. 1990), *cert. denied*, 111 S. Ct. 681 (1991).

Brooks v. *Harris* (N.D. GA., Civ. Action No. 1: 90-CV-1001-RCF, July 1990), preliminary injunction refused to plaintiffs.

U.S. v. *City of Memphis* (W.D. Tenn. 1991), further proceeding *sub nom*. *Muhammad v. City of Memphis*, 1995 U.S. Dist. LEXIS 22538 (W.D. Tenn. 1995).

Gonzales v. *Monterey County, CA* (N.D. Cal., Civ. No. C-91 20736 WAI (DVT), 1992).

Members of the California Democratic Congressional Delegation v. *Eu*, summary judgment granted to defendants.

DeBaca v. *San Diego County Board of Supervisors* (S.D. Cal., Civ. No. 91-1282-R(M), May 11, 1992), summary judgment granted to defendants.

Cousin v. *McWherter* (E.D. Tenn., 1993), No. CIV-I-90-339 (Jan. 19, 1994).

Rural West Tennessee African-American Affairs Council v. *McWherter* 836 F.Supp. 453 (W.D. Tenn. 1993), *vacated*, 512 U.S. 1248 (1994).

Shaw v. *Hunt*, 861 F.Supp. 408 (E.D. N.C. 1994).

Vera v. *Richards*, 861 F.Supp. 1304 (S.D. Tex. 1994).

Georgia v. *Reno*, 881 F.Supp. 7 (D.D.C. 1995).

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Lopez v. *Monterey County*, 871 F. Supp. 1254 (N.D. Cal. 1994), *order clarified* (Jan. 10, 1995).

In Re 2001 Redistricting Cases v. Redistricting Board (Alaska, 2002).

Cano v. Davis, 191 F.Supp. 2d 1135 (C.D. Cal. 2002)

Sessions v. Perry, 298 F. Supp. 2d 451 (E.D. Tex. 2004), *vacated sub nom. Henderson v. Perry*, 543 U.S. 941 (2004), *and vacated sub nom. Jackson v. Perry*, 543 U.S. 941 (2004), and *vacated sub nom. Am. GI Forum of Texas v. Perry*, 543 U.S. 941 (2004), *and vacated sub nom. Lee v. Perry*, 543 U.S. 941 (2004), *and vacated sub nom. Travis Cty., Tex. v. Perry*, 543 U.S. 941 (2004).

Farrahkan v. Locke, (Federal District Court, Washington State, D.C. No. CV-96-0076-RHW (2005); reversed by 9th Cir. Ct. of Appeals, No. 06-35669 (Jan. 5, 2010)).

U.S. v. Osceola County, FL, 475 F.Supp. 2d 1220 (2006), later proceedings at 474 F. Supp. 2d 1254 (2006).

American Civil Rights Foundation v. Los Angeles Unified School District (Los Angeles County Super. Ct. No. BC341363) summary judgment granted to defendants and affirmed by Court of Appeal, Second Appellate District, Division 5, in B205943.

Sanchez v. City of Modesto, 145 Cal.App. 4th 660 (2006) (App. 5 Dist. Cal. 2007), cert. denied, 552 U.S. 974 (2007), settled before trial.

Gomez v. Hanford Joint Union School District, No. 04C0294 (Kings Co. Super. Ct.), settled before trial.

Avitia v. Tulare County Local Healthcare District (07-224773, Sup. Ct. Tulare County), settled before trial.

Gonzalez v. City of Compton, CA. (Case No. BC 450494, Superior Court, Los Angeles County), settled before trial.

Perez v. Perry, 835 F. Supp. 2d 209 (W.D. Tex., San Antonio Div. 2012), *sub nom. Vesey v. Perry*, 71 F. Supp. 3d 627 (S.D. Tex. 2014), *stay granted* 769 F.3d 890 (5th Cir. 2014), *vacatur denied*, 135 S.Ct. 9 (2014), further proceedings *sub nom. Perez v. Abbott*, 250 F.Supp.3d 123 (W.D. Tex., San Antonio Div., 2017).

Texas v. U.S., (C.A. No. 1:11-cv-01303, D.D.C.), decided Aug. 28, 2012, 887 F.Supp. 2d 133 (D.D.C. 2012), *vacated and remanded on other grounds*, 133 S. Ct. 2885 (2013).

Texas v. Holder, (C.A. No. 1:12-cv-00128-RMC-DST-RLW, D.D.C.), 888 F. Supp. 2d 113 (D.D.C. 2012), decided Aug. 30, 2012.

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Jauregui v. City of Palmdale, California (Case No. BC483039), decided July 23, 2013.

Soliz v. City of Santa Clarita (LASC Case No. BC512735), settled before trial.

Soliz v. Santa Clarita Community College District (LASC Case No. BC512736), settled before trial.

Banales v. City of Santa Barbara (Case No. 1468167, Superior Court, Santa Barbara County), settled before trial, 2014.

League of Women Voters v. McCrory (Case No. 1:13CV658, M.D. N.C., decided as *N.C. State Conf. of the NAACP v. McCrory*, 2016 WL 1650774 (M.D.N.C. Apr. 25, 2016), rev'd 831 F.3d 204 (4th Cir. 2016), *cert. denied, sub nom. N.C. v. N.C. State Conf. of the NAACP*, 2017 U.S. LEXIS 2947 (U.S., May 15, 2017).

Georgia State Conference of the NAACP v. Fayette County [Georgia] Board of Commissioners (CA No. 3:11-CV-123-TCB), settled before trial, 2015.

Garrett v. City of Highland (Case No. CIVDS 1410696, Superior Court, San Bernardino County),
Decided Jan. 19, 2016.

Jaramillo v. City of Fullerton, settled before trial, 2015.

Burgess v. City of Banning, RIC 1603770 (Riverside Superior Court, 2016), settled before trial.

SVREP v. City of Rancho Cucamonga, settled before trial.

Sanchez v. City of West Covina, CA, BC634674, 2017, settled before trial.

Greater Birmingham Ministries v. State of Alabama C.A. No. 2:15-cv-02193-LSC (N.D. Ala.), pending before 11th Circuit on appeal from summary judgment for defendants.

HQH Chinese American Equalization Association v. The City of Arcadia, settled before trial.

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Democratic State Central Committee of California, Comment for the U.S. Department of Justice on scheduling of election in State Senate District 15, 2010.

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Fullerton School Board case, settled before trial.

CURRENT RESEARCH

Separate But Not Equal: The Cumming *Case and Race Relations in America* (University of Kansas Press, under contract).

"The Supremacy of Equal Rights": School Desegregation in Nineteenth Century America (Cambridge University Press, under contract), a collection of three of my revised essays.

"The Onward March of Right Principles": School Segregation and Race Relations in the 19th Century United States (book) is an investigation of late nineteenth century state and federal court cases and the adoption of state laws on racial discrimination in schools in 22 states. The purposes are to throw new light upon black political power and the black social structure; to discover the identities and motivations of white supporters and opponents of black civil rights; to illuminate the murky history of the lower courts; and to integrate legislative and judicial history into a broader socio-political history.

Politics and the Distribution of Public Goods (book) is a primarily quantitative study of the effect of changes in institutional political rules on the incidence of taxation and the distribution of public schooling in the South from 1880 to 1910.

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Subject:	RE: Jones v. DeSantis -- Meet and confer date and time
Date:	Monday, March 16, 2020 11:37:10 AM
Attachments:	Seminole Electric_PSC.pdf Midcontinent Pipeline_FERC.pdf TAYLOR SCCF_FINALI.pdf

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Here're two pretty standard orders from the Florida PSC and FERC that address pre-filed testimony. Please look to section IV of the PSC order and section III of the FERC Order. I also attach an example of pre-filed testimony.

As I stated on the call earlier today, the State is not asking for any extensions of any deadlines or any changes to the ordinary trial procedures; however, the State wishes to be mindful of the safety of witnesses, counsel, parties, and court staff. We would thus be open to discussing alternatives with Judge Hinkle.

And, as a follow-up to the call, I'm putting in writing the alternative we proposed:

- Pre-filing all direct testimony with proposed exhibits that a witness would sponsor.
- Requiring objections to be filed a few days after the pre-filing of testimony, and having the Court rule on the objections in a telephonic hearing (or on the papers).
- Approximately 5 minute telephonic summaries from each witness, followed by telephonic cross.

As I see it, pre-filing of direct testimony and objections is preferable to establishing video links with witnesses around the country (and possibly lawyers around the country responsible for direct examination), ensuring that everyone involved has the relevant exhibits in the appropriate order, and then stumbling through cross-examination with video lags etc. Pre-filing testimony and exhibits should make it possible for all of us to proceed with only a telephone.

With the record established, any appeals will take care of themselves; there is no need for anyone to be in close physical proximity for a week to resolve an appeal.

Best,
Mo

Mohammad O. Jazil

Hopping Green & Sams, P.A.

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Subject: RE: Jones v. DeSantis -- Meet and confer date and time

Hello Tara-

Monday, March 16, at 9 a.m. works for someone from each of the plaintiff groups.

Please use the following dial-in number:

1.888.450.5996 Code [redacted]

Thanks very much.

Nancy Abudu
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Subject: RE: Jones v. DeSantis -- Meet and confer date and time

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Hi Nancy:

Thank you for your email. I will be in the deposition of Dr. Kousser most of today, and counsel will not be available to confer today at or after 4:00 p.m. Counsel for the Secretary of State will be available on Saturday, March 14 or Monday, March 16 to discuss these pretrial matters.

Please send a calendar invite if those days/times work for you.

Many thanks- Tara

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Subject: RE: Jones v. DeSantis -- Meet and confer date and time

[External email]

Hello Tara-

On behalf of the plaintiffs, I'm seeking your and other lead counsel for the defendants' availability to meet and confer tomorrow at or after 4 p.m. ET to discuss the points you raise below, primarily:

1. The scheduling of outstanding depositions with respect to the dates, times, and locations;
2. Outstanding disputes and possible resolution related to those identified on the parties' "may call" lists;
3. Outstanding disputes and possible resolution regarding the exhibit lists; and
4. Any and all accommodations that should be considered in light of the growing concerns related to the coronavirus and the impact on existing pre-trial and other court deadlines.

Please let me know what works for your side and I'll send a calendar appointment with a dial-in number as soon as I hear back from.

Thanks very much.

Nancy Abudu

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From: Tara.Price@hklaw.com <Tara.Price@hklaw.com>
Sent: Thursday, March 12, 2020 12:04 PM
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Subject: RE: Jones v. DeSantis -- Deposition of Supervisor Lux

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Counsel:

Thank you for your emails regarding the 26(a)(3) disclosures. We have a number of objections and concerns that we would like to discuss with you regarding the Gruver, Raysor, and McCoy Plaintiff disclosures.

As we noted in our objections filed on March 9 (ECF No. 284), the Gruver, Raysor, and McCoy Plaintiffs have listed Ashley Davis, an attorney of record in this case. Ms. Davis also has never previously been disclosed by Plaintiffs on any disclosure list. We request that Plaintiffs withdraw her from their witness list.

We also request that Plaintiffs withdraw Secretary Lee from their disclosure list. Plaintiffs have never demonstrated a need for Secretary Lee's testimony—either in deposition or trial—and her inclusion is improper, burdensome, and a violation of the Apex doctrine.

Plaintiffs have included a "Kristopher Wright" on your 26(a)(3) disclosures. Please confirm that this designation should refer to Plaintiff Kristopher Wrench.

We also noted in our objections that the Gruver, Raysor, and McCoy Plaintiffs failed to identify a single fact witness as a "will call" witness for trial. Plaintiffs previously informed the Court that they expected Plaintiffs' case to last longer than 2 and as many as 4 days. Tr. of Feb. 14, 2020 Hearing 49:25-50:15. As Plaintiffs obviously plan to present testimony from fact witnesses, it is highly prejudicial and a violation of the Federal Rules of Civil Procedure not to timely disclose the fact witnesses Plaintiffs know they will need to prove their case. Furthermore, the Court has already cautioned Plaintiffs about failing to properly designate "will call" witnesses as required under the Federal Rules of Civil Procedure. We request that you file an amended Rule 26a3 disclosure list by the end of the day Friday.

Next, Plaintiffs' exhibit list contains nearly 1100 documents, only approximately 32 of which have been designated as "will use." In addition, the exhibit list fails to include a bates number for the documents, or where the document was not bates numbered, a date and source of production. Many of the document descriptions are vague and could apply to any number of different versions of similar documents. We request that you provide an updated exhibit list with this information, or in the alternative, we can discuss exchanging actual copies of the premarked exhibits in advance of March 19.

Finally, we also believe it will be necessary for the Court to address the Coronavirus situation and its potential impact on trial.

All of the above items, as well as many others, should be discussed as a part of the parties getting together and beginning the pretrial stipulation discussions. We are hopeful that we will be able to work with you to resolve many of these issues by stipulation or in some other manner without the need for Court intervention. Please let us know what days and times work for you to begin these discussions.

Many thanks- Tara

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Subject: Jones v. DeSantis -- Deposition of Supervisor Lux

[External email]

Counsel –

The *Gruver* Plaintiffs seek Defendants' consent to depose Paul Lux, Supervisor of Elections for Okaloosa County. As we noted in our March 9 filing (ECF 283), *Gruver* Plaintiffs object to Defendants listing Supervisor Lux as a potential trial witness because he was not previously disclosed, meaning that Plaintiffs were unable to depose him before the close of discovery.

Please advise if you consent to Plaintiffs noticing Supervisor Lux's deposition. Thanks very much.

Best,
Jonathan

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FILED 1/5/2018
DOCUMENT NO. 00148-2018
FPSC - COMMISSION CLERK

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Petition to determine need for Seminole combined cycle facility, by Seminole Electric Cooperative, Inc.	DOCKET NO. 20170266-EC
In re: Joint petition for determination of need for Shady Hills combined cycle facility in Pasco County, by Seminole Electric Cooperative, Inc. and Shady Hills Energy Center, LLC.	DOCKET NO. 20170267-EC ORDER NO. PSC-2018-0018-PCO-EC ISSUED: January 5, 2018

ORDER ESTABLISHING PROCEDURE AND CONSOLIDATING DOCKET NOS. 20170266-EC AND 20170267-EC FOR HEARING

I. Case Background

On December 21, 2017, pursuant to Section 403.519, Florida Statutes (F.S.), and Rule 25-22.081, Florida Administrative Code (F.A.C.), Seminole Electric Cooperative, Inc. (Seminole) filed two petitions: (1) a petition for determination of need for a Seminole combined cycle facility and (2) a joint petition with Shady Hills Energy Center, LLC (SHEC) for determination of need for a Shady Hills combined cycle facility.

In the first petition, filed in Docket No. 20170266-EC, Seminole proposes to construct a 1,050 megawatt (net-nominal) two-on-one ("2x1") natural gas-fired combined cycle electric generating unit adjacent to Seminole's existing power plant in Putman County, Florida. In the second petition, filed in Docket No. 20170267-EC, Seminole and SHEC propose to construct a new 573 megawatt (net-nominal) combined cycle generating facility located adjacent to the site of the existing Shady Hills power plant in Pasco County, Florida. According to both petitions, the inclusion of the new Shady Hills Combined Cycle Facility, in conjunction with the removal from service of an existing Seminole Generating Station (SGS) coal-fired unit, and the addition of a 1,050 megawatt (net-nominal) 2x1 natural gas-fired combined cycle electric generating unit, is the most-effective way to meet the capacity needs of Seminole and its members.

In both petitions, Seminole and SHEC requested that the two proceedings be consolidated for purposes of hearing since the petitions are interrelated. However, because the two proceedings will proceed separately under the Florida Electrical Power Plant Siting Act, Seminole and SHEC requested that the Commission issue two separate final orders pursuant to Section 403.519, F.S. The petitioners' request for consolidation is addressed in Section X of this Order.

An administrative hearing has been scheduled for both docketed matters from March 21 - 22, 2018. Jurisdiction over these matters is vested in the Commission by Chapter 366, F.S., and Section 403.519, F.S. This Order is issued pursuant to the authority granted by Rule 28-106.211,

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F.A.C., which provides that the presiding officer before whom a case is pending may issue any orders necessary to effectuate discovery, prevent delay, and promote the just, speedy, and inexpensive determination of all aspects of the case.

II. General Filing Procedures

Filings pertaining to this docket must comply with Rule 28-106.104, F.A.C. Filing may be accomplished electronically as provided in the Commission's Statement of Agency Organization and Operation and the E-Filing Requirements link, posted on our website, www.floridapsc.com. If filing via mail, hand delivery, or courier service, the filing should be addressed to:

Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

The Commission strongly encourages electronic filing, which is available from the Commission's Home Page under the Clerk's Office menu and Electronic Filing web form. The filing party is responsible for ensuring that no information protected by privacy or confidentiality laws is contained in any electronic document. To the extent possible, when making an electronic filing, an electronic copy of all filings shall also be provided to parties and staff in Microsoft Word format, and all schedules shall be provided in Microsoft Excel format with formulas intact and unlocked.

III. Tentative List of Issues

A tentative list of the issues is set forth in Attachment A of this Order. The scope of this proceeding will be based upon these issues as well as other issues raised by the parties up to and during the Prehearing Conference, unless modified by the Commission.

IV. Prefiled Testimony and Exhibits

Each party shall file all testimony and exhibits that it intends to sponsor, pursuant to the schedule set forth in Section IX of this Order. Testimony and exhibits may be filed electronically. If filing paper copies, an original and 15 copies of all testimony and exhibits shall be filed with the Office of Commission Clerk, by 5:00 p.m. on the date due. A copy of all prefiled testimony and exhibits shall be served electronically or by regular mail, overnight mail, or hand delivery to all other parties and staff no later than the date filed with the Commission. Failure of a party to timely prefile exhibits and testimony from any witness in accordance with the foregoing requirements may bar admission of such exhibits and testimony.

The dimensions of each page of testimony shall be 8 ½ x 11 inches. Each page shall be consecutively numbered and double spaced, with 25 numbered lines per page and left margins of

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at least 1.25 inches. If filing paper copies of the testimony, all pages shall be filed on white, unglossed, three-holed paper and shall be unbound and without tabs.

Each exhibit sponsored by a witness in support of his or her prefiled testimony shall be:

(1) Attached to that witness' testimony when filed;
(2) If filing paper copies, on three-holed paper, unbound, and without tabs;
(3) Sequentially numbered beginning with 1 (any exhibits attached to subsequently filed testimony of the same witness shall continue the sequential numbering system);
(4) Identified in the upper right-hand corner of each page by the docket number, a brief title, and the witness' initials followed by the exhibit's number; and
(5) Paginated by showing in the upper right-hand corner of each page the page number followed by the total number of pages in the exhibit.

An example of the information to appear in the upper right-hand corner of the exhibit is as follows:

Docket No. 012345-EI
Foreign Coal Shipments to Port of Tampa
Exhibit BLW-1, Page 1 of 2

After an opportunity for opposing parties to object to introduction of the exhibits and to cross-examine the witness sponsoring them, exhibits may be offered into evidence at the hearing.

V. Discovery Procedures

A. General Requirements

Discovery shall be conducted in accordance with the provisions of Chapter 120, F.S., and the relevant provisions of Chapter 366, F.S., Rules 25-22, 25-40, and 28-106, F.A.C., and the Florida Rules of Civil Procedure (as applicable), as modified herein or as may be subsequently modified by the Prehearing Officer.

Unless subsequently modified by the Prehearing Officer, the following shall apply:

(1) Discovery shall be completed by March 9, 2018.
(2) Discovery requests and responses shall be served by e-mail, hand delivery, or overnight mail, and electronic service is encouraged. Discovery served via e-mail shall be limited to 5 MB per attachment, shall indicate how many e-mails are being sent related to the discovery (such as 1 of 6 e-mails), and shall be numbered sequentially. Documents provided in response to a document request may be provided via a CD, DVD, or flash drive if not served electronically.
(3) Each electronic discovery response shall be given a separate electronic file name that is no longer than 60 characters.

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(4) Sets of interrogatories, requests for admissions, requests for production of documents, or other forms of discovery shall be numbered sequentially in order to facilitate identification.

(5) Within each set, discovery requests shall be numbered sequentially, and any discovery requests in subsequent sets shall continue the sequential numbering system.

(6) Discovery responses shall be served within 15 days (inclusive of mailing) of receipt of the discovery request. For discovery requests related to matters addressed in the utility's rebuttal testimony, discovery responses shall be served within 10 days of receipt of the discovery request.

(7) Each page of every document produced pursuant to requests for production of documents shall be identified individually through the use of a Bates Stamp or other equivalent method of sequential identification. Parties should number produced documents in an unbroken sequence through the final hearing.

(8) Copies, whether hard copies or electronic, of discovery requests and responses shall be served on all parties and staff. In addition, copies of all responses to requests for production of documents shall be provided to the Commission staff at its Tallahassee office unless otherwise agreed.

(9) Parties shall file in the Commission Clerk's Office a notice of service of any interrogatories or request for production of documents propounded and associated responses in this docket, giving the date of service and the name of the party to whom the discovery was directed.

Unless subsequently modified by the Prehearing Officer, the following shall apply:

(1) Interrogatories, including all subparts, shall be limited to 200.

(2) Requests for production of documents, including all subparts, shall be limited to 200.

(3) Requests for admissions, including all subparts, shall be limited to 100.

When a discovery request is served and the respondent intends to seek clarification of any portion of the discovery request, the respondent shall request such clarification within five (5) days of service of the discovery request. For discovery requests served after the utility's rebuttal testimony such clarification must be requested within five (5) days. This procedure is intended to reduce delay in resolving discovery disputes.

B. Confidential Information Provided Pursuant to Discovery

Any information provided to the Commission staff pursuant to a discovery request by the staff or any other person and for which proprietary confidential business information status is requested pursuant to Section 366.093, F.S., and Rule 25-22.006, F.A.C., shall be treated by the Commission as confidential. The information shall be exempt from Section 119.07(1), F.S., pending a formal ruling on such request by the Commission or pending return of the information to the person providing the information. If no determination of confidentiality has been made and the information has not been made a part of the evidentiary record in this proceeding, it shall

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be returned to the person providing the information. If a determination of confidentiality has been made and the information was not entered into the record of this proceeding, it shall be returned to the person providing the information within the time period set forth in Section 366.093, F.S. The Commission may determine that continued possession of the information is necessary for the Commission to conduct its business.

Redacted versions of confidential filings may be served electronically, but in no instance may confidential information be electronically submitted. If the redacted version is served electronically, the confidential information (which may be on a CD, DVD, or flash drive) shall be filed with the Commission Clerk via hand-delivery, U.S. Mail, or overnight mail on the day that the redacted version was served via e-mail.

When a person provides information that it maintains as proprietary confidential business information to the Office of Public Counsel pursuant to a discovery request by the Office of Public Counsel or any other party, that party may request a temporary protective order pursuant to Rule 25-22.006(6)(c), F.A.C., exempting the information from Section 119.07(1), F.S.

When a party other than the Commission staff or the Office of Public Counsel requests information through discovery that the respondent maintains as proprietary confidential business information, or when such a party would otherwise be entitled to copies of such information requested by other parties through discovery (e.g., interrogatory responses), that party and respondent shall endeavor in good faith to reach agreement that will allow for the exchange of such information on reasonable terms, as set forth in Rule 25-22.006(7)(b), F.A.C.

VI. Prehearing Procedures

A. Prehearing Statements

All parties in this docket and the Commission staff shall file a prehearing statement pursuant to the schedule set forth in Section IX of this Order. Each prehearing statement shall be filed with the Office of Commission Clerk by 5:00 p.m. on the date due. A copy, whether paper or electronic, of the prehearing statement shall be served on all other parties and staff no later than the date it is filed with the Commission.

Each party's prehearing statement shall set forth the following information in the sequence listed below:

(1) The name of all known witnesses whose testimony has been prefiled or who may be called by the party, along with subject matter of each such witness' testimony and the corresponding issue numbers in the following format:

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All Known Witnesses:

Witness	**Subject Matter**	**Issues #**
Direct		
John Smith	Subject . . .	1, 3-5

(2) A description of all prefiled exhibits and other exhibits that may be used by the party in presenting its direct case (including individual components of a composite exhibit) and the witness sponsoring each in the following format:

All Known Exhibits:

Witness	**Proffered By**	**Exhibit #**	**Description**
Direct			
John Smith	Party/Utility Name	ABC-1	Title . . .

(3) A statement of the party's basic position in the proceeding;

(4) A statement of each question of fact, question of law, and policy question that the party considers at issue, along with the party's position on each issue, and, where applicable, the names of the party's witness(es) who will address each issue. Parties who wish to maintain "no position at this time" on any particular issue or issues should refer to the requirements of subsection C, below;

(5) A statement of issues to which the parties have stipulated;

(6) A statement of all pending motions or other matters the party seeks action upon;

(7) A statement identifying the party's pending requests or claims for confidentiality;

(8) Any objections to a witness' qualifications as an expert. The objection shall identify each witness the party wishes to voir dire as well as state with specificity the portions of that witness' pre-filed testimony, by page and line number, and/or exhibits, by page and line number, to which the party objects. Failure to specifically identify the portions of the pre-filed testimony or exhibits to which the party objects will result in restriction of a party's ability to conduct voir dire absent a showing of good cause at the time the witness is offered for cross-examination at hearing.

(9) A request for sequestration of witnesses, so any such request may be resolved by the prehearing officer prior to the hearing. Failure to make such a request shall constitute a waiver of the right to request sequestration of witnesses absent a showing of good cause; and

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(10) A statement as to any requirement set forth in this order that cannot be complied with, and the reasons therefore.

Failure of a party to timely file a prehearing statement shall be a waiver of any issue not raised by other parties or by the Commission. In addition, such failure shall preclude the party from presenting testimony in support of its position on each such issue.

B. Attendance at Prehearing Conference

Pursuant to Rule 28-106.209, F.A.C., a Prehearing Conference will be held March 12, 2018 at the Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida. Unless excused by the Prehearing Officer for good cause shown, each party (or designated representative) shall personally appear at the prehearing conference. Failure of a party (or that party's representative) to appear shall constitute waiver of that party's issues and positions, and that party may be dismissed from the proceeding.

C. Waiver of Issues

Any issue not raised by a party either before or during the Prehearing Conference shall be waived by that party, except for good cause shown. A party seeking to raise a new issue after the Prehearing Conference shall address each of the following:

(1) Whether the party was unable to identify the issue because of the complexity of the matter;
(2) Whether discovery or other prehearing procedures were not adequate to fully develop the issue;
(3) Whether due diligence was exercised to obtain facts touching on the issue;
(4) Whether information obtained subsequent to the Prehearing Conference was not previously available to enable the party to identify the issue; and
(5) Whether introduction of the issue would not be to the prejudice or surprise of any party.

Specific reference shall be made to the information received and how it enabled the party to identify the issue.

Unless a matter is not at issue for that party, each party shall take a position on each issue by the time of the Prehearing Conference or by such later time as may be permitted by the Prehearing Officer. If a party is unable through diligence and good faith efforts to take a position on a matter at issue for that party, it shall explicitly state in its prehearing statement why it cannot take a position. If the Prehearing Officer finds that the party has acted diligently and in good faith to take a position, and further finds that the party's failure to take a position will not prejudice other parties or confuse the proceeding, the party may maintain "no position at this time" prior to hearing and thereafter identify its position in a post-hearing statement of issues. In the absence of such a finding by the Prehearing Officer, the party shall have waived the entire issue, and the party's position shall be shown as "no position" in the Prehearing Order. A party

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who takes no position on an issue by the time of the Prehearing Conference, or by such later time as may be permitted by the Prehearing Officer, waives its opportunity to conduct cross-examination on the issue as well as file a post-hearing brief on the issue. Commission staff may take "no position at this time" or a similar position on any issue without having to make the showing described above and without waiver of cross-examination.

D. Motions to Strike Prefiled Testimony and Exhibits

Motions to strike any portion of the prefiled testimony and related portions of exhibits of any witness shall be made in writing no later than the Prehearing Conference. Motions to strike any portion of prefiled testimony and related portions of exhibits at hearing shall be considered untimely, absent good cause shown.

E. Demonstrative Exhibits

If a party wishes to use a demonstrative exhibit or other demonstrative tools at hearing, such materials must be identified by the time of the Prehearing Conference.

F. Official Recognition

Parties seeking official recognition of materials pursuant to Section 120.569(2)(i), F.S., shall notify all other parties and staff in writing no later than two business days prior to the first scheduled hearing date. Such notification shall identify all materials for which the party seeks official recognition, and such materials shall be provided along with the notification.

G. Use of Depositions at Hearing

Absent agreement by all parties concerning the introduction of depositions into the record at the hearing, any party wishing to introduce all or part of a deposition at hearing for any purpose other than impeachment, must file a Notice of Intent to Use Deposition no later than the last day to conduct discovery in this docket as set forth in Section IX of this Order. The Notice shall include the following information for each deposition:

(1) Name of witness deposed;
(2) Date deposition was taken; and
(3) Page and line numbers of each deposition the party seeks to introduce, when available.

Objection(s) to the entry into the record of a deposition or portion thereof at hearing for purposes other than impeachment must be made in writing within three (3) days of filing a Notice of Intent to use Deposition for resolution by the Prehearing Officer.

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VII. Hearing Procedures

A. Attendance at Hearing

Unless excused by the Presiding Officer for good cause shown, each party (or designated representative) shall personally appear at the hearing. Failure of a party, or that party's representative, to appear shall constitute waiver of that party's issues, and that party may be dismissed from the proceeding.

Likewise, all witnesses are expected to be present at the hearing unless excused by the Presiding Officer upon the staff attorney's confirmation prior to the hearing date of the following:

(1) All parties agree that the witness will not be needed for cross examination.
(2) All Commissioners assigned to the panel do not have questions for the witness.

In the event a witness is excused in this manner, his or her testimony may be entered into the record as though read following the Commission's approval of the proposed stipulation of that witness' testimony.

B. Cross-Examination

The parties shall avoid duplicative or repetitious cross-examination. Further, friendly cross-examination will not be allowed. Cross-examination shall be limited to witnesses whose testimony is adverse to the party desiring to cross-examine. Any party conducting what appears to be a friendly cross-examination of a witness should be prepared to indicate why that witness's direct testimony is adverse to its interests.

During cross-examination, if a witness (or their counsel) responds (or objects) to a relevant question by referring the question to another party witness, the counsel who is sponsoring the current witness shall confirm the identity of the appropriate party witness who can more fully address the question.

C. Use of Confidential Information at Hearing

It is the policy of this Commission that all Commission hearings be open to the public at all times. The Commission also recognizes its obligation pursuant to Section 366.093, F.S., to protect proprietary confidential business information from disclosure outside the proceeding. Therefore, any party wishing to use at the hearing any proprietary confidential business information, as that term is defined in Section 366.093, F.S., shall adhere to the following:

(1) When confidential information is used in the hearing that has not been filed as prefiled testimony or prefiled exhibits, parties must have copies for the Commissioners, necessary staff, and the court reporter, in red envelopes clearly marked with the nature of the contents. Any party wishing to examine the

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confidential material that is not subject to an order granting confidentiality shall be provided a copy in the same fashion as provided to the Commissioners, subject to execution of any appropriate protective agreement with the owner of the material.

(2) Counsel and witnesses are cautioned to avoid verbalizing confidential information in such a way that would compromise confidentiality. Therefore, confidential information should be presented by written exhibit when reasonably possible.

At the conclusion of that portion of the hearing that involves confidential information, all copies of confidential exhibits shall be returned to the proffering party. If a confidential exhibit has been admitted into evidence, the copy provided to the court reporter shall be retained in the Office of Commission Clerk's confidential files. If such information is admitted into the evidentiary record at hearing and is not otherwise subject to a request for confidentiality filed with the Commission, the source of the information must file a request for confidential classification of the information within 21 days of the conclusion of the hearing, as set forth in Rule 25-22.006(8)(b), F.A.C., if continued confidentiality of the information is to be maintained.

VIII. Post-Hearing Procedures

If the Commission (or assigned panel) does not render a bench decision at the hearing, it may allow each party to file a post-hearing statement of issues and positions pursuant to the schedule set forth in Section IX of this Order. In such event, a summary of each position of no more than 50 words, set off with asterisks, shall be included in that statement. If a party's position has not changed since the issuance of the prehearing order, the post-hearing statement may simply restate the prehearing position. However, the position must be reduced to no more than 50 words. If a post-hearing statement is required and a party fails to file in conformance with the rule, that party shall have waived all issues and may be dismissed from the proceeding.

Pursuant to Rule 28-106.215, F.A.C., a party's proposed findings of fact and conclusions of law, if any, statement of issues and positions, and brief, shall together total no more than 40 pages and shall be filed at the same time, unless modified by the Presiding Officer.

IX. Controlling Dates

The following dates have been established to govern the key activities of this case:

(1)	Utility's testimony and exhibits	December 21, 2017
(2)	Intervenors' testimony and exhibits	January 25, 2018
(3)	Staff's testimony and exhibits, if any	February 1, 2018
(4)	Rebuttal testimony and exhibits	February 15, 2018
(5)	Prehearing Statements	March 5, 2018

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(6)	Discovery deadline	March 9, 2018
(7)	Prehearing Conference	March 12, 2018
(8)	Hearing	March 21-22, 2018
(9)	Briefs	April 4, 2018

In addition, all parties should be on notice that the Prehearing Officer may exercise the discretion to schedule additional prehearing conferences or meetings of the parties as deemed appropriate. Such meetings will be properly noticed to afford the parties an opportunity to attend.

X. Request to Consolidate Dockets

Because the issues in both proceedings are interrelated, Seminole and SHEC requested that the two proceedings be consolidated for purposes of hearing. However, because the two proceedings will proceed separately under the Florida Electrical Power Plant Siting Act, Seminole and SHEC requested that the Commission issue two separate final orders pursuant to Section 403.519, F.S.

Pursuant to Rule 28-106.211, F.A.C., the presiding officer before whom a case is pending may issue any orders necessary to effectuate discovery, to prevent delay, and to promote the just, speedy, and inexpensive determination of all aspects of the case. Upon review, it appears that Docket Nos. 20170266-EC and 20170267-EC are interrelated and that consolidation would cause no undue prejudice; therefore, the standard for consolidation set out in Rule 28-106.108, F.A.C., has been met. Therefore, Docket Nos. 20170266-EC and 20170267-EC shall be consolidated for the purposes of hearing, except that two separate final orders shall be issued.

All parties to Docket No. 20170266-EC shall also be parties to Docket No. 20170267-EC. Accordingly, all procedures established by this Order Establishing Procedure shall govern this proceeding unless modified by the Prehearing Officer or the Commission. All filings made in Docket No. 20170267-EC shall be combined into Docket No. 20170266-EC, and all future filings shall be filed in Docket No. 20170266-EC.

Based upon the foregoing, it is

ORDERED by Commissioner Gary F. Clark, as Prehearing Officer, that the request submitted by Seminole Cooperative, Inc. and Shady Hills Energy Center, LLC to consolidate Docket Nos. 20170266-EC and 20170267-EC is hereby granted, as set forth in the body of this Order. It is further

ORDERED that Docket Nos. 20170266-EC and 20170267-EC are hereby consolidated for purposes of hearing only, as set forth in the body of this Order. It is further

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ORDERED that the provisions of this Order shall govern this proceeding unless modified by the Commission.

By ORDER of Commissioner Gary F. Clark, as Prehearing Officer, this 5th day of January, 2018.

GARY F. CLARK
Commissioner and Prehearing Officer
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399
(850) 413-6770
www.floridapsc.com

Copies furnished: A copy of this document is provided to the parties of record at the time of issuance and, if applicable, interested persons.

RD

NOTICE OF FURTHER PROCEEDINGS OR JUDICIAL REVIEW

The Florida Public Service Commission is required by Section 120.569(1), Florida Statutes, to notify parties of any administrative hearing or judicial review of Commission orders that is available under Sections 120.57 or 120.68, Florida Statutes, as well as the procedures and time limits that apply. This notice should not be construed to mean all requests for an administrative hearing or judicial review will be granted or result in the relief sought.

Mediation may be available on a case-by-case basis. If mediation is conducted, it does not affect a substantially interested person's right to a hearing.

Any party adversely affected by this order, which is preliminary, procedural or intermediate in nature, may request: (1) reconsideration within 10 days pursuant to Rule 25-22.0376, Florida Administrative Code; or (2) judicial review by the Florida Supreme Court, in the case of an electric, gas or telephone utility, or the First District Court of Appeal, in the case of a water or wastewater utility. A motion for reconsideration shall be filed with the Office of Commission Clerk, in the form prescribed by Rule 25-22.0376, Florida Administrative Code. Judicial review of a preliminary, procedural or intermediate ruling or order is available if review

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of the final action will not provide an adequate remedy. Such review may be requested from the appropriate court, as described above, pursuant to Rule 9.100, Florida Rules of Appellate Procedure.

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Issue 1A: Is there a need for the proposed Seminole Combined Cycle Facility, taking into account the need for electric system reliability and integrity, as this criterion is used in Section 403.519(3), Florida Statutes?

Issue 1B: Is there a need for the proposed Shady Hills Combined Cycle Facility, taking into account the need for electric system reliability and integrity, as this criterion is used in Section 403.519(3), Florida Statutes?

Issue 2A: Are there any renewable energy sources and technologies or conservation measures taken by or reasonably available to Seminole Electric Cooperative, Inc., which might mitigate the need for the proposed Seminole Combined Cycle Facility?

Issue 2B: Are there any renewable energy sources and technologies or conservation measures taken by or reasonably available to Seminole Electric Cooperative, Inc. and Shady Hills Energy Center, LLC, which might mitigate the need for the proposed Shady Hills Combined Cycle Facility?

Issue 3A: Is there a need for the proposed Seminole Combined Cycle Facility, taking into account the need for adequate electricity at a reasonable cost, as this criterion is used in Section 403.519(3), Florida Statutes?

Issue 3B: Is there a need for the proposed Shady Hills Combined Cycle Facility, taking into account the need for adequate electricity at a reasonable cost, as this criterion is used in Section 403.519(3), Florida Statutes?

Issue 4A: Is there a need for the proposed Seminole Combined Cycle Facility, taking into account the need for fuel diversity and supply reliability, as this criterion is used in Section 403.519(3), Florida Statutes?

Issue 4B: Is there a need for the proposed Shady Hills Combined Cycle Facility, taking into account the need for fuel diversity and supply reliability, as this criterion is used in Section 403.519(3), Florida Statutes?

Issue 5A: Will the proposed Seminole Combined Cycle Facility provide the most cost-effective alternative available, as this criterion is used in Section 403.519(3), Florida Statutes?

Issue 5B: Will the proposed Shady Hills Combined Cycle Facility provide the most cost-effective alternative available, as this criterion is used in Section 403.519(3), Florida Statutes?

Issue 6A: Based on the resolution of the foregoing issues and other matters within its jurisdiction which it deems relevant, should the Commission grant Seminole Electric Cooperative, Inc.'s petition to determine the need for the proposed Seminole Combined Cycle Facility?

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Issue 6B: Based on the resolution of the foregoing issues and other matters within its jurisdiction which it deems relevant, should the Commission grant Seminole Electric Cooperative, Inc. and Shady Hills Energy Center, LLC's joint petition to determine the need for the proposed Shady Hills Combined Cycle Facility?

Issue 7A: Should Docket No. 20170266-EC be closed?

Issue 7B: Should Docket No. 20170267-EC be closed?

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UNITED STATES OF AMERICA
FEDERAL ENERGY REGULATORY COMMISSION

Midcontinent Independent System Operator, Inc.	Docket Nos. ER14-1242-006 ER14-2860-000 ER14-2862-003 (Consolidated)

ORDER ESTABLISHING RULES FOR CONDUCT OF THE HEARING

(Issued July 21, 2015)

1. These Rules for Conduct incorporate by reference all Notices to the Public issued by the Chief Administrative Law Judge.[1]

I. DISCOVERY

2. Unless otherwise agreed by the participants and the Presiding Judge, the participants shall abide by the Discovery Time Standards posted at http://www.ferc.gov/legal/admin-lit/time-dis.asp.

3. Discovery requests, discovery responses, and any objections to discovery requests shall not be provided to the Presiding Judge.

4. Parties must make **serious** good-faith efforts to resolve discovery disputes prior to filing a motion to compel. Those efforts must be delineated in any discovery motion and answer thereto.

5. Parties are strongly discouraged from introducing discovery responses, including deposition transcripts, in lieu of cross-examination.

6. Objections to discovery requests must be made within five (5) business days of the date of service of the discovery request.

7. Non-disclosure certificates shall not be provided to the Presiding Judge.

[1] Notices to the Public are available at http://www.ferc.gov/legal/admin-lit.asp. On December 12, 2014, the Chief Judge issued a Notice to the Public detailing procedures for handling exhibits and developing an electronic hearing record. The procedures and rules detailed in that Notice are adopted in this proceeding.

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II. MOTIONS TO COMPEL

8. If a party determines negotiations regarding production of a document or other discovery are no longer fruitful, the withholding party shall promptly notify requesting party. Notification of withholding party's final decision not to produce the requested information shall be in writing. The time for filing a motion to compel under the Discovery Time Standards will begin to run only upon such written service.

9. A motion to compel shall attach the pertinent parts of the discovery request and objections. If a dispute is still unresolved by further negotiations after a motion to compel is filed, an answer to such motion shall be due. The answer and any oral argument shall be set in accordance with the Discovery Time Standards.

III. HANDLING OF EXHIBITS AND PRE-FILED TESTIMONY

10. All exhibits must have an alpha-numeric designation, indicating by no more than three (3) letters, the sponsor and the sequential number of that party's exhibits. All exhibits shall be marked with a permanent and party-specific designation (*e.g.*, "S-1" for Staff Exhibit #1). **Temporary exhibit numbers (referencing sponsoring witnesses' initials, *etc*.) shall <u>not</u> be used**. The parties shall not "reserve" numbers, but instead shall assign all numbers in consecutive sequence. Intervenors should not identify their exhibits with the letter "I" since the proceeding may involve multiple intervenors. All pre-filed exhibits will conform to this numbering methodology.

11. The **pre-filed testimony** of each witness shall be marked as a separate exhibit and shall be prefaced with a summary of the main points and supporting exhibits. The summary will generally not become part of the evidentiary record. The offering party may, however, have it included with the evidentiary record by a statement to that effect. The correspondingly filed electronic versions of all documents must be searchable. *See* ¶ 64, *infra*.

12. Participants must pre-file testimony in electronic format through FERC's e-Filing system. Participants must include in their submission all supporting exhibits for the witness's pre-filed testimony. Additionally, one (1) hard courtesy copy of the pre-filed testimony, cross-examination exhibits, and other exhibits shall be provided. The courtesy copy must be individually tabbed on the right side and three-hole punched. The number of each exhibit must be marked on its tab. The pre-filed exhibits are to be submitted in three-ring binders that must be *horizontally* labeled on the spine and cover.[2] Labels must identify which exhibit numbers are contained within the binder.

[2] *I.e.*, the wording should appear horizontally when the binder stands upright.

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13. Participants will provide the court reporter one (1) copy of pre-filed testimony in DVD or CD format at the beginning of the hearing. Cross-examination and other hearing exhibits must be emailed to the court reporter at the following address: info@acefederal.com. The court reporter will also have access to the Shared folder (discussed below in ¶ 25).

14. If minor corrections to pre-filed testimony must be made, the participants are encouraged to make such corrections at the hearing using an *errata* sheet. That sheet should also be e-filed. If an ***erratum*** to an exhibit is required, it must be filed as a new exhibit with a new exhibit number. If it is absolutely necessary to substitute pages for an entire exhibit already marked or admitted during the hearing, the following shall apply. The moving party must obtain the originally marked or admitted exhibit from the court reporter and replace it with the substitute exhibit. This will require prior recording of the moving party's intent to substitute the exhibit and the reason for the substitution. It will also require agreement by all parties for the substitution and approval from the Presiding Judge on the record. *Errata* must indicate all changes in red-line format. The party proffering the *errata* is responsible to see this procedure is followed.

15. **Procedures where substantial changes have been made since the time testimony was originally pre-filed**. All parties sponsoring such exhibits must provide the Presiding Judge and his clerk with copies of their final set of exhibits in loose-leaf form. Those copies shall be serially numbered, individually paginated, three-hole punched, and submitted in three-ring binders at least **two (2) weeks** prior to hearing's commencement. Additional copies need not be provided at the hearing, other than the e-copy required for the court reporter.

16. **At least one (1) week prior** to hearing commencement, parties sponsoring exhibits **must submit an *initial* index of all exhibits** to be offered through their own witnesses. They shall also provide copies to the other parties. The index should include seven columns. The first three columns should be filled in: (1) the exhibit number; (2) a brief description of the exhibit; and (3) the sponsoring party. The remaining four columns should be labelled as follows: (4) "Admitted, Rejected, or Withdrawn (& Transcript Page Reference)." (5) "Date Identified." (6) "Date Admitted or Rejected." and (7) "Privileged, Protected, CEII, or None." See *Appendix A* attached as an example. It is the responsibility of the parties to keep their exhibit lists current and accurate.

17. To ensure every exhibit will be identified in the transcript **index**, the identification must contain an appropriate **title for the document.** This may be accomplished either through an identification statement by sponsoring counsel or by the Presiding Judge's own identifying statement.

18. Under no circumstances will an exhibit be moved into evidence that is marked as follows: **"protected," "privileged," "Critical Energy Infrastructure Information (CEII),"** or any other restrictively-designated material, unless the exhibit is so designated

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on the record. [3] Once an exhibit is identified on the record as "protected," "privileged," "CEII," *etc.*, it must be approved by the Presiding Judge and admitted or rejected as such. *Caveat*: I am of the opinion that any party wishing to proffer "protected," "privileged," "CEII," or any other restrictively-designated material has an **EXTREMELY HEAVY BURDEN.** Such burden extends not only to proving relevance and materiality, but showing an item is actually privileged or confidential, *etc*. (*See e.g.*, 18 C.F.R. § 388.112 and Commission Order No. 630.) Instead, I suggest preparing a redacted version that makes your point without including restricted matter.

19. If restrictively-designated material must be admitted, every such exhibit shall indicate the restriction on the cover page and at the top of each individual page of the exhibit. Each instance of restrictively-designated material must be noted by surrounding the protected language with a red box. Furthermore, the following designations in upper-case, boldface type must occur before and after the restricted information. "**START OF PROTECTED MATERIAL"** and **"END OF PROTECTED MATERIAL."**

20. Exhibits containing "protected" or other restrictively-designated material shall also have a public, redacted version admitted that must be clearly marked as "*PUBLIC*." Some exhibits might be "protected" in their entirety, precluding production of a public, redacted version. In these instances, a sheet of paper indicating such must be admitted in place of a public version.

21. The following applies to the *PUBLIC* version of an exhibit previously marked as "protected," "privileged," "CEII," *etc.* in whole or in part. In such cases, every page of the exhibit that is so marked shall be stamped by the submitting party as "*PRIVILEGE LIFTED*."

22. For exhibits that have not been filed prior to the hearing, counsel shall **provide an empty three-ring binder** to the Presiding Judge. This will facilitate exhibits used by that party during the course of cross examination to be placed in the binder. The binder should include pre-numbered tabs sufficient to separate all exhibits. Each binder must be labeled *horizontally* on its cover and spine with the Party's name and docket number of the case. The label shall also identify the nature of the contents of the binder, *e.g.*, "Cross-Examination Exhibits of Party X -Volume 1 of 1." All cross-examination exhibits shall be three-hole punched. At the conclusion of the examination of a witness, counsel shall provide a three-hole punched table of all exhibits used in the examination of each witness.

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[3] The Commission's long-standing practice has been to refer to confidential materials, including confidential business trade secrets, as privileged. The Commission's use of the term privileged for these materials does not detract from a filing party's ability to assert a common law evidentiary privilege. See Filing of Privileged Materials and Answers to Motions, Order No. 769, FERC Stats. & Regs. ¶ 31,337, at 31,747 (2012).

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23. If an exhibit contains copyrighted material, the party sponsoring the exhibit is responsible for obtaining advanced permission of the copyright owner. If the copyright owner is a participant in this action, such permission shall be deemed granted. Permission shall include the right to use and reproduce that material in this proceeding. It shall also include permission to reproduce the material in all publications arising from this proceeding. These publications include the initial decision of the Presiding Judge and Orders of the Commission. In the event that such permission is restricted, the exhibit will include a legend at the bottom of the first page. The legend shall identify the copyright date, the copyright owner, and the nature of the restriction. In the absence of such legend, it is assumed that any use of such material in this proceeding is a "fair use." Such fair use shall be in accordance with 17 U.S.C. § 107 (2012) or permitted under an agreement the participant obtained with the copyright owner.

24. Participants will use a Commission-approved network for exhibits at the hearing. The network permits participants to upload exhibits during the hearing. It is separate from the Commission's network.

25. Participants will place the exhibits they plan to introduce into the record in their participant-specific folder on the network before the hearing. Once an exhibit is identified on the record, the identifying participant will "drag and drop" a copy of the exhibit from the participant's folder to the Shared folder. Participants will see only their respective, participant folder and the Shared folder. The Judge can see all folders.

26. Participants may project exhibits onto a screen during the hearing. Even so, privileged or other restricted versions of exhibits shall only be projected when the hearing is in closed session. Participants wishing to project such images must request the closed session.

27. When the Presiding Judge is to rule on **late-filed exhibits** presented after the hearing is concluded, the following procedures are to be followed. The proffering participants will provide one (1) hard copy to the judge. The copy for the court reporter will be filed electronically.

28. **Provide Clarity** in Pre-Filed Testimony and Other Documents.

(a) **Acronyms**. Generally, you should avoid acronyms. Where you must use acronyms, include an **appendix** of acronyms or other abbreviations at the back of *each* document. In the body of a document, list out the phrase that forms the basis of every acronym when you first use it. If you (the witness or attorney) use a term only a few times in a document, spell it out each time and omit the acronym.

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(b) **Short sentences and paragraphs.** *Sentences* must be restricted to *around 20 words*. *Paragraphs* must be limited to no more than *8 sentences*, ideally ranging between 3 and 8 sentences.

(c) **Be concise.** Your sentences should contain only one idea. Paragraphs should contain only one topic. Avoid double negatives. Avoid redundancy.

Anyone having difficulty following these guidelines should review my suggestions for persuasive-legal writing starting at page 7 of the following link: http://www.eba-net.org/sites/default/files/Summer%202014%20Newsletter_0.pdf.

IV. MOTIONS TO STRIKE

29. Parties must file any Motion to Strike pre-filed testimony and exhibits no later than ten (10) business days prior to submission of responsive testimony. For rebuttal testimony, Motions to Strike must occur no later than ten (10) business days prior to the start of the hearing.

V. EXAMINATION OF WITNESSES

30. No later than one (1) week prior to hearing commencement, participants shall provide the Presiding Judge with a Joint Witness List. That list will indicate the anticipated order witnesses will be called to testify.

31. Except in extraordinary circumstances, no telephone appearances regarding any matter to be captured or reflected in the record of the hearing will be permitted. Circumstances will be deemed “extraordinary” only with the prior approval of the Presiding Judge.

32. Examination shall be strictly limited to the scope of prior relevant testimony. Direct testimony includes any rebuttal testimony by the witness.

33. Redirect examination shall be strictly limited to matters brought out on cross-examination.

34. Succeeding cross-examiners will not engage in repetitive cross-examination. Thus, counsel who intend to cross-examine a witness **must** be present in the hearing room during the entire preceding cross-examination of that witness.

35. Friendly cross-examination may be permitted in those instances where the Presiding Judge would find it useful in fully developing the evidence.

36. Counsel will be permitted to further examine a witness, within the scope of questions asked of that witness by the Presiding Judge.

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37. Cross-examination shall not be used as a substitute for discovery. Questions during cross-examination used to educate a party about the substance of another party's pre-filed testimony are prohibited. Also prohibited are any other questions posed to elicit information that could have been obtained in discovery.

38. Requests for clarification of a question may only come from the witness or the Presiding Judge.

39. Regarding exhibits a party seeks to introduce during cross-examination, counsel must establish proper foundation with the witness before it will be admitted into the record.

VI. BRIEFS AND JOINT STATEMENTS

40. No later than **two (2) weeks** prior to the date scheduled for hearing, the participants shall provide the Presiding Judge with a **Joint Statement of Issues**. The Joint Statement of Issues shall include a **synopsis of each participant's position** as to each individual issue. The issues to be tried are limited to those included in the Joint Statement and any amendments thereto permitted by the Presiding Judge. At this time the participants shall also submit a **Joint Statement of Stipulated Facts.** Furthermore, they shall submit a **Joint Statement of Contested Facts (with Explanations)**, if necessary. Every issue or fact in each of the respective Joint Statements shall be numbered *seriatim* (*e.g.*, 1, 2, 3, *etc.*). For example, Joint Statement of Issues (JSI) 1 through 3; Joint Statement of Facts (JSF) 1 through 23, *etc.*

41. Also, no later than **two (2) weeks** prior to the date scheduled for hearing, each party will submit a **pre-hearing brief**. Pre-hearing briefs shall be a maximum of twenty (20) pages. **All** briefs should address each issue listed in the Joint Statement of Issues, unless otherwise noted by a specific statement to that effect. All issues should be appropriately numbered and titled, and addressed in sequential order, thereby allowing for comparison of the issues. *I.e.*, briefing issues must mirror each of the stipulated issues. See also, guidelines for clarity in ¶ 28, *supra*.

42. Briefs will be filed in *Microsoft® Word* format on the due date (*see* ¶ 64) and use *Times New Roman* 13-point font. Participants should submit hyperlink-formatted briefs that include hyperlinks to exhibits, transcripts, and cases. Participants who submit hyperlinked briefs must do so within the two (2) weeks after reply briefs are due. Both the initial and the reply briefs can be included in one CD containing the hyperlinked briefs. Briefs may be served on other participants through e-Filing. In addition, a single-sided hard copy of each brief shall be provided to the Presiding Judge in accordance with ¶ 64, *infra*.

43. Footnotes and citations must be accurate and relevant and must support the proposition for which they are asserted. References to evidence must not be overly broad,

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such as: *Direct Testimony of X at pages 27 through 39*. Instead, provide exact page and line number(s) to support each point. References to evidence in **post-hearing briefs** must include exhibit number, page, line(s) or section(s), ***and*** descriptions. For instance, if referring to *Exh. S-5 at 2(g)*, also include the description; *e.g., X's Response to Y's Data Request #Y-X 4-19 of Oct. 12, 20--*.

VII. CONDUCT AT THE HEARING

44. Persons attending the hearing are free to come and go as they wish, provided the hearing is not disturbed.

45. No reading of extraneous material will be permitted.

46. Cell phones and other mobile devices must be turned off or set to silent notification. Persons answering cell-phone calls must do so outside of the hearing room. In some instances, mobile devices may interfere with the audio system in the hearing room. If this occurs, attendees will be asked to turn them off completely.

47. Guest wireless-internet access in the Commission's hearing rooms is available upon request for proceeding participants. Requests must be made at least two weeks before the proceeding and should be directed to the Presiding Judge's law clerk via email. The request must identify the duration of the requested access and include the requester's: (1) name, (2) affiliation, (3) phone number, and (4) email address. Upon approval, the requester will receive an email including the necessary password information.

48. The following should also occur through contact with my law clerk, at least two (2) weeks before hearing. Participants must provide MAC addressees for the two (2) laptops they plan to use during the hearing to access the network and their electronic exhibits. Only one (1) laptop will be required to upload exhibits, but the addresses for two (2) are needed in the event there are technical difficulties.

49. Participants will be required to read, sign, and submit an Interconnection Service Agreement two (2) weeks prior to the start of the hearing dependent upon the data transmission method request for use of electronic exhibits during the hearing. The Interconnection Service Agreement is necessary to allow participants access to the network during the hearing for cybersecurity purposes. Contact my legal assistant for details.

50. Participants should be prepared, in the event the technology fails, to continue the hearing without interruptions.

51. Food and drinks, other than water, are not permitted in the hearing room.

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52. No cross conversation between opposing counsel will be permitted. Rather, if counsel has anything to say to opposing counsel, such statement **must** be made through the Presiding Judge. Quiet consultation between co-counsel and assistants or their witnesses is allowed.

53. When a witness is sworn, everyone else in the hearing room must be seated and quiet.

54. Argument or objection may only be made by counsel prior to a ruling. Once a ruling is made, no further discussion of the matter will be permitted.

55. Requests for special accommodations, if necessary, should be made in advance of the hearing, when practically possible.

VIII. WAIVER

56. The hearing will be conducted in conformance with these rules. In the rare instance where inflexible adherence to the rules will result in an injustice, counsel may petition the Presiding Judge for relief. Alternatively, the Presiding Judge may grant relief *sua sponte*.

57. It is counsel's responsibility to make the Presiding Judge aware of infractions by making a timely objection. Failure to make a timely objection could result in waiver of the rule.

IX. FILING OF THE OFFICIAL RECORD

58. Within seven (7) days of the end of the hearing, participants will file (via e-Filing) a **Joint Exhibit List** in the format provided in *Appendix A*. The Joint Exhibit List will include the following for each exhibit. (1) The exhibit number. (2) A brief description of the exhibit. (3) The sponsoring party. (4) Its status (admitted, rejected, or withdrawn, and containing transcript page references). (5) The date the exhibit was marked for identification. (6) The date admitted or rejected and (7) its protected, privileged, CEII, or no designation classification. The Joint Exhibit List will also include the docket number and case name in the header of the document.

59. If an exhibit is **partially rejected**, the pages, or portions that were admitted must be specified in the Joint Exhibit List for that exhibit.

60. The following is to occur within seven (7) days of the end of the hearing. Each sponsoring party will file (via e-Filing) the “Official Copies” of each exhibit that was

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offered into evidence and admitted or rejected.[4] Withdrawn exhibits, however, shall not be e-Filed. Exhibits will not be altered in any way after they are admitted, without leave of the Presiding Judge. Any admitted or rejected exhibit e-Filed at this time must include the marking "**Official Copy**" on the first page. Filers will also add the text "**Official Copy**" in the description of the document in the e-Filing interface to distinguish between the pre-filed and official copies. Exhibits should be filed in searchable format.

61. Parties will provide one (1) courtesy copy of the official exhibits and the Joint Exhibit List to the Presiding Judge on a digital media in searchable format. Privileged, Protected or similarly-restricted exhibits will be provided on a medium that is separate from the non-protected exhibits and marked accordingly. The exhibit list should contain hyperlinks to the referenced exhibit.

X. SUBMISSION OF DOCUMENTS

62. One (1) hard courtesy copy of any document filed with the Commission Secretary pursuant to 18 C.F.R. §§ 385.2001–385.2012 in this proceeding should be provided to Judge Haubner. The courtesy copy should be sent to the Presiding Judge via overnight mail delivery on the same day the document is filed with the Commission Secretary. Please note: **Courier deliveries are prohibited.**

63. Exhibits filed in native format electronically must be provided on CD. The disc must be marked with the docket number and exhibit numbers and two (2) copies of each disc containing the exhibits will be provided to both the court reporter and the Presiding Judge. Multiple exhibits may be admitted on one disk.

64. Copies of all motions, briefs, and other documents (excluding testimony and exhibits) must also be provided directly to the Presiding Judge electronically at Michael.Haubner@ferc.gov and must be searchable. Any protected materials transmitted electronically must be encrypted. The text of such motions, briefs, and other documents must be provided in *Microsoft® Word* format**.** Exhibits or other attachments may be provided in PDF or *Microsoft® Excel* format, as appropriate. **Submission** of documents **by 3:00 p.m.** on the due date is highly encouraged.

[4] By filing the "Official Copies," participants are certifying to the best of their knowledge that those are exact copies of corresponding exhibits as offered into evidence and admitted.

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65. Please contact my law clerk, Veronica Bradley, at 202-502-8107 or Veronica.Kennedy@ferc.gov , with any questions. Additionally, my legal assistant, Ms. Jazmin Thompson, may be reached at 202-502-6215 or via email at Jazmin.Thompson@ferc.gov .

SO ORDERED.

Michael J. Haubner
Presiding Administrative Law Judge

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Appendix A: Sample Joint Exhibit List

CASE NAME _____, Docket No. _____

Exhibit No.	Description	Sponsoring Party	Admitted, Rejected, or Withdrawn (Page #s)	Date Identified	Date Admitted or Rejected	Privileged, CEII, or None

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BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

DOCKET NO. 2017_____-EC

IN RE: PETITION OF SEMINOLE ELECTRIC COOPERATIVE, INC., FOR DETERMINATION OF NEED FOR SEMINOLE COMBINED CYCLE FACILITY

DIRECT TESTIMONY & EXHIBITS OF:

ALAN S. TAYLOR

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BEFORE THE PUBLIC SERVICE COMMISSION

SEMINOLE ELECTRIC COOPERATIVE, INC.

DIRECT TESTIMONY OF ALAN S. TAYLOR

DOCKET NO. _____

DECEMBER 21, 2017

I. INTRODUCTION AND QUALIFICATIONS.

Q. Please state your name and business address.

A. My name is Alan Taylor. My business address is 821 15th Street, Boulder, Colorado 80302.

Q. By whom are you employed and in what capacity?

A. I am President of Sedway Consulting, Inc. ("Sedway Consulting").

Q. Please describe your duties and responsibilities in that position.

A. I perform consulting engagements in which I assist utilities, regulators, and customers with the challenges that they may face in today's dynamic electricity marketplace. My area of specialization is in the provision of independent evaluation services in power supply solicitations and in the associated economic and financial analysis of power supply options.

Q. Please describe your education and professional experience.

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A. I earned a Bachelor of Science Degree in energy engineering from the Massachusetts Institute of Technology and a Masters of Business Administration from the Haas School of Business at the University of California, Berkeley, where I specialized in finance.

I have worked in the utility planning and power procurement consulting area for 30 years, predominantly specializing in integrated resource planning, competitive bidding analysis, utility industry restructuring, market price forecasting, and asset valuation. I have testified before state commissions in proceedings involving resource solicitations, environmental surcharges, and fuel adjustment clauses.

I began my career at Baltimore Gas & Electric Company (BG&E), where I performed efficiency and environmental compliance testing on the utility system's power plants. I subsequently worked for five years as a senior consultant at Energy Management Associates ("EMA", a firm that was later acquired by ABB), training and assisting over two dozen utilities in their use of EMA's operational and strategic planning models, PROMOD III and PROSCREEN II. During my graduate studies, I was employed by Pacific Gas & Electric Company ("PG&E"), where I analyzed the utility's proposed demand side management ("DSM") incentive ratemaking mechanism, and by Lawrence Berkeley Laboratory ("LBL"), where I evaluated utility regulatory policies surrounding the development of brownfield generation sites.

Subsequently, I worked at PHB Hagler Bailly (and its predecessor firms) for

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ten years, serving as a vice president in the firm's Global Economic Business Services practice and as a senior member of the Wholesale Energy Markets practice of PA Consulting Group, when that firm acquired PHB Hagler Bailly in 2000. In 2001, I founded Sedway Consulting, Inc. and have continued to specialize in economic analyses associated with electricity wholesale markets. Since the founding of Sedway Consulting, I have provided independent evaluation services in over four dozen electric utility conventional and renewable resource solicitations, several of them in Florida where I have testified before the Florida Public Service Commission ("FPSC") on a number of occasions.

II. PURPOSE AND SUMMARY OF TESTIMONY

Q. What is the purpose of your testimony?

A. Sedway Consulting was retained by Seminole Electric Cooperative, Inc. ("Seminole" or the "Company") to provide independent monitoring and evaluation services in the utility's 2016 solicitations for competitive power supplies to meet the Company's 2021 (and beyond) capacity needs. Sedway Consulting oversaw both the self-build and market alternative solicitation efforts. In the first instance, Sedway Consulting was involved with the monitoring and evaluation of proposals for power island equipment ("PIE"), long-term service agreements ("LTSA"), and engineering, procurement, and construction ("EPC") services that might be selected – if cost-competitive – in developing a resource that Seminole would own and operate. In the second instance, Sedway Consulting monitored Seminole's solicitation of market alternatives (i.e., resources that would be owned and operated by others, with

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capacity and energy being sold to Seminole under power purchase agreements ["PPAs"]). As the principal consultant on the project, I reviewed Seminole's solicitation processes, performed a parallel and independent economic evaluation of both sets of proposals – those PIE, LTSA, and EPC proposals associated with the self-build solicitation and those PPA proposals submitted in response to the utility's market alternative solicitation. Ultimately, I concluded that Seminole's best option for meeting its long-term capacity needs was a combination of resources from both solicitations:

1. a self-build new natural-gas-fired 1,122 MW (winter capacity) combined-cycle ("CC") facility at Seminole's existing Seminole Generating Station ("SGS") site with an expected in-service date of December 1, 2022 – hereafter referred to as the Seminole CC facility ("SCCF"),
2. a 30-year PPA for power supplies from a new natural-gas-fired 573 MW (winter capacity) CC facility to be developed, owned, and operated by Shady Hills Energy Center, LLC (a subsidiary of GE Energy Financial Services, Inc.) at a site in Spring Hill, Florida with an expected in-service date of December 1, 2021 – hereafter referred to as the Shady Hills CC facility ("SHCCF"),
3. a 15-year PPA for power supplies from two existing natural-gas-fired peaking combustion turbines ("CT") for 346 MW of winter capacity owned by Shady Hills Power Company LLC at essentially the same site where the new 573 MW CC facility will be developed, with a delivery start date of June 1, 2024,
4. a 20-year PPA for power supplies from a new solar photovoltaic ("PV") 40 MW (nameplate) facility to be developed, owned, and operated by Tillman

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Solar Center LLC (a subsidiary of Coronal Energy) in High Springs, Florida with an expected in-service date of June 1, 2021,

5. a 15-year PPA for a firm system sale from existing peaking and intermediate resources of Duke Energy Florida ("DEF") for up to 450 MW each year through 2030 and up to 300 MW each year thereafter, with a delivery start date of January 1, 2021,
6. a 5-year PPA for a firm system sale from existing resources of Southern Company Services, Inc. ("SCS") for up to 350 MW each year through May 31, 2024 and up to 100 MW for each year thereafter, with a delivery start date of June 1, 2021,
7. an amendment to an existing PPA with Oleander Power Project Limited Partnership (a subsidiary of Southern Power Company) to extend deliveries of peaking capacity through the end of 2021, and
8. a decision to remove from service one of the two existing coal-fired units at Seminole's Seminole Generating Station facility (with a reduction in winter capacity of 664 MW) at the end of 2022.

Only the first two resources in the above list (SCCF and SHCCF) require FPSC approval and are the primary focus of my Determination of Need testimony. However, the complete portfolio is provided and discussed in my testimony as the entire package of resources, agreements, and decisions were components of the least-cost portfolio and therefore provide necessary context for the selection of the two resources that require approval.

The purpose of my testimony is to describe my role as an independent

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monitor/evaluator and present my findings. I will discuss the process and tools that I used to conduct Sedway Consulting's independent economic evaluation. Based on the results of my independent evaluation, I concluded that Seminole's new self-build SCCF and the new SHCCF behind the 30-year Shady Hills Energy Center PPA are essential components of the least-cost portfolio in meeting Seminole's long-term capacity needs.

Q. Are you sponsoring any exhibits in this case?

A. Yes. I am sponsoring Exhibit No. __ (AST-1) consisting of two documents, which are attached to my direct testimony:

Document No. 1	Resume of Alan S. Taylor
Document No. 2	Sedway Consulting's Independent Evaluation Report

III. INDEPENDENT MONITOR/EVALUATOR ACTIVITIES.

Q. Please describe the role you performed as an independent monitor/evaluator in Seminole's 2021 RFPs.

A. As the independent monitor/evaluator in Seminole's 2021 RFPs, I reviewed Seminole's RFPs and associated materials and discussed with the utility the modeling tools and processes that it intended to use in its evaluation of proposals. I attended the bid opening processes in Tampa for both the self-build PIE/LTSA and EPC RFPs and was directly copied on the email submissions of proposals by bidders in the market alternative/PPA RFP. Throughout the process, I monitored all email exchanges and virtually all conference calls between Seminole and the bidders (for all three RFPs:

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PIE/LTSA, EPC, and market alternatives). Before receiving the market alternative proposals, I requested that Seminole run its detailed production cost model, ABB's Planning and Risk ("PaR") model, and provide production cost results that I could use to calibrate Sedway Consulting's resource evaluation model. I received emailed electronic copies of all market alternative proposals directly from the bidders on or about the Proposal Due Date (May 9, 2016) and evaluated the economic, operational, and pricing information from each proposal. Seminole conferred with me on a number of issues relating to proposal RFP-noncompliance decisions, interpretation of proposal information, clarification requests, and economic evaluation assumptions. Regarding RFP-noncompliance decisions, there were some proposals that did not meet all of the RFP's threshold requirements and were thus disqualified. I concurred with these disqualification decisions. In addition, Seminole provided estimates of self-build project costs and characteristics after the initial PIE/LTSA proposals (which were received on April 18, 2016) were evaluated. These estimates were updated periodically as the selection of the PIE/LTSA counterparty and contract were finalized/negotiated and as the EPC RFP was conducted (with initial proposals received on November 30, 2016, best-and-final-offers on June 22, 2017, and the negotiation of a final EPC contract through the summer and fall of 2017). As the evaluation progressed, Seminole and I discussed appropriate courses of action and modeling assumptions. Using Sedway Consulting's Response Surface Model ("RSM") and Revenue Requirements Model ("RRM"), I evaluated Seminole's evolving self-build resource and all qualified market alternative proposals and assessed their overall costs and benefits. I compared Sedway Consulting's ranking and results with those of

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Seminole to confirm consistency of assumptions and concurrence of conclusions. In addition, I was copied on all email communications between Seminole and the bidders in all three solicitations, monitored virtually all negotiation calls with shortlisted bidders to ensure consistent communication and fair treatment, and participated in Seminole internal discussions regarding qualitative issues and risk factors associated with specific proposals or portfolio combinations of proposals. I made presentations to Seminole's executive team and Board of Trustees regarding Sedway Consulting's independent evaluation process and conclusions, and I documented the evaluation process and results in an independent evaluation report that is attached to my testimony as Exhibit No. __ (AST-1), Document No. 2.

Q. Were you were involved in the development of the RFPs?

A. No. Sedway Consulting was retained after the RFPs had been released. However, I reviewed the RFP documents, suggested some minor process revisions (which were adopted by Seminole and communicated to the bidding community), and concluded that the RFPs were reasonable documents for soliciting proposals.

Q. Do you believe that Seminole's evaluation process was conducted fairly?

A. Yes. The market alternative proposals and Seminole's self-build resource were evaluated on an equal footing, with consistent assumptions applied to all resource options.

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IV. DESCRIPTION OF SEDWAY CONSULTING MODELS.

Q. Please describe Sedway Consulting's RSM model and its use in Seminole's resource solicitation.

A. The RSM was the primary model used in Sedway Consulting's independent evaluation of Seminole's resource options and transactions. It is a spreadsheet model that I have used in dozens of solicitations around the country. It is a relatively straightforward tool that allows one to independently assess the cost impacts of different generating or purchase resources for a utility's supply portfolio. Most of the evaluation analytics in the RSM involve calculations that are based entirely on my input of proposal costs and characteristics. A small part of the model examines system production cost impacts and needs to be calibrated to simulate a specific utility's system. In the case of the Seminole market alternatives solicitation, in the weeks prior to the proposal opening, I requested that Seminole execute specific sets of runs with its detailed production cost model. With the results of these runs, I was able to calibrate the RSM to approximate the production cost results that Seminole's PaR detailed production cost model would produce in a subsequent evaluation of any proposals or self-build options that Seminole might receive. Thus, I would not have to rely on Seminole's modeling of a proposal or self-build option; instead, I would be able to insert my own inputs into Sedway Consulting's own model and independently evaluate the economic impact of any particular resource. In short, the RSM provides an independent assessment to help ensure against the inadvertent introduction of significant mistakes that could cause the evaluation team to reach the wrong conclusions.

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Q. How is the RSM an independent analytical tool if it is based on initial PaR results?

A. As I noted above, most of the calculations performed by the RSM are not based on PaR results in any way. There are two main categories of costs that are evaluated in a resource solicitation: fixed costs and variable costs. The costs in the first category – the fixed costs of a proposal – are calculated entirely separately in the RSM, with no reliance on the PaR model for these calculations. The second category – variable costs – has two parts: (1) the calculation of a resource's variable dispatch rates and, (2) the impact that a resource with such variable rates is likely to have on Seminole's total system production costs. As with the fixed costs, a proposal's variable dispatch rates are calculated entirely separately in the RSM, with no basis or reliance on the PaR model. It is only in the final subcategory – the impact that a resource is likely to have on system production costs – that the RSM has any reliance on calibrated results from PaR.

Q. Please elaborate on that area of calculations where the RSM is affected by the PaR calibration runs.

A. This is the area of system production costs. These costs represent the total fuel, variable operation and maintenance ("O&M"), emission, and purchased power energy costs that Seminole incurs in serving its members' loads. Given Seminole's load forecast, the existing Seminole supply portfolio (i.e., all current generating facilities and purchase power contracts), and many specific assumptions about future resources and fuel costs, PaR simulates the dispatch of Seminole's system and forecasts total production costs for each month of

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each year of the study period. At the outset of the solicitation project, the RSM was populated with monthly system production cost results that were created by the PaR calibration runs.

Q. What did the RSM do with this production cost information?

A. Once incorporated into the RSM, the production cost information allowed the RSM to answer the question: How much money (in monthly total production costs) is Seminole likely to save if it acquires a proposed resource, relative to a reference resource? The use of a reference resource simply allowed a consistent point of comparison for evaluating all proposals and Seminole's self-build options. As a reference resource, I used a hypothetical gas-fired resource with a very high variable dispatch rate associated with a heat rate of 13,000 Btu/kWh. In fact, I could have picked any variable dispatch or heat rate for the reference resource and obtained the same relative ranking of proposals out of the RSM. The cost of the reference resource has no impact on the relative results – it is merely a consistent reference point.

Q. Can you provide a numerical example that shows how the RSM works?

A. Certainly. Assume that a utility has a one-year resource need of 500 MW and must select one of the two following proposals:

	Proposal A	**Proposal B**
Capacity:	500 MW	500 MW
Capacity Price:	$9.00/kW-month	$5.50/kW-month
Energy Price:	$30/MWh	$40/MWh

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For both proposals, the RSM has already calculated the fixed costs (and represented them in the capacity price) and the variable costs (and represented them in the energy price). Proposal A is more expensive in terms of fixed costs, but Proposal B is more expensive on an energy cost basis. The RSM calculates the final piece of the economic analysis – the different impacts on system production costs – to determine which proposal is less expensive in a total sense for the utility system as a whole.

Assume that the 13,000 Btu/kWh reference unit has a variable cost of $50/MWh and that the RSM has been calibrated and populated with the following production cost information:

For a 500 MW proxy resource, the utility's one-year total system production costs are:

$900 million for a $50/MWh energy price reference resource
$894 million for a $40/MWh energy price resource (Proposal B)
$876 million for a $30/MWh energy price resource (Proposal A)

Thus, the energy savings (relative to the selection of a $50/MWh reference resource) are $24 million for Proposal A with its $30/MWh energy price and $6 million for Proposal B with its $40/MWh energy price. In its proposal ranking process, the RSM converts all production cost savings into a $/kW-month equivalent value so that the savings can be deducted from the capacity

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price to yield a final net cost (in $/kW-month) for each proposal. Converting the energy savings in this numerical example into $/kW-month equivalent values yields the following:

$24 million / (500 MW * 12 months) = $4.00/kW-month

$6 million / (500 MW * 12 months) = $1.00/kW-month

The RSM calculates the net cost of both proposals by subtracting the energy cost savings from the fixed costs:

	Proposal A	**Proposal B**
Capacity Price:	$9.00/kW-month	$5.50/kW-month
Energy Cost Savings:	$4.00/kW-month	$1.00/kW-month
Net Cost:	$5.00/kW-month	$4.50/kW-month

Proposal B is less expensive. This can be confirmed through a total cost analysis as well:

Proposal A will require total capacity payments of $54 million (= 500 MW x $9.00/kW-month x 12 months), and Proposal B will require $33 million (= 500 MW x $5.50/kW-month x 12 months). Thus, Proposal A has fixed costs that are $21 million more than Proposal B.

Proposal A will provide $18 million more in energy cost savings (= $24 million - $6 million); however, this is not enough to warrant paying $21 million more in fixed costs. Therefore, Proposal B is the less expensive

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alternative.

Note that the RSM is described in more detail in the independent evaluation report that is attached to my testimony as Document No. 2 of my Exhibit No. ___(AST-1).

Q. With that understanding of the RSM process, what did you do to calibrate the RSM to PaR?

A. I reviewed the production cost information that Seminole provided at the start of the project and confirmed that the production costs were, for the most part, exhibiting smooth, correct trends (i.e., they were increasing where they should be increasing and declining where they should be declining). Having verified that the RSM production cost values were "smooth," I was confident that inputting variable cost parameters into the models for similar proposals would yield similar production cost results. Although the RSM is not a detailed model and could not simulate Seminole's production costs with PaR's accuracy, in the end (after accounting for future portfolio composition and future unit revenue requirement methodology differences), the independent RSM evaluation results tracked PaR's results reasonably well.

Q. Once the RSM was calibrated, what was the next step?

A. I was ready to receive and evaluate proposals. Market alternative bidders had been instructed to cc me on the email submissions of their proposals that they were sending to Seminole, and indeed all participants in the RFP did. I read each proposal and participated in discussions with Seminole about interpreting

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the proposals, identifying areas requiring clarification, and assessing each proposal's compliance with the RFP's Minimum Requirements. Seminole communicated with proposers to seek clarification and corrections to uncertain areas of the proposals, copying me on all email correspondence and encouraging bidders to do the same.

I incorporated pricing and operational information from each proposal into the RSM. Such information included contract commencement and expiration dates, summer and winter capacity, capacity pricing, heat rates, fuel supply assumptions, variable O&M charges, start-up costs, start-up fuel requirements, expected forced outage hours, and expected planned outage hours. Most of this information was directly inputted into the RSM. After the initial part of the evaluation, Seminole provided Sedway Consulting with its own modeling results so that Sedway Consulting could cross-check all key modeling assumptions and outputs and ensure consistency with the information in the RSM.

Q. Were there any costs that were considered in Sedway Consulting's analysis that were not predefined through the PaR/RSM calibration process described above or were not part of the actual proposals' pricing?

A. Yes, as described in the attached Independent Evaluation Report, there were two categories of costs that could not be predicted prior to the receipt of proposals or appropriately characterized in the pricing structure of proposals – 1) cost estimates for transmission network upgrades that might be required to accommodate a proposed resource or combination of resources, and 2) cost

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estimates for firm gas transportation requirements for gas-fired resources. Both of these cost categories were highly dependent on the location of projects, their point of electrical interconnection, and their natural gas pipeline supply considerations.

Q. How were these cost estimates developed?

A. In both cases, Seminole's subject area experts provided these cost estimates after being provided pertinent details about the proposed resources.

Q. Were you in a position to independently verify these estimates?

A. No. Sedway Consulting does not have the transmission models or in-depth knowledge of Florida's current or future electric or natural gas infrastructure to develop or verify the estimates of Seminole's subject area experts. However, I found them to be fairly balanced and consistent from a $/kW standpoint and do not believe that any bidder was inappropriately advantaged or disadvantaged by these estimates. I studied the estimates to see if anything was out of line and concluded that they did not appear to be biased. In addition, I was free to use or modify the estimated costs in any way I deemed appropriate – and indeed did so, in line with evaluation processes that Sedway Consulting has employed in other resource solicitations.

Q. Were there any other Seminole estimates that were used in your analysis that were not locked down prior to the receipt of proposals?

A. Yes, in a sense. Sedway Consulting and Seminole had discussed and locked down assumptions about generic resources that Seminole would model as filler

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resources that would be added to its modeling simulations to address future capacity needs associated with load growth, project retirements, or the expiration of PPAs. Similarly, Sedway Consulting uses filler resource assumptions in the RSM. However, the costs and benefits for these resources were developed by blending the costs and benefits for the top three long-term resources that were received in the solicitations. This process is described more fully in Exhibit No.__(AST-1), Document No. 2, the Independent Evaluation Report.

Q. Please describe the RRM and how it was used.

A. Sedway Consulting's Revenue Requirements Model, or RRM, is another spreadsheet model that I have used in numerous solicitations across the country to calculate annual revenue requirements associate with project-related capital expenditures. It is a much simpler model than the RSM. In the case of Seminole's solicitations, I used the RRM to calculate my independent estimates of annual revenue requirements associated with Seminole's self-build construction costs and of levelized annual transmission costs associated with any resources that were likely to trigger transmission network upgrades (e.g., new resources such as the SCCF, SHCCF, and other new build market alternatives).

V. SEDWAY CONSULTING'S FINDINGS AND RESULTS.

Q. What were the results of Sedway Consulting's RSM and RRM analyses?

A. Using the RSM and RRM, Sedway Consulting was able to compare the economics of Seminole's self-build resource and each of the proposed resource options. That comparison entailed a calculation of the net present value of

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each option from 2021 through 2051 and accounted for 1) filler resources that would need to "fill in" behind options that expired before 2051 and 2) the cost or revenue valuation of small additional generic seasonal purchases or sales that would align all portfolios with the same projected capacity need. In the near-final results that I presented to Seminole's Board of Trustees on July 12, 2017, the final selected portfolio was found to be $282 million (cumulative present value of revenue requirements – "CPVRR") less expensive than the next best portfolio of alternatives. The Board of Trustees approved the plan to finish negotiations with the counterparties of the resources included in the final selected portfolio. The results and the ranking of resources and portfolios are described in Sedway Consulting's independent evaluation report that is attached as Document No. 2 of Exhibit No. __ (AST-1).

Q. What do you conclude about Seminole's solicitations?

A. I conclude that the resources depicted earlier in my testimony as components of the final selected portfolio represent the best, least-cost resources for meeting Seminole's 2021-and-beyond capacity needs and concur with Seminole's decision to move forward with those projects and PPAs. The solicitation process yielded the best results for Seminole's Members while treating bidders fairly. The RFP was sufficiently detailed to provide necessary information to bidders. The economic evaluation methodology and assumptions were appropriate and unbiased, and the independent evaluation procedures provided a cross-check of Seminole's proposal representation in PaR and confirmed Seminole's conclusions. I participated in Seminole's internal discussions about project and portfolio risks and believe that the final

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selected portfolio is well balanced from a risk perspective. I monitored the negotiation and communication process with the PIE/LTSA, EPC, and market alterative bidders and can confirm that Seminole conducted a fair and unbiased process. Finally, I conclude that Seminole's selected portfolio – which includes both the SCCF and SHCCF resources as essential components – is at least $282 million CPVRR less expensive than the next best portfolio of alternatives.

Q. Does this conclude your direct testimony?

A. Yes, it does.

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DOCUMENT 1 OF EXHIBIT AST-1

RESUME OF ALAN S. TAYLOR

AREAS OF QUALIFICATION

Independent evaluation services for competitive bidding resource selection, integrated resource planning, market analysis, risk assessment, and strategic planning

EMPLOYMENT HISTORY

- President, Sedway Consulting, Inc., Boulder, CO, 2001-present
- Senior Member of PA Consulting, Inc., Boulder, CO, 2001
- Vice President, Global Energy Business Sector, PHB Hagler Bailly, Inc., Boulder, CO, 2000
- From Senior Associate to Principal, Utility Services Group, Hagler Bailly Consulting, Inc., Boulder, CO, 1991-1999
- Senior Consultant, Energy Management Associates, Atlanta, GA, 1983-1988
- Internships at: Pacific Gas & Electric Company, San Francisco, CA (1990)
  Lawrence Berkeley National Laboratory, Berkeley, CA (1989-1991)
  MIT Resource Extraction Laboratory, Cambridge, MA (1982)
  Baltimore Gas and Electric Company, Baltimore, MD (1980)

EDUCATION

- Walter A. Haas School of Business, University of California at Berkeley, MBA, Valedictorian, Corporate Finance, 1991
- Massachusetts Institute of Technology, BS, Energy Engineering, 1983

PROFESSIONAL EXPERIENCE

- Conducted numerous competitive bidding project evaluations for conventional generating resources, renewable facilities, energy storage, energy efficiency projects, demand response, and off-system power purchases; analyzed thousands of such proposals.
- Developed and/or reviewed dozens of requests for proposals for utility resource solicitations.
- Assisted in or monitored contract negotiations with hundreds of shortlisted bidders in utility resource solicitations.
- Testified on utility competitive bidding solicitation results, affiliate transactions, cost recovery procedures, rate case calculations, and incentive ratemaking proposals.
- Managed the development of market price forecasts of North American and European electricity markets under deregulation.
- Performed financial modeling of electric utility bankruptcy workout plans.
- Trained and assisted many of the nation’s largest electric and gas utilities in their use of operational and strategic planning computer models.

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SELECTED PROJECTS

2015- **Minnesota Solicitation for New Resources**
2017 Client: Minnesota Power Company

Provided independent evaluation services in five solicitations for new resources: up to 400 MW of gas-fired generation and up to 300 MW each of wind, solar, demand response, and customer cogeneration resources. Mr. Taylor reviewed the request for proposals (RFP), managed the Sedway Consulting team in performing a quantitative and qualitative evaluation of all proposals, monitored communications and negotiations with shortlisted bidders, and provided reports for filing with the Minnesota Public Utilities Commission regarding the results of the solicitations.

2014- **California Evaluation/Negotiation of Non-Conventional Resource Solicitation**
2017 Client: Southern California Edison

Provided independent evaluation services in several solicitations for new resources: two for up to 36 MW new energy storage resources, one for over 1,000 MW of near-term resource adequacy capacity, and one for a broad array of non-conventional resources to address over 100 MW of reliability needs in a local area. In that last project, solicited resource types included energy efficiency, demand response, in-front-of-meter and behind-the-meter energy storage, renewable resources, and hybrid transactions. For all four solicitations, Mr. Taylor managed the Sedway Consulting team in performing a parallel evaluation of offers and monitoring negotiations with shortlisted bidders.

2013- **Florida Solicitation for New Capacity**
2014 Client: Duke Energy Florida

Served as an independent evaluator in a solicitation for over 1,600 MW of new capacity in Florida. Resources had to be on-line by 2018. Proposals were compared to the utility's next planned generating unit – a natural-gas-fired combined-cycle generating facility. Mr. Taylor assisted with the development of the RFP, performed a parallel evaluation of all proposals, monitored communications and negotiations with contracting counterparties, and testified before the Florida Public Service Commission regarding the solicitation's results.

2013- **California Solicitations for Resources**
2014 Client: Southern California Edison

Served as the independent evaluator in Southern California Edison's (SCE) Local Capacity Requirements Request for Offers (LCR RFO) for 1,900-2,500 MW of new local capacity resources from energy efficiency, demand response, energy storage and/or gas-fired facilities. Also served as the IE for all five of SCE's 2013 reverse energy auctions of the dispatch rights to

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facilities under power purchase agreements executed with developers of facilities selected in the utility's 2006 New Generation RFO.

2013 **Minnesota Solicitation for Wind Resources**
Client: Minnesota Power Company

Provided independent evaluation services in a solicitation for 220 MW of wind generation in Minnesota; bids were compared to the utility's proposal to develop its own wind farm. Mr. Taylor assisted with the development of the RFP, performed a parallel economic evaluation of the utility's facility and all competing proposals, monitored communications and negotiations with shortlisted bidders, and provided a report for filing with the Minnesota Public Utilities Commission regarding the results of the solicitation.

2013 **Kentucky Renewable Resource Analysis**
Client: Kentucky Industrial Utility Customers

Provided expert analysis and testimony on behalf of customers of Kentucky Power regarding a renewable energy purchase agreement for output from a new 58 MW biomass facility that is expected on-line in 2017.

2006-2013 **California Solicitations for Conventional and Renewable Resources**
Client: Southern California Edison

Served as the Independent Evaluator in 23 solicitations for power or gas supplies in southern California – one, as noted above, for SCE's 2013 LCR RFO, an earlier one for over 2,500 MW of new conventional resources, four for renewable energy purchases to help SCE meet its state Renewables Portfolio Standard (RPS) requirements, five for near-term capacity resources, eight for reverse energy auctions of the dispatch rights to facilities under power purchase agreements, and four for gas financial hedging products. Mr. Taylor managed the Sedway Consulting team to perform a parallel evaluation of all proposals, monitor communications and negotiations with power suppliers, and support the review of the final selected proposals by the Procurement Review Group – a collection of non-market-participant stakeholders and regulators who are/were provided confidential access to the evaluation results at intermediate stages. He has filed Independent Evaluation reports and sponsored testimony before the California Public Utilities Commission concerning the results of most of these solicitations.

2012 **Florida Solicitation for New Resources**
Client: Tampa Electric Company

Served as an independent evaluator in a solicitation for 500 MW of power supplies in Florida. New capacity had to be on-line by 2017; bids were compared to the utility's proposal to repower four existing combustion turbines into a larger combined-cycle facility. Mr. Taylor assisted with

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the development of the RFP, performed a parallel evaluation of all proposals, monitored communications and negotiations with contracting counterparties, and testified before the Florida Public Service Commission regarding the solicitation's results.

2011 **Minnesota Solicitation for Wind Resources**
Client: Minnesota Power

Provided independent evaluation services in a solicitation for 100 MW of wind generation in Minnesota. Proposals competed with a utility proposal to develop its own wind farm. Mr. Taylor assisted with the development of the RFP and performed a parallel economic evaluation of the utility's facility and all competing proposals.

2005-2010 **California Solicitations for Conventional and Renewable Resources**
Client: Pacific Gas & Electric

Served as the Independent Evaluator in four solicitations for new power supplies in northern California – one for 2,200 MW of new conventional resources, another for up to 1,200 MW of new generating resources from any source, and two others for between 1,400 and 2,800 GWh/year of renewable energy purchases. Mr. Taylor managed a Sedway Consulting team to perform a parallel evaluation of all proposals, monitor communications and negotiations with power suppliers, and support the review of the final selected proposals by the Procurement Review Group – a collection of non-market-participant stakeholders and regulators who were provided confidential access to the evaluation results at intermediate stages. He has filed IE reports and sponsored testimony before the California Public Utilities Commission concerning the results of most of these solicitations.

2007-2008 **Florida Solicitation for New Resources**
Client: Florida Power & Light

Provided independent evaluation services in Florida Power & Light's solicitation for 1,250 MW of new power supplies for 2011. Mr. Taylor performed a parallel economic evaluation to that which was undertaken by the utility. His work efforts allowed all proposal parameters to be cross-checked and corrected where necessary. He sponsored testimony before the Florida Public Service Commission concerning the results of the solicitation evaluation.

2007-2008 **Avoided Cost Analysis for Interruptible Loads**
Client: Public Service Company of Colorado

Provided an independent assessment of Public Service Company of Colorado's peaking resource avoided costs for use in the utility's development of customer credits for its interruptible service tariff.

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2007- **Florida Solicitations for New Resources**
2008 Client: Tampa Electric Company

Provided independent evaluation services in two separate Tampa Electric Company solicitations for 600 MW of new power supplies for 2013, as a market test for the utility's proposals to develop initially an integrated gasification combined cycle (IGCC) facility and later a gas-fired combined cycle facility.

2004- **Regulatory Support of Commission Staff**
2005 Client: Utah Division of Public Utilities

Assisted staff for the Utah Division of Public Utilities in the division's efforts to analyze PacifiCorp's 2005 rate case. Mr. Taylor reviewed production cost modeling results and forecasts of system-wide fuel and purchase power costs.

2004- **Minnesota Solicitation for New Resources**
2005 Client: Minnesota Power

Provided independent evaluation services in a solicitation for 200 MW of firm power supplies. Mr. Taylor reviewed all proposals and performed a parallel economic evaluation among proposed turnkey facilities and power purchases.

2004 **Canadian Solicitations for Conventional and Renewable Resources**
Client: Ontario Energy Ministry

Participated in a broader consulting team and provided assistance in the development of RFPs for 2,500 MW of conventional resources and 300 MW of renewable resources. New long-term sources of power were sought to replace regional coal-fired generation.

2003- **Florida Solicitation for New Resources**
2004 Client: Florida Power & Light

Provided independent evaluation services in Florida Power & Light's solicitation for 1,100 MW of new power supplies for 2007. Mr. Taylor performed a parallel economic evaluation of all proposals and reviewed, cross-checked, and corrected (where necessary) the utility's analyses. He sponsored testimony before the Florida Public Service Commission concerning the results of the solicitation evaluation.

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2002- **Minnesota Solicitation for New Resources**
2003 Client: Northern States Power

Assisted in the evaluation of a large number of multi-option proposals for new power supplies in the 2005-2009 time frame. Mr. Taylor was the independent evaluator in two separate solicitations. He managed a team of individuals in the evaluation of responses for both RFPs. In the first solicitation, contingent proposals were received that could serve as replacement contracts for 1,100 MW of nuclear capacity if NSP were forced to decommission its Prairie Island power plant in 2007. In the second solicitation, NSP sought approximately 1,000 MW of new supplies to supplement its existing supply portfolio. The evaluation included the review of over a dozen proposed wind projects.

2002 **Florida Revisions to Bidding Rule**
Client: Consortium of utilities

Provided the Florida Public Service Commission with recommendations concerning appropriate revisions to the state's bidding rule. Mr. Taylor participated in public workshops to provide the benefits of his extensive experience in performing competitive bidding solicitations and to convey what changes should or should not be made to Florida's existing bid rule to ensure the selection of the best resources for the state's electricity customers.

2002 **Arizona Testimony Concerning Competitive Bidding Solicitations**
Client: Harquahala Generating Company, LLC

Filed testimony before the Arizona Corporation Commission in the Generic Proceedings Concerning Electric Restructuring Issues and Associated Proceedings. Mr. Taylor's testimony provided the Commission with information about competitive bidding processes that he had seen work in other states. Also, his testimony addressed various concerns that were raised by Arizona Public Service as to the feasibility of implementing competitive bidding in Arizona.

2002 **Florida Solicitation for New Resources**
Client: Florida Power & Light

Provided independent evaluation services in Florida Power & Light's solicitation for 1,750 MW of new power supplies in the 2005-2006 time frame. Mr. Taylor performed a parallel economic evaluation to that which was undertaken by the utility. His work efforts allowed all proposal parameters to be cross-checked and corrected where necessary. Also, he provided suggestions on resource optimization modeling approaches that ensured the most comprehensive examination of thousands of potential combinations of proposals.

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2001 **Wisconsin Testimony Concerning Competitive Bidding Solicitations**
Client: MidWest Independent Power Suppliers

Provided testimony in a proceeding before the Wisconsin Public Service Commission on behalf of a consortium of independent power producers. Mr. Taylor testified on the benefits and timing of a competitive bidding solicitation that Wisconsin Electric Power Company (WEPCO) should be ordered to conduct prior to the utility's development of $2.8 billion in self-build generation facilities (embodied in a WEPCO proposal called Power the Future – 2). Without the benefits of a competitive solicitation, there would be no defensible means of ensuring that the utility's customers were being offered the best, most cost-effective resources.

2001 **Negotiation of Full-Requirements Purchase Contract**
Client: Georgia cooperative utility

Assisted in negotiation of a $2 billion power purchase contract. Mr. Taylor worked with a team of legal experts and other consultants to assist the client in negotiating a 15-year full-requirements contract with a large, national power supplier. Detailed modeling simulations were performed to compare the complex transaction to the utility's own self-build alternatives. Mr. Taylor helped investigate and negotiate detailed provisions in the power supply contract concerning ancillary services and other operational parameters.

2001 **Evaluation of Resource Proposals**
Client: North Carolina municipal utility

Reviewed responses to a utility resource solicitation and assisted the client in developing a short list of the best bidders. Mr. Taylor reviewed the results of the client's economic analysis of the proposals and provided insights on various nonprice factors related to each of the top-ranked proposals. Mr. Taylor helped the client in structuring and strategizing for the negotiation process.

2000-2001 **Solicitation for New Resources**
Client: Public Service of Colorado

Assisted in the evaluation of a large number of multi-option proposals for new power supplies in the 2002-2005 time frame. Mr. Taylor managed a team of a dozen individuals who performed economic and nonprice evaluations of conventional and renewable proposals. Mr. Taylor developed recommendations for a short list of the best resources and managed a supplemental evaluation of second-tier bidders when the client's capacity needs subsequently increased. Ultimately, over $2 billion of contracts were negotiated for over 1,700 MW of new power supplies under terms of up to 10 years. Mr. Taylor testified before the Colorado Public Utilities Commission on the processes and results of both the primary and supplemental evaluations.

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REDACTED VERSION

Sedway Consulting, Inc.

INDEPENDENT EVALUATION REPORT FOR SEMINOLE ELECTRIC'S POWER SUPPLY SOLICITATIONS FOR 2021 CAPACITY NEEDS

Submitted by:

Alan S. Taylor
Sedway Consulting, Inc.
Boulder, Colorado

December 21, 2017

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Introduction and Background

In early 2016, Seminole Electric Cooperative, Inc. (Seminole) launched three solicitations to seek resources or transactions that would help the cooperative meet its forecasted capacity needs in 2021 and beyond. Two of those solicitations were associated with Seminole's efforts to explore the development of a self-build resource at its Seminole Generating Station (SGS) site; they involved Requests for Proposals (RFP) for 1) power island equipment (PIE) and an associated long-term service agreement (LTSA), and 2) engineering, procurement and construction (EPC) services to install the selected power island equipment and construct the balance of the facility. The third solicitation was for market alternatives (i.e., new build facilities that would be owned and operated by others, sales of power from existing facilities, and system sales from a portfolio of resources). Sedway Consulting, Inc. (Sedway Consulting) was retained to provide independent monitoring and evaluation services over all of these RFPs and provide a parallel economic evaluation of responses that might address Seminole's capacity needs. The primary focus of this report is the market alternative RFP, with the results of the PIE/LTSA and EPC solicitations incorporated in the form of finalized self-build alternatives that competed with the market alternatives.

This independent evaluation report documents Sedway Consulting's evaluation process and presents the results of Sedway Consulting's economic analysis. It describes:

- the proposals that were received in response to Seminole's market alternatives 2021 RFP and the Seminole finalized self-build options,
- Sedway Consulting's proprietary Response Surface Model (RSM) and Revenue Requirements Model (RRM) which were used to conduct the parallel economic evaluation,
- fundamental assumptions that were applied,
- additional economic factors that affected the final cost of each resource, and
- the development and comparison of complete portfolios of resources that would meet Seminole's capacity needs.

Receipt of Market Alternative Proposals

In Seminole's market alternatives RFP, bidders were instructed to email their submission to Seminole (and cc Sedway Consulting) by May 9, 2016. On or before that date, Sedway Consulting received 265 proposals from 40 power suppliers. For organizational and ease of comparison purposes, Seminole segregated the submitted proposals into four categories (with offer count totals next to each label):

- solar photovoltaic (PV) – 127 offers,
- baseload – 16 offers,
- intermediate – 75 offers, and
- peaking – 47 offers.

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These offer totals represent the overall numbers of proposals received, prior to any disqualification decisions or qualitative review that ultimately reduced the number of proposals that moved through the evaluation process. Sedway Consulting and Seminole reviewed their respective proposal counts and confirmed that any differences are due to some disqualifications and minor interpretation issues.

One rationale for segregating solar PV proposals into a separate category was the fact that Seminole is a winter-peaking entity, with its peak loads occurring during hours that solar resources provide little or no generation. Therefore, while these resources may provide some energy and fuel-diversity benefits throughout the year, they could not appreciably meet the need that Seminole was hoping to address with its RFPs.

Virtually all of the proposals in the last three categories could be modeled and evaluated on a side-by-side basis in Sedway Consulting's Response Surface Model (RSM). Therefore, the differentiation of proposals into baseload, intermediate, and peaking was less important from Sedway Consulting's perspective than another critical factor in the evaluation process – namely, the regional location of resources or power supplies. Essentially, Seminole's Member loads are electrically connected or located in either Duke Energy Florida's (DEF) balancing authority area (BAA) or Florida Power & Light's (FPL) BAA, with a third BAA as Seminole's north system (SSN). That third area has relatively little load; the majority of Seminole's load is in DEF's BAA. It was important to procure resources or transactions that would support Seminole's Members' needs in those areas and minimize the costs and reliance of inter-regional transfers. With its market alternatives RFP, Seminole provided historical load information for both of these load areas to provide bidders with important locational information. The FPL BAA has a long-term projected peak load of approximately 600 MW and an average load of approximately 400 MW. It was recognized that procuring more than those quantities in the FPL BAA would result in additional transmission wheeling/transfer costs to bring the power into the DEF BAA to serve Seminole's predominant needs there. Similarly, it was recognized that resources outside of Florida (e.g., in the Southeast Electric Reliability Council, SERC) would incur transmission-related costs – and potential reliability concerns, if Seminole relied too heavily on such resources. Thus, this report depicts and segregates much of the offer statistics into five different categories: solar PV, DEF BAA, FPL BAA, SSN BAA (which can reasonably provide capacity to either the FPL or DEF BAAs), and SERC.

Table A-1 depicts the number of non-solar offers by resource type and locations.

Table A-2 provides a summary of the solar PV proposals that Sedway Consulting received from each bidder. As has been Sedway Consulting's reporting approach in all solicitations, the identities of bidders and projects who were not selected for final contracts has been redacted as confidential. Thus, the actual bidder and project names in Tables A-2 through A-6 for these non-selected bidders and projects are redacted and the tables include a "Code" column that provides a counterparty letter and project number reference that is used throughout the remainder of the report.

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Table A-1
Offer Count and Location of Summary of Non-Solar PV Proposals

	DEF BAA	FPL BAA	SSN BAA	SERC/Other	Total
Baseload	3	4	0	9	16
Intermediate	39	2	18	16	75
Peaking	21	7	12	7	47
Total	63	13	30	32	138

Note: One of the baseload offers in the DEF BAA column was actually a combination of small existing resources in both the DEF and FPL BAAs.

The tables include the number of proposals provided by each bidder. In many instances, bidders provided multiple mutually-exclusive proposals for the same resource (e.g., with flat or escalating pricing, different delivery period durations). Thus, the total number of offers was considerably more than the total number of projects.

The final column in Table A-2 provides the levelized solar PV energy price (in $/MWh) as calculated by Sedway Consulting for each project's best offer. Obviously, for offers with a flat, non-escalating price, the levelized price is that proposed price; but for offers with escalating prices, the levelized price is that flat, non-escalating price that would result in the same net present value over the term of the proposed agreement as the escalating price – and provides for a comparable metric for ranking the offers. In cases where there were multiple, mutually-exclusive offers for a project, the value in the final column represents the lowest levelized price among those offers. The ranking of the bidders in the table is based on each bidder's best project levelized price.

Table A-3 provides the number of proposals from each bidder for baseload, intermediate, and peaking resources that would provide power deliveries in the DEF BAA. Some of the proposals were for resources that would be connected to Tampa Electric Company's (TECO) system, where power could be transferred (with a wheeling cost) into the DEF system. Tables A-4 through A-6 provide similar summaries for the proposals offered in the FPL BAA, SSN BAA, and SERC regions, respectively. The tables include a "Type" column that identifies the proposed technology (CC=combined cycle, CT=combustion turbine, System=system sale, MSW=municipal solid waste). Similar to Table A-2, the identities of bidders and projects that were not selected for final contracts are confidential and hence redacted. The rankings of the bidders in the tables are roughly based on the economics of their best proposal in the initial evaluation phase.

Disqualification Decisions

Of the bidders/ proposals listed in Table A-2, bidders SolarU-1 and SolarV-1 were disqualified for lack of specificity (e.g., failure to provide specific prices).

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Table A-2
Summary of Solar PV Proposals

	Bidder	Project	Code	Nameplate Capacity (MW)	Number of Proposals	Best Levelized Price ($/MWh)
1	[redacted]		SolarA-1	75	1	[redacted]
2	[redacted]	[redacted]	SolarB-1	75	6	[redacted]
3	[redacted]	[redacted]	SolarB-2	50	6	[redacted]
4	[redacted]	[redacted]	SolarB-3	50	6	[redacted]
5	[redacted]	[redacted]	SolarB-4	75	6	[redacted]
6	[redacted]	[redacted]	SolarC-1	375	3	[redacted]
7	[redacted]	[redacted]	SolarD-1	25	1	[redacted]
8	[redacted]	Tillman	SolarD-2	50	1	[redacted]
9	[redacted]	[redacted]	SolarD-3	50	1	[redacted]
10	[redacted]	[redacted]	SolarD-4	50	1	[redacted]
11	[redacted]	[redacted]	SolarD-5	75	1	[redacted]
12	[redacted]	[redacted]	SolarD-6	75	1	[redacted]
13	[redacted]	[redacted]	SolarE-1	75	2	[redacted]
14	[redacted]	[redacted]	SolarE-2	65	2	[redacted]
15	[redacted]	[redacted]	SolarF-1	75	2	[redacted]
16	[redacted]	[redacted]	SolarF-2	75	2	[redacted]
17	[redacted]	[redacted]	SolarF-3	53	2	[redacted]
18	[redacted]	[redacted]	SolarG-1	65	12	[redacted]
19	[redacted]	[redacted]	SolarH-1	75	12	[redacted]
20	[redacted]	[redacted]	SolarH-2	75	12	[redacted]
21	[redacted]	[redacted]	SolarI-1	75	12	[redacted]
22	[redacted]	[redacted]	SolarJ-1	465	2	[redacted]
23	[redacted]	[redacted]	SolarJ-2	75	2	[redacted]
24	[redacted]	[redacted]	SolarJ-3	125	2	[redacted]
25	[redacted]	[redacted]	SolarK-1	75	4	[redacted]
26	[redacted]	[redacted]	SolarL-1	50	1	[redacted]
27	[redacted]	[redacted]	SolarM-1	65	4	[redacted]
28	[redacted]	[redacted]	SolarN-1	125	6	[redacted]
29	[redacted]	[redacted]	SolarO-1	65	2	[redacted]
30	[redacted]	[redacted]	SolarP-1	225	4	[redacted]
31	[redacted]	[redacted]	SolarQ-1	50	1	[redacted]
32	[redacted]	[redacted]	SolarR-1	80	3	[redacted]
33	[redacted]	[redacted]	SolarS-1	75	1	[redacted]
34	[redacted]	[redacted]	SolarT-1	75	1	[redacted]
35	[redacted]	[redacted]	SolarU-1	75	1	[redacted]
36	[redacted]	[redacted]	SolarV-1	25	1	[redacted]

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Table A-3
Summary of DEF BAA Proposals

	Bidder	Project	Type	Code	Winter Capacity (MW)	Number of Proposals
1	[redacted]	[redacted]	CC	A-1	1,064	6
2			CC	A-2	863	6
3			CC	A-3	599	6
4			CT	A-4	482	12
5	GE Shady Hills	Project 2	CC	B-1	573	4
6		[redacted]	CC	B-2	463	4
7			CT	B-3	519	2
8	[redacted]	[redacted]	CT	C-1	117	1
9	[redacted]		CT	D-1	484	2
10			CC	D-2	538	2
11	DEF	Peaking	System	E-3	50-300	1
12		Intermediate	System	E-4	50-300	1
13	[redacted]	[redacted]	CC	F-1	121	5
14	[redacted]	[redacted]	CC	G-1	557	4
15	[redacted]		Biomass	H-1	70	2
16	[redacted]		ES	I-1	75-225	3
17	[redacted]		Biogas	J-1	34	1
18	[redacted]		CC	K-1	N/A	1

Of the bidders/proposals in Table A-3, ten offers from Bidder A (two each associated with Projects A-1, A-2, and A-3 and four associated with A-4) were disqualified because they exceeded the maximum term length of 30 years that was specified in the market alternatives RFP. Also, Bidder K-1 was disqualified for lack of specificity.

Table A-4
Summary of FPL BAA Proposals

	Bidder	Project	Type	Code	Winter Capacity (MW)	Number of Proposals
1	[redacted]	[redacted]	CT	L-1	515	5
2			System	A-5	100-1000	2
3	[redacted]	[redacted]	System	A-6	100-1000	2
4			System	A-7	All	1
5	[redacted]		MSW	M-1	25	1
6	[redacted]		MSW	N-1	40	2

No proposals were disqualified from the set that is depicted in Table A-4.

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Table A-5
Summary of SSN BAA Proposals

	Bidder	Project	Type	Code	Winter Capacity (MW)	Number of Proposals
1	[redacted]	[redacted]	CC	A-8	1,058	6
2			CC	A-9	859	6
3			CC	A-10	641	6
4			CT	A-11	480	12

Of the bidders/proposals in Table A-5, ten offers from Bidder A (two each associated with Projects A-8, A-9, and A-10 and four associated with A-11) were disqualified because they exceeded the maximum term length of 30 years that was specified in the market alternatives RFP.

Table A-6
Summary of SERC Proposals

	Bidder	Project	Type	Code	Winter Capacity (MW)	Number of Proposals
1	[redacted]	[redacted]	CC	L-2	500	4
2			CC	L-3	350	4
3			CC	L-4	200	4
4			System	L-5	138	4
5			CC	O-1	225	2
6			CC	P-1	350	1
7			System	Q-1	50-440	3
8			CT	R-1	280	4
9			CC	R-2	533	1
10			Call Option	S-1	200	3
11			System	T-1	50	1
12			Wind	C-2	200	1

No proposals were disqualified from the set that is depicted in Table A-6.

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Evaluation and Selection Process

As noted earlier, Seminole is winter peaking cooperative and solar PV projects are not in a position to address this need. At the times that the winter peak might occur, there is little or no sunshine. Thus, the evaluation process was bifurcated into a review of the solar PV proposals for potential selection for environmental and diversification benefits and a full analysis of the non-solar PV proposals that offered firm capacity that could meet Seminole's capacity needs.

Solar PV Proposal Analysis

In the case of the solar PV analysis, Seminole and Sedway reviewed the proposals (especially pricing and qualifications) and decided to shortlist five of the top six bidders (i.e., SolarA, SolarB, SolarC, SolarD [Coronal, the firm that was ultimately awarded a final contract], and SolarF). The SolarE and SolarF bidders were very close in pricing and thus on the cusp of either being included or excluded from the short list. Seminole opted to shortlist SolarF because of slightly better qualitative considerations. Seminole held meetings and calls with the shortlisted bidders in which Sedway Consulting participated. After learning more about the qualifications of these bidders and the status of their projects, Seminole asked all shortlisted bidders to review their proposed pricing and provide "best-and-final-offers" (BAFO) by September 9, 2016; also, Seminole let each bidder know which of each bidder's projects were of greatest interest to Seminole. These were the following: SolarA-1, SolarB-1, SolarB-2, SolarB-3, SolarC-1 (with guidance that Seminole was not interested in procuring more than 75 MW), SolarD-1, SolarD-2 (the Coronal Tillman project that was ultimately selected), SolarD-4, SolarF-1 and SolarF-2. In several cases, bidders provided multiple options for each project (e.g., different terms, fixed or escalating prices). Table A-7 shows the lowest levelized BAFO price for each project. Seminole reviewed the BAFOs and decided to select bidders SolarB and SolarD with whom to commence negotiations and perform further due diligence. Although bidder SolarA had the lowest pricing, the bidder did not yet have a site or any interconnection information. The two final shortlisted bidders were much further along with the development of their projects. Sedway Consulting concurred with the selection of the two bidders for negotiations.

Solar PV Proposal Final Selection

Negotiations and due diligence discussions continued into 2017 with both bidders. In late May 2017, given the passage of time and the recognition that solar PV panel prices had continued to decline, Seminole encouraged both bidders to sharpen their pencils and provide final lower pricing, if they so chose. Both did, with a range of sizes and terms. Bidder SolarD (Coronal) came in with the lowest prices, as depicted in Table A-8 as levelized prices for those bids that were in the same size range and term.

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Table A-7
September 2016 Revised Prices for Shortlisted Solar PV Proposals

	Bidder		Project	Nameplate Capacity (MW)	Term of Proposals (years)	Best Levelized Price ($/MWh)
1	[redacted]		SolarA-1	75	20	[redacted]
2	[redacted]	[redacted]	SolarB-2	50	30	[redacted]
3	[redacted]	[redacted]	SolarB-1	75	30	[redacted]
4	[redacted]	[redacted]	SolarB-3	75	30	[redacted]
5	Coronal	[redacted]	SolarD-1	75	20	[redacted]
6	[redacted]	Tillman	SolarD-2	75	20	[redacted]
7	[redacted]	[redacted]	SolarD-4	75	20	[redacted]
8	[redacted]	[redacted]	SolarC-1	75	25	[redacted]
9	[redacted]	[redacted]	SolarF-1	75	28	[redacted]
10	[redacted]	[redacted]	SolarF-2	75	28	[redacted]

The Coronal Tillman project had the lowest price and was selected for final negotiations. On October 16, 2017, Seminole and Tillman Solar Center, LLC (a subsidiary of Coronal Energy) executed a 20-year PPA for solar PV generation from a new facility to be built in Alachua County, Florida with an expected commercial operation date of June 1, 2021.

Table A-8
June 2017 Revised Prices for Shortlisted Solar PV Proposals

	Bidder		Project	Nameplate Capacity (MW)	Term of Proposals (years)	Best Levelized Price ($/MWh)
1	Coronal	Tillman	SolarD-2	40	20	[redacted]
2	[redacted]	[redacted]	SolarD-4	40	20	[redacted]
3	[redacted]	[redacted]	SolarB-2	50	20	[redacted]
4	[redacted]	[redacted]	SolarB-3	50	20	[redacted]
5	[redacted]	[redacted]	SolarB-1	50	20	[redacted]

Non-Solar PV Proposal Analysis

As noted earlier, solar PV capacity provides little or no contribution to meeting Seminole's winter peak. Thus, the cooperative's 2021 RFP was essentially soliciting proposals for other types of generation. The analysis of proposals for this other generation was the primary focus for Sedway Consulting's independent evaluation

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efforts. In this report, all references to proposals and proposal evaluation tasks from this point forward are entirely associated with Sedway Consulting's and Seminole's non-solar PV proposal analyses.

Through its review of the proposals that Sedway Consulting received during the bid submission process, Sedway Consulting extracted the following economic information for each proposal (including Seminole's self-build options):

- Capacity (winter and summer; base and duct-fired, where applicable)
- Commencement and expiration dates of contract
- Capacity pricing (or asset sales price, if applicable)
- Fixed O&M pricing or charges
- Firm fuel transportation assumptions
- Fuel pricing or indexing
- Heat rate (base and duct-fired, where applicable)
- Variable O&M pricing or charges
- Start-up costs and fuel requirements
- Expected forced outage and planned outage hours
- Third-party transmission costs.

The remainder of this report section addresses the following topics:

- a description of the RSM and its evaluation process,
- the use of a "back-fill" resource in evaluating proposed transactions that expire before the end of the study period,
- proposal/resource cost computation (and costs that were developed outside of the RSM),
- the use of surplus/deficit capacity assumptions to adjust for the slightly different annual or seasonal sizes of competing portfolios, and
- the process of developing final cost estimates for competing portfolios.

RSM Evaluation Process

The economic information for all outside proposals and Seminole's self-build option(s) was input into Sedway Consulting's RSM – a power supply evaluation tool that was calibrated to approximate the impact of each resource on Seminole's system production costs. The RSM calculated each proposal's annual fixed costs and variable dispatch costs, estimated the production cost impacts of each proposal, and accounted for capacity replacement costs for all proposed contracts that expired before the end of the study period.

A proposal's net cost was a combination of fixed and variable cost factors. On the fixed side, the RSM calculated annual fixed costs associated with capacity payments (or

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generation-related revenue requirements), fixed O&M costs, firm gas transportation costs, third-party transmission wheeling charges (where applicable), and transmission revenue requirements. These annual total fixed costs were discounted to mid-2017 dollars.

On the variable cost side, the RSM first developed a variable dispatch charge (in $/MWh) for each proposal for each month. This charge was calculated by multiplying the proposal's heat rate by the specified monthly fuel index price and adding the variable O&M charge.

The RSM then estimated Seminole's system production costs for each month and each proposal by interpolating between production costs estimates that were extracted from a set of runs from EPM – Seminole's detailed production cost model. These runs were performed at the start of the project and were used to calibrate the RSM by varying the monthly variable dispatch charge for a proxy proposal and recording the resulting Seminole system production cost.

For the same capacity as the proposal under consideration, the RSM also estimated Seminole's system production costs for a natural-gas-fired reference unit that had a high variable dispatch charge based on a heat rate of 13,000 Btu/kWh. Thus, for each proposal, the RSM yielded estimates of the annual production cost savings that Seminole would be projected to experience if the utility selected the resource option, relative to acquiring the same sized transaction but at the high reference resource dispatch rate. The lower an proposal's variable dispatch charge, the greater the production cost savings.

Back-Fill Resource

As was mentioned earlier, the RSM accounted for the costs of replacing capacity for all proposed contracts that expired before the end of the study period (2051). This was done by "filling in" for the lost capacity at the end of each proposal's term of service. This allowed for a consistent and appropriate comparison of the value of proposals that had varying contract durations. In effect, by supplementing each short-term proposal with a back-fill resource for the later years, the RSM was simulating what Seminole would have to do when a proposed transaction expired – acquire or develop an amount of replacement capacity that was roughly equal to that expired resource.

As the basis for cost assumptions for the back-fill resource, Sedway Consulting use a blend of the cost and benefit streams associated with the three top-ranked individual proposals for long-term power supplies. By doing so, Sedway Consulting was using direct market information as guidance for what future capacity might cost. All capacity-related costs were escalated by a modest rate of 1.0%/year (which was assumed to be a reasonable assumption for the rate of inflation minus future potential for technology cost reductions). In addition, Sedway Consulting employed a methodological variation, whereby the RSM scaled the replacement capacity to exactly equal the size of the expiring proposal resource. Thus, all PPA proposals enjoyed the benefit of being replaced at the end of their terms with a resource that exhibited the operating efficiencies

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and economy-of-scale benefits of these three top-ranked offers (which were fairly large in capacity). In other words, if a 200 MW proposal ended in 2031, the RSM assumed that a 200 MW CC facility replaced it in 2032; however, the construction costs for the replacement facility were not those that would typically be associated with a 200 MW plant, but rather, they were a prorated portion of the construction costs of a larger facilities.

It is worth noting that this development of a smoothly escalating cost and benefit stream and the scaling process differed from the future generation expansion assumptions and methodologies employed by Seminole. In the end, however, the approaches probably did not significantly alter either evaluation team's results, as they accomplish the same general goal of continuing to meet Seminole's future capacity needs with generic replacement capacity. However, this is one of several reasons that Seminole's and Sedway Consulting's final portfolio cost differential are different. Sedway Consulting retains the right to evaluate utility solicitations with its own methodologies and believes that using two different approaches reinforces a solicitation's evaluation process when both approaches yield results that support the same conclusion(s).

As noted above, depending on the "in-service date" for the back-fill resource, the back-filler's capital costs were escalated from a 2021 base-year value by 1.0%/year. This escalation assumption represented Sedway Consulting's estimate of how construction costs were likely to increase for generation alternatives. Sedway Consulting decided to use this escalation value to trend the filler's annual capacity charges over time. Thus, instead of using Seminole's declining revenue requirements profile for the recovery of capacity costs of future generic resources, Sedway Consulting used an escalating pattern that yielded the same long-term present value of revenue requirements. A traditional revenue requirements profile results in the highest capital charges in a project's early years. Thereafter, the capital-related charges decline. This is the opposite from what is usually seen in most power purchase proposals in power supply solicitations. Most power purchase proposals tend to have flat or escalating capacity charges, presumably reflecting expectations that general inflation will increase the costs of constructing new facilities in the future. Sedway Consulting therefore restructured the filler's profile of capacity costs to match what is generally seen in the marketplace. This meant that the filler's first year's capacity costs were the lowest, with each year thereafter escalating at 1.0%. Figure A-1 displays the escalating capacity price profile used by Sedway Consulting as well as the component top-ranked project cost streams, which include the Seminole's 2x1H self-build resource and its traditional declining revenue requirements profile.

Over the full 30 years, the restructuring of the back-fill resource's capacity costs made no difference to the present value of the blended top-ranked proposals' cost streams. However, in the evaluation of outside proposals that did not extend through the end of the study period, it provided a more favorable basis for such proposals' evaluation. In effect, it assumed that, following the expiration of an outside proposal's term, Seminole would procure replacement power supplies at a trended price based on the best market resources. In reality, if a utility-build resource was determined to be most cost-effective

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at this future decision point, the declining revenue requirements profile would represent the actual annual costs that Seminole's customers would likely pay.

Figure A-1



Proposal/Resource Cost Computation

Sedway Consulting used its own proprietary Revenue Requirements Model (RRM) to develop estimates of the annual revenue requirements for Seminole' self-build option(s) and cross-checked them with those provided by Seminole. Both sets of values compared quite closely, and Sedway Consulting relied on its RRM results for use in the RSM.

Most of the input assumptions for the proposals and other cost and operational parameters for Seminole's self-build option(s) were directly input into the RSM in a straightforward fashion from the proposal submissions. However, the following were some key additional external cost estimates that were developed outside of each proposal and input into the RSM:

- Firm gas transportation
- Third-party transmission costs
- Network upgrade-related transmission costs.

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Firm gas transportation. Seminole's RFP required that bidders of gas-fired projects ensure that firm gas transportation would be available for their facilities. In the RFP bid forms/spreadsheets, bidders were asked to provide information that would allow Seminole to estimate the expected annual firm gas transportation (i.e., pipeline reservation) charges for each project. Sedway Consulting reviewed Seminole's calculations, compared Seminole's values to some of its own calculations and ultimately adopted the same or close approximations to Seminole's values for each applicable proposal.

In addition to the annual firm gas pipeline reservation charges, bidders provided and/or Seminole estimated fuel price adders for each project's natural gas supply, where applicable. These adders accounted for locational basis differentials and, in some cases, additional firm gas transportation variable charges.

Third-party transmission costs. As noted above, Seminole members have load in three balancing areas in Florida, and the cooperative sought to procure power supplies in locations that would minimize excessive transfers between those areas (or from out-of-state). That said, proposals that entailed such transfers were allowed; they simply needed to include the necessary third-party transmission wheeling costs associated with such transfers. In fact, bidders had to identify in their proposals any firm transmission wheeling charges (e.g., for point-to-point transmission service) that would be incurred and passed on to Seminole for such transfers or for wheeling across third-party transmission systems.

Network-update-related transmission costs. With the addition of new generation to a utility system (and sometimes even for redirected sales of power from existing resources), portions of the utility's transmission grid may need to be reinforced. This can entail the construction of new circuits or the reconductoring and upgrading of existing transmission lines. For proposals for new resources that would be located in the relevant balancing area authorities, bidders were responsible for recognizing that their resource might trigger the need for network upgrades on the DEF or FPL transmission systems. It was each bidder's responsibility to initiate, when appropriate, an interconnection request to study what those costs would be. Seminole, in turn, calculated what the effect would be on the DEF and FPL transmission rate tariffs and the costs that its members would need to pay on any on-going basis for its portion of such network upgrades. Where appropriate, estimates of such network upgrade investments were sought from bidders and/or calculated by Seminole's transmission subject matter experts for specific proposals. Sedway Consulting reviewed and adopted these annual cost estimates. However, Sedway Consulting employed a different methodology than Seminole for attributing these network-upgrade-related costs to projects. Sedway Consulting calculated Seminole's portion of the levelized annual transmission revenue requirements[1] for the applicable investment and applied those annual costs only during the term of the PPA (or economic life of the asset in the case of owned generation options). Seminole developed revenue requirements from the transmission investment estimates and applied them for all years of the study period for all bids. Neither approach was right or wrong;

[1] Assuming a 40-year transmission asset life.

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each was based on slightly different but defensible end-effects assumptions. In any case, as noted earlier, Sedway Consulting was free to employ its own evaluation methodologies that may differ from Seminole's; and although that contributed to somewhat different final quantitative results, the fact that different approaches supported the same final conclusions reinforces provides greater assurance in the results of the solicitation.

Surplus/Deficit Capacity Benefit/Cost – Portfolio Cost Computation

In Sedway Consulting's analysis, projects were initially evaluated on a stand-alone basis rather than in the context of a long-term generation expansion plan, as was the case with Seminole's detailed model. In its final analysis, Sedway Consulting accounted for the different capacity of each resource by developing portfolios of resources that relatively closely met Seminole's project seasonal (i.e., summer and winter) capacity needs in 2021-2025. In instances where there was a small surplus or deficit of capacity in a season, Sedway Consulting used short-term capacity valuation assumptions that Seminole provided at the start of the RFP project and periodically updated with the latest market information for small short-term capacity transactions. For long-term portfolio capacity differences (i.e., past 2025), Sedway Consulting used its filler resource assumptions to determine the benefits of surplus capacity or the costs of being slightly short.

The inclusion of these costs or benefits of marginal capacity in the RSM results placed those results on a more comparable footing with the Seminole detailed production costing and generation expansion results.

RSM Evaluation Results

The evaluation process for the non-solar PV resources went through a series of "shortlistings" over the course of the RFP process, with uncompetitive projects being set aside and released from further consideration at various stages. For the first cut, Sedway Consulting and Seminole identified proposals that had high risks and/or high prices that made them outliers and undesirable candidates for selection. The following Tables A-8 through A-11 depict the RSM levelized $/kW-month net cost results for the initial review of the qualified offers, segmented into the same delivery zones as was depicted in Tables A-3 through A-6. The proposal ranking in each table is based on the levelized net cost, from lowest to highest.

In Table A-8 (for the DEF BAA proposals), it was decided that the bottom five proposals (H-1, G-1, D-2, I-1, and J-1) had net costs that were too high to warrant continued evaluation. Also, as far as competing peaking CT resources, the least cost-effective CT proposal (D-1) was seen as unnecessary for continued evaluation, given that there were better CT/peaking proposals in the BAA to consider.

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Table A-8
Initial RSM Results – DEF BAA Proposals

	Project	Type	Code	Winter Capacity (MW)	Net Cost ($/kW-mo)
1	[redacted]	CT	C-1	117	[redacted]
2	[redacted]	CT	A-4	482	[redacted]
3	GE Shady Hills CT	CT	B-3	519	[redacted]
4	DEF Peaking	System	E-3	50-300	[redacted]
5	[redacted]	CT	D-1	484	[redacted]
6	DEF Intermediate	System	E-4	50-300	[redacted]
7	GE Shady Hills CC2	CC	B-1	573	[redacted]
8	[redacted]	CC	B-2	463	[redacted]
9	[redacted]	CC	A-1	1,064	[redacted]
10	[redacted]	CC	A-2	863	[redacted]
11	[redacted]	CC	A-3	599	[redacted]
12	[redacted]	CC	F-1	121	[redacted]
13	[redacted]	Biomass	H-1	70	[redacted]
14	[redacted]	CC	G-1	557	[redacted]
15	[redacted]	CC	D-2	538	[redacted]
16	[redacted]	ES	I-1	75-225	[redacted]
17	[redacted]	Biogas	J-1	34	[redacted]

Later in the evaluation process, discussions with the bidder behind the Proposals A-1, A-2, A-3, and A-4 – all of which were associated with the same site – yielded the conclusion that the development efforts were in a rather early stage. Given that this translated into greater risks and uncertainty, these offers were removed from the later stages of the evaluation.

Proposal C-1 was for the purchase of an existing CT facility, with the proposed transfer to occur well before Seminole's 2021 need. More importantly, the CT's generation technology was an old non-standard, one-of-a-kind technology in the southeast U.S. that Seminole concluded would be hard to maintain and find spare parts. Sedway Consulting participated in several discussions with Seminole about the possible options if the cooperative were to buy this facility. However, both concluded that the technology risks were too high and the proposal was set aside.

Lastly, the Proposal B-2 was at the same site and mutually exclusive with a higher-ranked more attractive GE Shady Hills CC2 project, so that proposal was set aside. The remaining proposals continued to be included in the portfolio evaluation process, including Proposal F-1, which was sold by [redacted] to [redacted] during Seminole RFP process and is labeled as such in later tables.

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For the Table A-9 proposals associated with resources in the FPL BAA, the last one in the table (Proposal A-7) was set aside because selecting it would cause Seminole to lose it ability to tap any other future power supply opportunities in the FPL BAA (e.g., short-term economic purchases). The bidder had two other proposals (A-5 and A-6) that did not have this drawback and included valuable optionality in the amount of capacity that Seminole could procure. That optionality value is not reflected in the RSM net cost metrics but was captured later in the portfolio development process. Thus, Seminole and Sedway Consulting agreed that those proposals should continue to be evaluated. The small Proposals M-1 and N-1 had net costs that were too high to warrant continued inclusion in the evaluation process and were set aside.

Table A-9
Initial RSM Results – FPL BAA Proposals

	Project	Type	Code	Winter Capacity (MW)	Net Cost ($/kW-mo)
1	[redacted]	CT	L-1	515	2.25
2	[redacted]	System	A-5	100-1000	3.76
3	[redacted]	MSW	M-1	25	4.38
4	[redacted]	System	A-6	100-1000	5.70
5	[redacted]	MSW	N-1	40	9.09
6	[redacted]	System	A-7	All	N/A

Table A-10 depicts the four SSN market alternative proposals as well as Seminole's two self-build options at the cooperative's SGS site in the SSN BAA – the 2x1H CC (SCF) and a smaller 1x1H CC. Seminole and Sedway Consulting had several calls/meetings with the bidder of the four market alternative proposals (which were all at the same proposed site) and concluded that gas supply constraints (and the associated costs of remedying those constraints) made the larger Proposals A-8 and A-9 too risky and expensive; thus, the self-build options and the smaller Proposals A-11 and A-10 continued to be evaluated.

Table A-10
Initial RSM Results – SSN BAA Proposals

	Project	Type	Code	Winter Capacity (MW)	Net Cost ($/kW-mo)
1	Seminole 2x1H (SCCF)	CC		1,122	[redacted]
2	[redacted]	CT	A-11	479	[redacted]
3	[redacted]	CC	A-8	1,058	[redacted]
4	Seminole Self-Build 1x1H	CC		595	[redacted]
5	[redacted]	CC	A-9	859	[redacted]
6	[redacted]	CC	A-10	641	[redacted]

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Table A-11 depicts the proposals associated with resources in SERC. Because of transmission constraints and the potential for curtailments of power deliveries from SERC into peninsular Florida, Seminole recognized that it would be unwise to rely too heavily on resources in SERC to meet the cooperative's firm capacity needs. Thus, early in the evaluation process, it reviewed the supply portfolios of other peninsular Florida utilities to assess what percentage of their total capacity needs those utilities procured from SERC resources. Based on that review, Seminole concluded that it should set a maximum of 350 MW as the limit for SERC-based supplies.

Table A-11
Initial RSM Results – SERC Proposals

	Project	Type	Code	Winter Capacity (MW)	Net Cost ($/kW-mo)
1	[redacted]	CC	L-2	500	3.16
2	[redacted]	CC	L-3	350	3.16
3	[redacted]	CC	L-4	200	3.22
4	[redacted]	CC	O-1	225	3.48
5	[redacted]	CC	P-1	350	3.49
6	Southern Company	System	Q-1	50-440	3.55
7	[redacted]	Call Option	S-1	200	3.67
8	[redacted]	System	L-5	138	3.81
9	[redacted]	CT	R-1	280	3.98
10	[redacted]	System	T-1	50	7.22
11	[redacted]	CC	R-2	533	8.67
12	[redacted]	Wind	C-2	200	N/A

Given the 350 MW limit, two proposals were eliminated (L-2 and R-2) and one (Q-1), after discussions with Southern Company regarding its system sale proposal, was revised to have a maximum capacity of 350 MW.

One proposal (C-2) was for long-term energy deliveries from a wind facility in Kansas via point-to-point transmission service across a yet-to-be-developed transmission line to the Tennessee Valley Authority (TVA), then across the Southern Company system into Florida. The expected transmission costs resulted in a rather high $/MWh price for a non-firm, non-dispatchable product that would consume a majority of Seminole's 350 MW SERC limit. Thus, the proposal was set aside.

Low-ranked Proposals S-1, L-5, R-1, T-1, and R-2 were removed from further evaluation because of their poor quantitative metrics. The remaining proposals had net costs that were in a fairly tight range. Of the Projects L, O, and P, only Proposal O-1 was for deliveries from a full facility. The Proposals L-3, L-4, and P-1 were partial plant proposals and had the scheduling and settlement complications of dealing with other

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offtakers. Proposals O-1 and Q-1 (the Southern Company system sale) were seen as the best SERC proposals. Ultimately, the optionality associated with the Southern Company transaction (which could be set as low as 50 MW in a delivery year) made it the best fitting SERC resource in the final portfolio.

Final Proposal and Portfolio Analysis

Table A-12 depicts the final set of all of the resources that were modeled for the final selection decision in mid-2017. These were the results that Sedway Consulting presented to Seminole's Board of Trustees on July 12, 2017. The ranking is based on each resource's levelized and normalized $/kW-month net cost.

There are several important things to note in reviewing the RSM ranking. First, the results are based on a stand-alone analysis, are normalized for the size of each resource, and therefore, on an individual basis, do not necessary meet the capacity need. Total portfolio considerations and cost comparisons are addressed later.

Second, all of the resources have positive net costs because all of them have fixed costs that exceed their benefits. Thus, absent a reliability need, it would not make economic sense for Seminole to select any of the resources.

Third, as noted earlier, Sedway Consulting calibrated the RSM with proxy run information from Seminole's detailed production cost model prior to the receipt of proposals. Because Seminole was procuring resources to replace a rather significant percentage of its overall supply portfolio and because it received so many qualified proposals, the evaluation process took longer than expected. By the spring of 2017, Seminole had developed new load, fuel price, and other planning-related forecasts and incorporated this new information into its modeling systems. Sedway Consulting reviewed the new forecasts and believed them to be better than the previous 2016 forecasts. Thus, Seminole and Sedway Consulting coordinated on a new set of proxy runs to recalibrate Sedway Consulting's RSM for the 2017 forecasts. Given that this occurred well after Seminole had received and reviewed the proposals in its RFP process, Sedway Consulting reviewed the final rankings under both RSM vintages. Thus, in Table A-12, levelized net costs are shown for each final proposal under "Old" and "New" forecast assumptions, and the table is ranked on the "Old" metric. The rankings were essentially unchanged, with some minor flipping of some proposals in the ranking as indicated with italicized values in the "New" column.

It is important to note that both of the DEF System Sales and the Southern Company Services (SCS) System had significant optionality (with annual delivered capacities as low as 50 MW); this optionality is not reflected in the net cost statistics and rankings.

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Table A-12
Ranking of Final Proposals

	Proposal/Resource	Code	Type	Status	Start Date	Capacity (MW)	Term (years)	Levelized Net Cost ($/kW-month)	
								Old	New
1	Self-Build 2x1		CC	New	12/1/2022	1,122	30	[redacted]	[redacted]
2	[redacted]	L-1	CT	Existing	6/1/2021	172-515	5		
3	Shady Hills	B-3	CT	Existing	6/1/2024	173-519	23*		
4	DEF Peaking	E-3	System	Existing	6/1/2021	50-300	9		
5	[redacted]	O-1	CC	Existing	6/1/2021	235	10		
6	SCS System	Q-1	System	Existing	6/1/2021	50-350	3		
7	[redacted]	A-5	System	Existing	6/1/2021	100-1000	10		
8	DEF Intermediate	E-4	System	Existing	6/1/2021	50-300	5		
9	Self-Build 1x1		CC	New	6/1/2021	595	30		
10	Shady Hills 1x1	B-1	CC	New	12/1/2021	573	30		
11	[redacted]	A-10	CC	New	5/1/2021	641	20		
12	[redacted]	A-6	System	Existing	6/1/2021	100-1000	10		
13	[redacted]	F-1	CC	Existing	6/1/2021	121	20		

* This was the contemplated term of the Shady Hills CT contract at the time of the July 12, 2017 Board of Trustees meeting; during the subsequent negotiation process, the term was reduced to 15 years.

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Portfolio Analysis

Seminole and Sedway Consulting reviewed their respective evaluation results and developed portfolios of proposals that would meet the cooperative's capacity needs. As this process was underway in early 2017, two important considerations came to light. First, Seminole began to explore potential savings that might be achieved by removing one of its SGS coal units from service and replacing that capacity with cost-effective resources and transactions that were available from its 2021 RFP. In the spring of 2017, Seminole retained an engineering firm to develop detailed estimates of the costs of the service removal process and the difference in the costs of continuing to operate one instead of two of its coal units. Second, it was recognized that each portfolio had certain expected portfolio transmission impacts that needed to be taken into consideration.

With these issues in mind, three specific optimal portfolios (i.e., optimal within the context of their purpose and constraints) rose to the top in terms of economic and strategic value and were labeled the following:

1. Clean Power Plan (CPP)
2. SGS 2x1
3. Limited Build

Tables A-13 through A-15 provide the component resources and additional economic factors of the three portfolios. Sedway Consulting found that the CPP portfolio was the least-cost option, yielding estimated total portfolio net costs that were $282 million less than the next best portfolio (which was the SGS 2x1 portfolio).

The first portfolio is depicted in Table A-13 and reflects the least-cost portfolio that entailed removing an SGS coal unit from service, achieving the cost savings associated with that removal, and replacing the coal unit's capacity with the most cost-effective resources that were available from Seminole's 2021 RFP.

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FL-GOV-20-0899-A-002786

Table A-13
Portfolio Net Cost - CPP

	Bidder/Project	Code	Winter Capacity (MW)	COD	Term (years)	Net Cost ($M)
1	Self-Build GE 2x1		1122	12/1/2022	30	[redacted]
2	GE Shady Hills CC2	B-1	573	12/1/2021	30	
3	GE Shady Hills 2CTs	B-3	346	6/1/2024	23	
4	Southern Company	Q-1	350	6/1/2021	5	
5	DEF-intermediate	E-4	300	6/1/2021	9.5	
6	DEF-peaking	E-3	300	6/1/2021	9.5	
7	[redacted]	L-1	172	6/1/2021	5	
8	DEF-Winter Extension					
9	Surplus Capacity Impacts					
10	Remove SGS 1 from service					
11	Portfolio Transmission Impacts					
12	TOTAL					**130**

Table A-14 depicts the SGS 2x1 portfolio which was the least-cost portfolio that did not entail removing an SGS coal unit from service.

Table A-14
Portfolio Net Cost - SGS 2x1

	Bidder/Project	Code	Winter Capacity (MW)	COD	Term (years)	Net Cost ($M)
1	Self-Build GE 2x1		1122	12/1/2022	30	[redacted]
2	Southern Company-5yr	Q-1	350	6/1/2021	5	
3	DEF-intermediate 9.5yr	E-4	300	6/1/2021	9.5	
4	DEF-peaking	E-3	300	6/1/2021	9.5	
5	[redacted]	L-1	172	6/1/2021	5	
6	DEF-Winter Extension					
7	Surplus Capacity Impacts					
8	Portfolio Transmission Impacts					
9	TOTAL					**412**

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Table A-15 depicts the least-cost portfolio that does not entail Seminole's development of any new self-build resources (nor the removal from service of any coal unit). Only one new build resource would be constructed if Seminole pursued this Limited Build portfolio – Shady Hill's CC (SHCCF).

Table A-15
Portfolio Net Cost – Limited Build

	Bidder/Project	Code	Winter Capacity (MW)	COD	Term (years)	Net Cost ($M)
1	GE Shady Hills CC2	B-1	573	12/1/2021	30	[redacted]
2	GE Shady Hills 2CTs	B-3	346	6/1/2024	23	
3	Southern Company-5yr	Q-1	350	6/1/2021	5	
4	DEF-intermediate 9.5yr	E-4	300	6/1/2021	9.5	
5	DEF-peaking	E-3	300	6/1/2021	9.5	
6	[redacted]	L-1	172	6/1/2021	10	
7	DEF-Winter Extension					
8	Surplus Capacity Impacts					
9	Portfolio Transmission Impacts					
10	TOTAL					**621**

Thus, on a CPVRR basis, the CPP Portfolio that Seminole selected was found to be $282 million less expensive than the next lowest-cost portfolio of alternatives. Sedway Consulting believes that this is a conservative cost differential because it is likely that the RSM results did not fully capture the production cost benefits associated with replacing coal generation with gas-fired generation.

Conclusions

Sedway Consulting performed an independent evaluation of Seminole's self-build option(s) and the market alternatives that were submitted in response to Seminole's 2021 RFP and concluded that the CPP portfolio represented the lowest-cost portfolio for meeting Seminole's 2021 resource need. That portfolio was found to be $282 million less expensive on a CPVRR basis than the next cheapest portfolio of alternatives.

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FL-GOV-20-0899-A-002788

From: Debra Jenks
To: Primrose, Nicholas
Cc: O"Connor, Kasey; Jacquot, Joe
Subject: RE: Judicial Appointment Application
Date: Monday, March 16, 2020 12:54:02 PM
Attachments: image001.png
2020.03.16 Comments to Draft App for Judicial Nomination.pdf

Dear Nick:

Sorry about the delay in getting the one set of comments which I received from a fellow JNC Commissioner about the revised Judicial Appointment Application.

I scanned the pages where the comments appear.

Thank you.

Respectfully yours,

Jenks & Harvey
EXPERIENCE WITH STYLE

Debra A. Jenks, Esq.
djenks@jenksharveylaw.com

Jenks & Harvey LLP
Office: 561-303-2919 / Fax: 561-419-9828
1555 Palm Beach Lakes Blvd., 16th Floor
West Palm Beach, FL 33401
http://www.jenksharveylaw.com

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From: Primrose, Nicholas [mailto:Nicholas.Primrose@eog.myflorida.com]
Sent: Tuesday, February 25, 2020 9:15 AM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Cc: O'Connor, Kasey <Kasey.O'Connor@eog.myflorida.com>; Jacquot, Joe <Joe.Jacquot@eog.myflorida.com>
Subject: Judicial Appointment Application

Good Morning JNC Members –

As promised, we are providing a draft of the new Governor's Judicial Appointment Application for your comments and suggestions. To streamline the process, we are requesting the Chair (or designee) of each JNC gather all comments/suggestions from their colleagues and submit collectively to our office. In order to allow for adequate review and collection of comments, we are requesting that each JNC provide one document containing comments/suggestions no later than **Monday, March 16th at noon.** The Florida Bar's Judicial Procedures Nominating Committee will be provided a copy for their review.

It is our hope that after taking all of the comments/suggestions, we will be able to switch out the

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application on July 1st when we make the new JNC appointments.

Thanks!

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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EMPLOYMENT:

8. List in reverse chronological order all full-time jobs or employment (including internships and clerkships) you have held since the age of 21. Include the name and address of the employer, job title(s) and dates of employment. For non-legal employment, please briefly describe the position and provide a business address and telephone number.

9. Describe the general nature of your current practice including any certifications which you possess; additionally, if your practice is substantially different from your prior practice or if you are not now practicing law, give details of prior practice. Describe your typical clients or former clients and the problems for which they sought your services.

10. What percentage of your appearance in court in the last five years or in the last five years of practice (include the dates) was:

Court		Area of Practice	
Federal Appellate	_____ %	Civil	_____ %
Federal Trial	_____ %	Criminal	_____ %
Federal Other	_____ %	Family	_____ %
State Appellate	_____ %	Probate	_____ %
State Trial	_____ %	Other	_____ %
State Administrative	_____ %		
State Other	_____ %		
	_____ %		_____
TOTAL	100 %	TOTAL	100 %

If your appearance in court the last five years is substantially different from your prior practice, please provide a brief explanation:

11. In your lifetime, how many (number) of the cases that you tried to verdict, judgment, or final decision were:

Jury? _____ Non-jury? _____

Arbitration? _____ Administrative Bodies? _____

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12. Please list every case that you have argued (or substantially participated) in front of the United States Supreme Court, a United States Circuit Court, the Florida Supreme Court, or a Florida District Court of Appeal, providing the case name, jurisdiction, case number, and date of argument. If there is a published opinion, please also include that citation.

13. Within the last ten years, have you ever been formally reprimanded, sanctioned, demoted, disciplined, placed on probation, suspended, or terminated by an employer or tribunal before which you have appeared? If so, please state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.

14. In the last ten years, have you failed to meet any deadline imposed by court order or received notice that you have not complied with substantive requirements of any business or contractual arrangement? If so, please explain full.

→ Last 6 cases handled on appeal ?

15. For your last six cases, which were tried to verdict, either before a jury, judge, arbitration panel or any other administrative hearing officer, list the names and telephone numbers of trial/appellate counsel on all sides and court case numbers (include appellate cases). This question is optional for sitting judges who have served five years or more.

appellate panel,

handled on appeal,

16. For your last six cases, which were settled in mediation, settled without mediation or trial, list the names and telephone numbers of trial counsel on all sides and court case numbers (include appellate cases). This question is optional for sitting judges who have served five years or more.

17. During the last five years, on average how many times per month you appeared in Court or at administrative hearings? If during any period you have appeared in court with greater frequency than during the last five years, indicate the period during which you appeared with greater frequency and succinctly explain.

18. During the last five years, if your practice was substantially personal injury, professional malpractice or workers' compensation, what percentage of your work was in representation of plaintiffs or defendants?

19. List and describe the five most significant cases which you personally litigated giving the case style, number, court and judge, the date of the case, the names of the other attorneys involved, and citation to reported decisions, if any. Identify your client and describe the nature of your participation in the case and the reason you believe it to be significant.

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For this application I think we should get at least 2-3.

20. Attach at least ~~one~~ two (or 3?), but no more than ~~three~~ 3, examples of legal writing which you personally wrote. If you have not personally written any legal documents recently, you may attach a writing sample for which you had substantial responsibility. Please describe your degree of involvement in preparing the writing you attached.

PRIOR JUDICIAL EXPERIENCE OR PUBLIC OFFICE

21. Have you ever held judicial office or been a candidate for judicial office? If so, state the court(s) involved, the dates of service or dates of candidacy, and any election results. If you have previously submitted a questionnaire or application to this or any other judicial nominating commission, please give the name(s) of the commission and the approximate date(s) of submission.

22. List any prior quasi-judicial service, including the agency or entity, dates of service, position(s) held, and a brief description of the issues you heard.

23. If you have prior judicial or quasi-judicial experience, please list the following information:

    (i) the names, phone numbers and addresses of six attorneys who appeared before you on matters of substance;
    (ii) the approximate number and nature of the cases you handled during your tenure;
    (iii) the citations of any published opinions ; and
    (iv) descriptions of the five most significant cases you have tried or heard, identifying the citation or style, attorneys involved, dates of the case, and the reason you believe these cases to be significant.

24. Provide a brief summary of and citations for all of your orders or opinions where your decision was reversed by a reviewing court or where your judgment was affirmed with significant criticism of your substantive or procedural rulings. If any of the opinions listed were not official reported, attach copies of the opinions.

25. Provide citations for significant opinions on federal or state constitutional issues, together with the citation to appellate court rulings on such opinions. If any of the opinions listed were not officially reported, attach copies of the opinions.

26. Has a complaint about you ever been made to the Judicial Qualifications Commission? If so, give the date, describe the complaint, whether or not there was a finding of probable cause, whether or not you have appeared before the Commission, and its resolution.

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34. List any speeches or talks you have delivered, including commencement speeches, remarks, interviews, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the date and place they were delivered, the sponsor of the presentation, and a summary of the presentation. If there are any readily available press reports, a transcript or recording, please attach a copy or provide a URL at which a copy can be accessed.

35. Have you ever taught a course at an institution of higher education or a bar association? If so, provide the course title, a description of the course subject matter, the institution at which you taught, and the dates of teaching. If you have a syllabus for each course, please provide.

36. List any fellowships, honorary degrees, academic or professional honors, honorary society memberships, military awards, and any other special recognition for outstanding service or achievement. Include the date received and the presenting entity or organization.

37. Do you have a Martindale-Hubbell rating? If so, what is it? + when earned ?

38. List all bar associations, legal, and judicial-related committees of which you are or have been a member. Please provide dates of membership or participation, also indicate any office you have held and the dates of office.

39. List all professional, business, fraternal, scholarly, civic, charitable, or other organizations, other than those listed in the previous question to which you belong, or to which you have belonged since graduating law school. Please provide dates of membership or participation, also indicate any office you have held and the dates of office.

40. Do you now or have you ever belonged to a club or organizations that in practice or policy restricts (or restricted during the time of your membership) its membership on the basis of race, religion (other than a church, synagogue, mosque or other religious institution), national origin, or sex (other than an educational institution, fraternity or sorority)? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices and whether you intend to continue as a member if you are selected to serve on the bench.

41. Please describe any pro bono legal work you have done, giving dates of service.

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? FIRM/PA ?
INDIVIDUAL ?
W-2/K-1

FINANCIAL HISTORY

1. State the amount of gross income you have earned, or losses you have incurred (before deducting expenses and taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field. INDIV. FEE REV. ?

   Current year to date _____

   List Last 3 years _____ _____ _____

2. State the amount of net income you have earned, or losses you have incurred (after deducting expenses but not taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

   NET VS GROSS on W-2 ? FIRM/PA W-2/K-1 ?

   Current year to date _____

   List Last 3 years _____ _____ _____

3. State the gross amount of income or loses incurred (before deducting expenses or taxes) you have earned in the preceding three years on a year by year basis from all sources other than the practice of law, and generally describe the source of such income or losses.

   Current year to date _____

   List Last 3 years

   _____ _____ _____

4. State the amount of net income you have earned or losses incurred (after deducting expenses) from all sources other than the practice of law for the preceding three-year period on a year by year basis, and generally describe the sources of such income or losses.

   Current year to date _____

   List Last 3 years

   _____ _____ _____

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From: Beatrice, Meredith M.
To: Mahon, Jason; Moscoso, Alberto; Ferre, Helen; Vause, Tiffany; Coppola, Courtney
Cc: Marquez, Jonas; Lukis, Adrian; Gambineri, Mara; Ernst, Colleen; McCloud, Cody
Subject: RE: [EXTERNAL] RE: For tomorrow
Date: Tuesday, March 10, 2020 11:48:08 AM
Attachments: Daily Talking Points for 3.10.2020_3mb.docx
COVID Roll Up 3.10.20_2mb.docx

Jason and Alberto:

See updates attached. Please note track changes and comments on the talking points. Please review a final time before sending.

Thanks,

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Tuesday, March 10, 2020 8:15 AM
To: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Vause, Tiffany <Tiffany.Vause@DEO.myflorida.com>; Coppola, Courtney <Courtney.coppola@flhealth.gov>
Cc: Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>
Subject: RE: [EXTERNAL] RE: For tomorrow

Edits attached.

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Tuesday, March 10, 2020 7:45 AM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Vause, Tiffany <Tiffany.Vause@DEO.myflorida.com>; Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Subject: [EXTERNAL] RE: For tomorrow

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

AMERICAN OVERSIGHT

Alberto Moscoso
Communications Director
Florida Department of Health
(850) 408-7687

From: Moscoso, Alberto
Sent: Tuesday, March 10, 2020 7:39 AM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Vause, Tiffany <Tiffany.Vause@DEO.myflorida.com>; Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Subject: RE: For tomorrow

Updated. Please review.

Alberto Moscoso
Communications Director
Florida Department of Health
(850) 408-7687

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Monday, March 9, 2020 8:37 PM
To: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Vause, Tiffany <Tiffany.Vause@DEO.myflorida.com>; Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Subject: For tomorrow

Please see attached to be distributed tomorrow morning. If there are any changes in numbers, Alberto will plug those in in the morning.

Jason Mahon
Communications Director
Florida Division of Emergency Management
850-815-4131 (desk)
850-294-2169 (cell)
Jason.Mahon@em.myflorida.com

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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COVID-19 Daily Talking Points
March 10, 2020

Yesterday, Governor Ron DeSantis issued Executive Order 20-52, declaring a State of Emergency. By declaring a State of Emergency, Governor DeSantis is ensuring that state and local governments have the resources and flex bility they need to prepare and respond.

The Governor and Florida Department of Health's highest priority at this time is slowing the spread of COVID-19 and ensuring anyone who is potentially infected is appropriately identified, cared for and isolated.

As a part of the statewide response, Governor DeSantis has ordered the following state agencies to take an active role in combatting this outbreak:

- **Florida Department of Transportation** - FDOT Secretary Th bault and staff from DOH will be hosting weekly conference calls with all passenger seaports and public use airports to provide updates related to COVID-19.
- **Agency for Health Care Administration** – AHCA is hosting calls with the Florida Health Care Association and Florida Hospital Association to facilitate conversations regarding facility transfers and the screening of facility visitors.
    - Additionally, AHCA is providing ongoing support through constant communication with hospitals and health care facilities to provide information on CDC infection prevention and control guidelines.
- **Florida Department of Education –** Commissioner Corcoran is working with schools, colleges and universities to provide support for alternate learning opportunities in the case that campuses need to be closed due to COVID-19.

The Department will be sending a press release update every morning, seven days per week, to keep the public informed.

The Florida Department of Health is advising all individuals who have traveled internationally to follow the **CDC guidelines**, summarized below:

- **Level 3:** CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- **Level 2 and Cruises:** Travelers should monitor their health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Last night, the Department announced a new case of COVID-19 in Broward County. The Department, through an extensive epidemiological investigation, identified this new case as the third positive case of COVID-19 associated with Port Everglades in Broward County, Florida. Further, all three cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

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- The Florida Department of Health recommends all individuals experiencing symptoms who have recently travelled through Port Everglades to immediately contact their County Health Department or health care provider and self-isolate for 14 Days.
- The Department also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isolate at home.
- The Department is working to connect with all employees at Metro Cruise Services who may have come into contact with the three individuals who have tested positive for COVID-19 to provide the employees with the appropriate guidance and monitoring.
- The department is working in close consultation with the Centers for Disease Control and Prevention (CDC) on this investigation.
- CDC recommends that individuals with recent travel history on a cruise to monitor their health for 14 days and, if they develop symptoms, to immediately self-isolate and contact their County Health Department or health care provider.

The Department is urging residents to stay informed on how to protect themselves and their communities from COVID-19.

The Department encourages everyone to seek medical attention and diagnosis if they suspect they have contracted COVID-19 or come into contact with someone who has COVID-19.

The Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19 remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

Governor DeSantis is working closely with state agencies and the Department to monitor, prepare and prevent the spread of this virus.

The Department of Health updates Florida's COVID-19 information page daily. Please visit FloridaHealth.gov/ COVID-19/ for the latest information.

COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	**Age**	**Sex**	**Known History of International Travel**
1	**Manatee**	**63**	**Male**	**No**
2	**Hillsborough**	**29**	**Female**	**Yes**
3	**Santa Rosa**	**71**	**Male**	**Yes**
4	**Broward**	**75**	**Male**	**No**
5	**Broward**	**65**	**Male**	**No**
6	**Lee**	**77**	**Female**	**Yes**

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7	Lee	77	Male	Yes
8	Charlotte	54	Female	Yes
9	Okaloosa	61	Female	Yes
10	Volusia	66	Female	Yes
11	Manatee	81	Female	Yes
12	Broward	67	Male	No
13	Volusia	60	Female	Yes
14	Broward	69	Female	No

Commented [BMM1]: Please add blue color to be consistent

Please visit floridahealth.gov/COVID19 to obtain the most recent information including state test results pending, the number of negative test results and positive cases of COVID-19.

The Florida Department of Health is actively involved in enhanced surveillance for respiratory illness that may be COVID-19. Epidemiologists will follow up on any suspected cases that meet criteria for COVID-19 to arrange for testing when needed and monitor contacts of any confirmed cases, if they occur.

The Department will communicate regularly with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

Everyone plays a part in lowering the impact within our communities and workplaces – taking every day preventative actions helps to impede the spread of respiratory diseases such as COVID-19. Preventative actions include:

- **Washing your hands frequently with soap and water for at least 20 seconds**, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- **Avoiding close contact** with people who are sick.
- **Staying home when you are sick**. **This message cannot be emphasized enough.**
- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- **Before traveling take certain steps**:
  - Check CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel.
  - Employees who become sick while traveling must understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

The Department of Health has set up a dedicated COVID-19 Call Center for questions about this virus. Anyone with questions may call **1-(866) 779-6121** or email **COVID-19@flhealth.gov**. **The Call Center is available 24 hours a day, seven days a week.**

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If Asked:

"What is the Department doing about the cruise ships near Florida that could be carrying individuals infected with COVID-19?"

-The Department of Health has been notified that one cruise ship off the coast of Miami may have cases of COVID-19, the Caribbean Princess.

- On Sunday, March 8th, the U.S. Coast Guard ordered the Regal Princess cruise ship to disembark following negative tests for COVID-19.

Commented [BMM2]: Please verify this language one final time.

Although this issue falls under federal jurisdiction, since being notified, the department has been working closely with the cruise industry, CDC, Coast Guard and other partners to ensure every effort is made to keep the Floridians on board safe, while also protecting Florida residents across the state. Over the coming days, we will continue to work with these partners to provide testing support and resolve this situation as quickly as possible.

"What is the number of patients tested in my county?"

-We appreciate the desire to understand how many Floridians in each community have been tested, received a negative test or are under public health monitoring as a result of suspicion they may have COVID-19 or has been in contact with someone who have COVID-19. Balancing the privacy of the individuals being tested and monitored and the confidentiality of the epidemiological investigations with the responsibility to Floridians to disclose information to protect the public is a vital role of the Florida Department of Health (DOH). The DOH strives to protect the identity of individuals tested or affected by COVID-19, while also ensuring information necessary for the public health is available.

As such, in order to protect personally identifiable health information (PHI) of Floridians, the Florida Department of Health is unable to break down the number of individuals who have received a negative test, have pending test results or are under public health monitoring by community.

Floridians can view the aggregate state level information at www.FLHealth.gov/COVID-19. This information is updated daily.

Additionally, the Florida Department of Health is encouraging all Floridians to be aware. Floridians should practice good hand hygiene and wash their hands with soap and water for a minimum of 20 seconds, use a tissue when they sneeze or cough and immediately dispose of it in the trash and stay home if they are sick."

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Joint Information Center on COVID-19 for the State of Florida

The State of Florida Issues Updates on COVID-19

FOR IMMEDIATE RELEASE
March 10, 2020

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

TALLAHASSEE — The State of Florida is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aware regarding the status of the virus, the Florida Department of Health will be issuing this update every morning, seven days per week.

Yesterday, March 9, Governor Ron DeSantis issued Executive Order 20-52, declaring a State of Emergency for COVID-19. By declaring a State of Emergency, Governor DeSantis is ensuring that state and local governments have the resources and flexibility they need to prepare and respond.

COVID-19 UPDATE

Port Everglades Advisory

Last night, the Department announced a new positive case of COVID-19 in Broward County. The Department, through an extensive epidemiological investigation, identified this new case as the third positive case of COVID-19 associated with Port Everglades in Broward County, Florida. Further, all three cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

- The Florida Department of Health recommends all individuals experiencing symptoms who have recently traveled through Port Everglades to immediately contact their County Health Department or health care provider and self-isolate for 14 days.
- The Department also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isolate at home.
- The Department is working to connect with all employees at Metro Cruise Services who may have come into contact with the three individuals who have tested positive for COVID-19 to provide the employees with the appropriate guidance and monitoring.

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- The department is working in close consultation with the Centers for Disease Control and Prevention (CDC) on this investigation.
- CDC recommends that individuals with recent travel history on a cruise to monitor their health for 14 days and, if they develop symptoms, to immediately self-isolate and contact their County Health Department or health care provider.

COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	**Age**	**Sex**	**Known History of International Travel**
1	**Manatee**	**63**	**Male**	**No**
2	**Hillsborough**	**29**	**Female**	**Yes**
3	**Santa Rosa**	**71**	**Male**	**Yes**
4	**Broward**	**75**	**Male**	**No**
5	**Broward**	**65**	**Male**	**No**
6	**Lee**	**77**	**Female**	**Yes**
7	**Lee**	**77**	**Male**	**Yes**
8	**Charlotte**	**54**	**Female**	**Yes**
9	**Okaloosa**	**61**	**Female**	**Yes**
10	**Volusia**	**66**	**Female**	**Yes**
11	**Manatee**	**81**	**Female**	**Yes**
12	**Broward**	**67**	**Male**	**No**
13	**Volusia**	**60**	**Female**	**Yes**
14	**Broward**	**69**	**Female**	**No**

International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to follow **CDC guidelines**, summarized below:

- **Level 3:** CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avoiding going out in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Department or health care provider.
- **Level 2 and Cruises:** Travelers should monitor their health and limit interactions with others for 14 days after returning to the United States. If you become symptomatic, immediately self-isolate and contact your county health department or health care provider.
- For more information regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

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A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider or local County Health Department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the County Health Department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two positive cases in Florida.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121. The Call Center is available 24 hours per day**. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

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- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

Actions the State has Taken to Prepare for and Respond to COVID-19

DEPARTMENT OF HEALTH

- Governor Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
- Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19.
- Governor Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a public health emergency.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Established an incident management team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities, and hospitals.
- Established a public call-center for questions regarding COVID-19.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.

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- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, Health Care Coalitions (HCCs) and County Health Departments (CHD).
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

AGENCY FOR HEALTHCARE ADMINISTRATION

- The Agency for Healthcare Administration (AHCA) opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.
- AHCA shared key guidance including CDC and the department information regarding the importance of screening visitors, infection control protocol, and hygiene best practices.
- AHCA hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Tuesday, March 3, with 1,000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these providers such as restricting and screening visitors.
- AHCA hosted a statewide call for assisted living facilities, intermediate care facilities, Agency for Persons with Disabilities (APD) group homes and adult family care homes on Tuesday, March 3, with nearly 1,500 participants. Secretary Mayhew, Surgeon General Rivkees and APD Director Palmer addressed critical issues impacting these providers such as restricting and screening visitors.
- AHCA hosted a statewide call for hospitals in conjunction with the Florida Hospital Association on Wednesday, March 4, with 84 locations participating. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting Florida hospitals.
- AHCA hosted a statewide call for nursing homes in conjunction with the Florida Health Care Association on Friday, March 6, with 524 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting these

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providers such as a newly developed visitor screening toolkit and recent memos from the Centers for Medicare and Medicare Services.

- AHCA hosted a statewide call for hospitals in conjunction with LeadingAge Florida and the Florida Life Care Residents Association on Friday, March 6, with 1,000 participants. Secretary Mayhew and Surgeon General Rivkees addressed critical issues impacting senior populations and nursing homes.
- AHCA hosted a call with the Florida Health Care Association and Florida Hospital Association to facilitate a conversation regarding facility transfers and the screening of facility visitors/developed toolkit on Saturday, March 7.
- AHCA expanded the event on the Emergency Status System to collect isolation beds for hospitals effective Saturday, March 7.
- AHCA and the department established regularly scheduled calls with long-term care facilities on Thursday, March 10.
- AHCA sent CDC infection prevention and control guidelines to hospitals across the state.

FLORIDA DEPARTMENT OF TRANSPORTATION

- At the direction of Governor DeSantis, FDOT Secretary Kevin J. Thibault, along with Surgeon General Dr. Scott Rivkees, hosted a conference call with all Florida ports and their governing bodies as well as all public use airports to discuss Florida's ongoing response to the COVID-19 virus.
- FDOT Secretary Thibault and staff from the department will be hosting weekly conference calls with all passenger seaports and public use airports to provide updates related to COVID-19.
- COVID-19 educational materials are being posted in FDOT facilities, which include welcome centers, service plazas and rest areas across the state.
- SunRail has posted COVID-19 educational materials inside all trains and on all platforms, focusing on areas near entrances and bathrooms.
- SunRail trains are being cleaned and sanitized daily and SunRail staff have been provided sanitizing towelettes and encouraged to wash their hands frequently throughout the day.
- FDOT is providing hand sanitizer and posting COVID-19 educational materials at its public meetings across the state.

FLORIDA DEPARTMENT OF CORRECTIONS

- Florida Department of Corrections (FDC) has no known or suspected cases of COVID-19 within its correctional institutions at this time.
- FDC's Office of Health Services coordinates with the department for guidance on any type of outbreak and is closely monitoring new information as it is disseminated from Florida department and the CDC.
- FDC has a plan in place and dedicated staff members trained in the prevention and containment of infectious diseases.
- FDC has stood up its Incident Command System in response to COVID-19.
- Education has been provided to staff, inmates and visitors to prevent the spread of any infectious disease, including COVID-19.

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- Precautions are in place at facilities to protect inmates and staff from exposure to flu, COVID-19 or any other respiratory illness and are being followed per CDC recommendations.

FLORIDA DEPARTMENT OF STATE

- The Florida Department of State (DOS) has been in contact with the Supervisors of Elections for Hillsborough, Lake, Leon, Manatee, Palm Beach and Sarasota Counties to determine their needs specifically as it relates to supplies. The supervisors have been encouraged to connect with their county emergency management department for meeting these resource needs.
- DOS is actively wiping down public spaces including all DOS maintained properties, reception areas, and restrooms with bleach or disinfectant wipes to mitigate the spread of germs.

OFFICE OF INSURANCE REGULATION

- OIR Insurance Commissioner David Altmaier is actively engaged with insurers and key partners at the state and national level regarding COVID-19. Commissioner Altmaier is collaborating with other state insurance commissioners and the National Association of Insurance Commissioners to share information and resources.
- OIR has issued Informational Memorandum OIR-20-01M to all health insurers and health maintenance organizations, directing them to:
    - Use every channel available to them to communicate with their policyholders and share official CDC and Department of Health information;
    - Devote resources to inform consumers of available benefits, quickly respond to inquiries, and avoid and dispel misinformation;
    - Work with public health officials to do everything possible to prepare and respond; and
    - Consider all practicable options to reduce the barriers of cost-sharing for testing and treatment of COVID-19.
- OIR is reaching out to insurers regarding their response to COVID-19 and working with insurers to make sure they are properly communicating to consumers.
- OIR has activated its incident management team and has met to review disaster response procedures.
- OIR has issued notices to all of its employees providing resources regarding COVID-19 and outlining the steps recommended by the Centers for Disease Control and Florida Department of Health to take preventative health measures.

AGENCY FOR PERSONS WITH DISABILITIES

- APD sent the latest COVID-19 news releases to all employees, Waiver Support Coordinators, providers, and stakeholders.
- APD sent additional preventative tips to APD providers, Waiver Support coordinators, and APD employees.
- APD continues to share/promote all related DOH social media content.

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DEPARTMENT OF ELDER AFFAIRS

- Department of Health guidance has been sent to the Executive Directors at Area Agencies for Aging; they, in turn, are sending that information to their Lead Providers and Agencies.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

- On March 7, all Florida State Parks and DEP social accounts began posting direct social content to followers.
- On March 9, Florida State Parks and DEP social accounts posted health and safety tips to social media channels.

FISH AND WILDLIFE CONSERVATION COMMISSION

- FWC continues to share material from Governor DeSantis and DOH via social; focusing on Twitter.
- FWC is focusing on information for the elderly population and businesses.

DEPARTMENT OF ECONOMIC OPPORTUNITY

- The Florida Department of Economic Opportunity (DEO) continues to encourage businesses to follow the "Interim Guidance for Businesses and Employers" issued by the Center for Disease Control and Prevention (CDC).
- DEO has shared situational information and updates including the DOH COVID-19 press release, DOH website and call center number with ESF 18 partners and business contacts.
- The Florida Restaurant and Lodging Association (FRLA) and Florida Retail Federation, and the Florida Chamber of Commerce, in coordination with DEO, are working to provide health safety information and coordination with partners, including how to address potential local supply issues.
- DEO is coordinating with CareerSource Florida, local workforce boards, and other public-private partners.
- DEO has collaborated with partners at EFI and VISIT FLORIDA and is working to provide business partners, ESF-18 partners, Chamber members and the Economic Development Councils throughout the state a toolkit to disperse to their business communities on preventative actions to take, as well as email and social media messaging they can use in their communities.
- DEO continues to share messaging from Governor DeSantis as well as DOH on all social media outlets.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

- FDLE is coordinating ESF-16 providing updates weekly and as needed and securing staffing.
- FDLE's Office of Mutual Aid prepared and distributed a law enforcement guide on COVID-19 for law enforcement partners and state agencies.

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- Florida's Homeland Security Advisor participates in weekly calls with the Department of Homeland Security Assistant Secretary and other Advisors around the country to coordinate response and identify best practices.
- FDLE regions are working with the Regional Domestic Security Task Forces to prepare any responses needed.
- FDLE Commissioner Rick Swearingen sent an email to all members outlining simple ways to prevent the spread of COVID-19 as well as links to the Florida Department of Health and CDC websites. Signs have been posted in all FDLE Regions and at Headquarters with prevention information.
- FDLE is reviewing its COOP and determining which members can work from home if necessary.
- FDLE is in the process of placing additional hand sanitizing stations in high traffic areas and opening certain interior doors to minimize touching and prevent spread of the virus.
- FDLE is in regular communications with the Florida Department of Health and our ESF-16 partners regarding COVID-19 preparations.
- FDLE's Mutual Aid team is holding weekly conference calls with the State Emergency Operations Center and will begin sending out situational reports to the FDLE Regions this week.

VOLUNTEER FLORIDA

- Volunteer Florida is continuing to post on social media about ways to prevent the spread of coronavirus. We are also sharing posts from the Florida Department of Health. ***COVID-19 banner has also been added to www.volunteerflorida.org.***
- Volunteer Florida agency is coordinating with the Florida Department of Elder Affairs to see how we can assist with spreading information to seniors.
- Volunteer Florida's Emergency Management Department is having initial conversations with partners to determine what could be needed and what safety precautions need to be considered if volunteers are utilized.
- Volunteer Florida agency is continuing to share information about preventative measures that should be taken with staff, Commissioners, Foundation Board Members and sub-grantees.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

###

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Mahon, Jason
Subject: RE: [EXTERNAL] Re: ***TALKING POINTS NEEDED MON (tomorrow) MORNING for Dr. Alonso in DOH-Palm Beach
Date: Sunday, March 8, 2020 3:47:00 PM
Attachments: COVID%20Daily%20Talking%20Points_8MAR20.docx

Updated draft attached. Please send me draft press release.

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Sunday, March 8, 2020 3:23 PM
To: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject: FW: [EXTERNAL] Re: ***TALKING POINTS NEEDED MON (tomorrow) MORNING for Dr. Alonso in DOH-Palm Beach

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From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Sunday, March 8, 2020 1:17 PM
To: Shaw, Alexander I <ALEXANDER.SHAW@flhealth.gov>; Mahon, Jason <Jason.Mahon@em.myflorida.com>; Feedback, NewsMedia <NewsMedia@flhealth.gov>; Tiffany.Vause@deo.myflorida.com; Dalton, Brad L <Brad.Dalton@flhealth.gov>; Payne, Wes <Wes.Payne@flhealth.gov>
Subject: [EXTERNAL] Re: ***TALKING POINTS NEEDED MON (tomorrow) MORNING for Dr. Alonso in DOH-Palm Beach

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Will call you.

Alberto Moscoso
Communications Director
Florida Department of Health
(850) 408-7687

From: Shaw, Alexander I <ALEXANDER.SHAW@flhealth.gov>
Sent: Sunday, March 8, 2020 12:45:06 PM
To: Jason.Mahon@em.myflorida.com <Jason.Mahon@em.myflorida.com>; Feedback, NewsMedia <NewsMedia@flhealth.gov>; Tiffany.Vause@deo.myflorida.com <Tiffany.Vause@deo.myflorida.com>; Dalton, Brad L <Brad.Dalton@flhealth.gov>; Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>; Payne, Wes <Wes.Payne@flhealth.gov>
Subject: ***TALKING POINTS NEEDED MON (tomorrow) MORNING for Dr. Alonso in DOH-Palm Beach

Alberto and DOH CO Team,

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I assume you are all aware of this situation, but if you are not, in short, a women in Pennsylvania, confirmed with COVID-19, was displaying symptoms when she attended the ACTRIMS Conference (Americas Committee for Treatment and Research in Multiple Sclerosis) on **2/28 at the West Palm Beach Convention Center in Palm Beach County.**

Obviously this is going to cause a great deal of panic, and a huge amount of media attention as everyone is going to want to know details about this woman, who she interacted with at the conference, what hotel she stayed at, what restaurants she ate at, etc, etc. Who should be concerned, what should people do, etc, etc.

Dr. Alonso is having a closed meeting with Discovery of the Palm Beaches & ACTRIMS tomorrow **(Monday 3/9) at 1:30pm**. She expects the media could be waiting for her after this meeting, and she wants to know what she should be allowed to say / talking points. I also would like to be as prepared as possible for any answers we need to give about this.

Because this now makes the situation more of a community spread, she would like to say that this is not a concern for the general population, and that the Department of Health is only focused on people who this woman may have interacted with at the convention center on 2/28, and that what people should do to monitor for symptoms etc, until the contagious period has passed, etc, and be prepared to say why we are not concerned with anywhere else she was, etc, etc.

Please see below for more info.

Dr. Alonso and I will both have our cells nearby today if you need to speak with me or her. Otherwise, please get back to me by sometime tomorrow morning.

Thanks

Alex

From: Alonso, Alina M <Alina.Alonso@flhealth.gov>
Sent: Sunday, March 8, 2020 8:39 AM
To: Thomas, Karen A; Kopit, Russell; Lutchman, Shamilla N
Subject: Fwd: ACTRIMS

I received this email from Ms Cooksey just now. There was an attendee at the Actrims

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Confrence that took place at the Palm Beach County Convention Center who had symptoms while attending the Booth on 2/28. The Pennsylvania Health Departmnt contact our State Department to notify us. The email below is our suggestion to have them send out an email to their attendees of possible exposure and how to report to their health departments if they have symptoms. I have contacted The County to inform them about the event. I will follow up after we discuss further as to any other further action to be taken.
Get Outlook for iOS

From: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>
Sent: Sunday, March 8, 2020 8:04 AM
To: Alonso, Alina M
Subject: ACTRIMS

From: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>
Sent: Saturday, March 7, 2020 5:12 PM
To: Lynda Patterson (ACTRIMS) <lpatterson@actrims.org>
Subject: RE: Important Follow-up Contact Needed with the Florida Department of Health

Ms. Patterson,

Below is suggested language for notification to their attendees. Thank you for your help.

Good Afternoon – We appreciate your attendance at the recent ACTRIMS Conference in West Palm Beach, Florida.

It has come to our attention that one of our conference attendees was diagnosed with COVID-19 after returning home and may have had symptoms while they were at the conference. In light, of the seriousness of this disease and the impact it has on individuals who are elderly and individuals with compromised immune systems, we felt it imperative that we inform you as soon as possible since many of work with this population. This individual was at the Biogen Booth on February 28 and would have been infected with COVID-19 while they were at the ACTRIMS Conference.

If you are experiencing fever, cough and/or shortness of breath you should contact your healthcare provider as soon as possible. You should call them before seeking care when possible.

For more information about COVID-19 in Florida, we recommend you visit www.FlHealth.gov/COVID-19.

We apologize for this inconvenience and wanted to provide you the most up-to-date information as soon as possible.

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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COVID-19 Daily Talking Points
March 8, 2020

At this time, ~~T~~the Florida Department of Health's highest priority ~~at this time~~ is ~~controlling~~ containing the spread of COVID-19 and ~~ensuring anyone who is likely to spread it is~~ appropriately identify~~ed~~ing, treating and isolating anyone who is likely to spread the virus.~~ied, treated and isolated.~~

While the risk for infection remains relatively low, with confirmed cases of Coronavirus Disease 2019 (COVID-19) in Florida, the Department is urging residents to stay informed on how to protect themselves and their communities from COVID-19.

The Department encourages everyone to contact their local health department to facilitate ~~to seek~~ medical attention and diagnosis if they suspect they have contracted COVID-19 or come into contact with someone who has COVID-19.

The Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19 ~~remains~~ is the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida. The Department of Health updates Florida's COVID-19 information page daily.

Governor DeSantis is working closely with state agencies and the Department to monitor, ~~prepare~~ contain and prevent the spread of this virus.

~~The Department of Health updates Florida's COVID-19 information page daily. Please visit FloridaHealth.gov/ COVID-19/ for the latest information.~~

~~Yesterday and today, March 7, t~~Yesterday, the Department announced 4 new presumptive positive Florida COVID-19 cases. The individuals are isolated and being appropriately cared for.

Current data on ~~To date, the Department has released the following information on~~ COVID-19 cases and testing:

- 108 tests in state results pending
- 118 negatives
- 17 Florida cases (16 Florida residents)
    - 11 diagnosed in Florida
    - 5 diagnosed and isolated in another state
    - 1 confirmed positive ~~(~~non-Florida resident~~)~~
- 1,038 people monitored to date
- 280 of ~~that~~ 1,038 are currently being monitored

The ~~Florida~~ Department ~~of Health~~ is actively involved in enhanced surveillance for respiratory illness that may be COVID-19. Epidemiologists ~~will~~ are following ~~follow~~ up on any suspected cases that meet criteria for COVID-19 to arrange for testing when ~~needed~~ necessary and monitor contacts of any confirmed cases~~, if they occur~~.

The ~~Florida~~ Department ~~of Health~~ will continue regular communicatione ~~regularly~~ with the public and health care providers with updates on COVID-19 and other respiratory illnesses.

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Everyone plays a part in lowering the impact within our communities and workplaces – taking every day preventative actions helps to ~~impede~~ prevent the spread of respiratory diseases such as COVID-19. Preventative actions include:

- **Washing your hands frequently with soap and water for at least 20 seconds**, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- **Staying home when you are sick. This message cannot be emphasized enough.**
- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- **Avoiding close contact** with people who are sick.
- ~~**Staying home when you are sick. This message cannot be emphasized enough.**~~
- ~~Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.~~
- **Before traveling, take certain steps**:
    - Check ~~the~~ CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel.
    - Employees who become sick while traveling ~~must understand that they~~ should notify their supervisor and should promptly call a healthcare provider for guidance~~advice if needed~~.

The Department ~~of Health's~~ has ~~set up~~ established a dedicated COVID-19 Call Center for questions about this virus. Anyone with questions may call **1-(866) 779-6121** or email COVID-19@flhealth.gov**.** The Call Center is available **24 hours a day, seven days a week**.

If Asked:

"What is the number of patients tested in my county?"

-We appreciate the desire to understand how many Floridians in each community have been tested, received a negative test or are under public health monitoring as a result of suspicion they may have COVID-19 or has been in contact with someone who have COVID-19. Balancing the privacy of the individuals being tested and monitored and the confidentiality of the epidemiological investigations with the responsibility to Floridians to disclose information to protect the public is a vital role of the Florida Department of Health. Due to the nature of a unique virus, such as COVID-19, to share how many people in each community that have been tested or are under public health monitoring could potentially release identifying information, especially in Florida's smaller communities.

AMERICAN OVERSIGHT

As such, in order to protect personally identifiable health information (PHI) of Floridians, the Florida Department of Health is unable to ~~break down~~ disclose the number of individuals who have received a negative test, have pending test results or are under public health monitoring by community.

Floridians can view the aggregate, state level information at www.FLHealth.gov/COVID-19. This information is updated daily.

Additionally, the Florida Department of Health is encouraging all Floridians to be aware. Floridians should practice good hand hygiene and wash their hands with soap and water for a minimum of 20 seconds, use a tissue when they sneeze or cough and immediately dispose of it in the trash and stay home if they are sick."

AMERICAN OVERSIGHT

From:	Parker, Will
To:	Limehouse, Thomas; Lang Wiseman; Dove, David; david.maron@govreeves.ms.gov; Jacquot, Joe
Subject:	RE: [External] RE: Counsel & Chiefs call?
Date:	Wednesday, March 18, 2020 11:05:24 AM
Attachments:	image002.png image003.png image004.png

I, too, would be interested in a call. Thanks for thinking of this.

Will Parker
General Counsel

Office of Governor Kay Ivey
600 Dexter Avenue • Montgomery, AL • 36130
Office: 334-242-7120 • Fax: 334-242-2335

Will.Parker@governor.alabama.gov
https://governor alabama.gov

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From: Limehouse, Thomas <TLimehouse@governor.sc.gov>
Sent: Wednesday, March 18, 2020 9:27 AM
To: Lang Wiseman <Lang.Wiseman@tn.gov>; Dove, David <david.dove@georgia.gov>; Parker, Will <Will.Parker@governor.alabama.gov>; david.maron@govreeves.ms.gov; joe.jacquot@eog.myflorida.com
Subject: RE: [External] RE: Counsel & Chiefs call?

Thanks, David. I agree and would be glad to jump on a call this morning.

Best,
Thomas

AMERICAN OVERSIGHT

Thomas A. Limehouse, Jr.
Chief Legal Counsel
Office of the Governor
State of South Carolina
(o) 803-734-6023
(m) 803-609-5807
tlimehouse@governor.sc.gov

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From: Lang Wiseman <Lang.Wiseman@tn.gov>
Sent: Tuesday, March 17, 2020 3:42 PM
To: Dove, David <david.dove@georgia.gov>; Limehouse, Thomas <TLimehouse@governor.sc.gov>; Parker, Will <Will.Parker@governor.alabama.gov>; david.maron@govreeves.ms.gov; joe.jacquot@eog.myflorida.com
Subject: [External] RE: Counsel & Chiefs call?

I like this idea. My preference for timing would be for tomorrow morning sometime, preferably in the 9:30-12pm CST time frame.

Sincerely,

TN Tennessee State Government | Office of the Governor

Lang Wiseman | Deputy & Chief Counsel to the Governor
State Capitol, First Floor
600 Dr. Martin Luther King, Jr. Blvd.
Nashville, TN 37243
(615) 741-3761
Lang.Wiseman@TN.gov

From: Dove, David <david.dove@georgia.gov>
Sent: Tuesday, March 17, 2020 1:07 PM
To: Limehouse, Thomas <TLimehouse@governor.sc.gov>; Lang Wiseman <Lang.Wiseman@tn.gov>; Parker, Will <Will.Parker@governor.alabama.gov>; david.maron@govreeves.ms.gov; joe.jacquot@eog.myflorida.com
Subject: [EXTERNAL] Counsel & Chiefs call?
Importance: High

AMERICAN OVERSIGHT

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

All,

I know everyone has their plates full right now with coronavirus response. However, to ensure that we are all working in a way that not only helps our own states, but also the region, would it be helpful for us counsel and the chiefs of staff in our offices to jump on a quick call either later today or sometime tomorrow?

Personally, I have spent more time than I care to on the phone lately, but we thought it may be helpful to quickly trade ideas and get an update with you all in the southeast region.

Thanks, and please let me know if I can help any of you here in Georgia.

David

--
David B. Dove
Executive Counsel
Governor Brian P. Kemp

206 Washington Street, SW
201 State Capitol
Atlanta, Georgia 30334
david.dove@georgia.gov

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AMERICAN OVERSIGHT

From:	David Maron
To:	"Limehouse, Thomas"; Lang Wiseman; Dove, David; Parker, Will; Jacquot, Joe
Cc:	David Maron; Emily Kruger
Subject:	RE: <EXTERNAL>: RE: [External] RE: Counsel & Chiefs call?
Date:	Wednesday, March 18, 2020 12:06:17 PM
Attachments:	image003.png image004.png

Thank you. My apologies for not responding sooner. Has a call been scheduled?

If it has not already been held, we would be glad to get on a call today as well.

Best regards-

DFM

David F. Maron
Chief Legal Counsel
Office of Governor Tate Reeves
P.O. Box 139 • Jackson, MS • 39205
Office: (601) 576-2146
David.Maron@GovReeves.ms.gov

From: Limehouse, Thomas <TLimehouse@governor.sc.gov>
Sent: Wednesday, March 18, 2020 9:27 AM
To: Lang Wiseman <Lang.Wiseman@tn.gov>; Dove, David <david.dove@georgia.gov>; Parker, Will <Will.Parker@governor.alabama.gov>; David Maron <David.Maron@GovReeves.ms.gov>; joe.jacquot@eog.myflorida.com
Subject: <EXTERNAL>: RE: [External] RE: Counsel & Chiefs call?

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Thomas

AMERICAN OVERSIGHT

Thomas A. Limehouse, Jr.
Chief Legal Counsel
Office of the Governor
State of South Carolina
(o) 803-734-6023
(m) 803-609-5807
tlimehouse@governor.sc.gov

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Subject: [External] RE: Counsel & Chiefs call?

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TN Tennessee State Government | Office of the Governor

Lang Wiseman | Deputy & Chief Counsel to the Governor
State Capitol, First Floor
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Nashville, TN 37243
(615) 741-3761
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Sent: Tuesday, March 17, 2020 1:07 PM
To: Limehouse, Thomas <TLimehouse@governor.sc.gov>; Lang Wiseman <Lang.Wiseman@tn.gov>; Parker, Will <Will.Parker@governor.alabama.gov>; david.maron@govreeves.ms.gov; joe.jacquot@eog.myflorida.com
Subject: [EXTERNAL] Counsel & Chiefs call?
Importance: High

AMERICAN OVERSIGHT

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All,

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Thanks, and please let me know if I can help any of you here in Georgia.

David

--
David B. Dove
Executive Counsel
Governor Brian P. Kemp

206 Washington Street, SW
201 State Capitol
Atlanta, Georgia 30334
david.dove@georgia.gov

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AMERICAN OVERSIGHT

From: Moulton, Diane
To: Marquez, Jonas
Cc: Ferre, Helen; Strum, Shane
Subject: RE: *FOR APPROVAL* Governor"s Weekend Schedule
Date: Saturday, March 7, 2020 8:17:51 AM

Just found out it's a meeting at 9:00 am rather than a conference call.

From: Moulton, Diane
Sent: Saturday, March 7, 2020 8:16 AM
To: Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>
Cc: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.myflorida.com>
Subject: RE: *FOR APPROVAL* Governor's Weekend Schedule

Please add a conference call with Dr. Rivkees at 9:00 am.

From: Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>
Sent: Friday, March 6, 2020 4:14 PM
To: Strum, Shane <Shane.Strum@eog.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Cc: Ferre, Helen <Helen.Ferre@eog.myflorida.com>
Subject: *FOR APPROVAL* Governor's Weekend Schedule

Shane,

Please see below schedule for approval.

Jonas

GOVERNOR RON DESANTIS SCHEDULE
FOR
SATURDAY, MARCH 7, 2020

2:30pm **MEETING WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Port Everglades Administration Building
Address: 1850 Eller Drive
Fort Lauderdale, FL 33316

###

AMERICAN OVERSIGHT

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
SATURDAY, MARCH 7, 2020

12:00pm **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

GOVERNOR RON DESANTIS SCHEDULE
FOR
SUNDAY, MARCH 8, 2020

NO SCHEDULED EVENTS

###

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
SUNDAY, MARCH 8, 2020

10:00am **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

AMERICAN OVERSIGHT

From: Moulton, Diane
To: Marquez, Jonas
Subject: RE: *UPCOMING 10 MIN* DeSantis/Nuñez Administrative Schedule for Monday, March 16, 2020
Date: Monday, March 16, 2020 3:08:00 PM

Good to go.

From: Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>
Sent: Monday, March 16, 2020 3:02 PM
To: Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Subject: RE: *UPCOMING 10 MIN* DeSantis/Nuñez Administrative Schedule for Monday, March 16, 2020

On standby.

From: Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Sent: Monday, March 16, 2020 3:02 PM
To: Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; _Leadership Team <_LeadershipTeam@eog.myflorida.com>
Cc: _Press <_Press@eog.myflorida.com>
Subject: RE: *UPCOMING 10 MIN* DeSantis/Nuñez Administrative Schedule for Monday, March 16, 2020

PLEASE HOLD

From: Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>
Sent: Monday, March 16, 2020 3:00 PM
To: _Leadership Team <_LeadershipTeam@eog.myflorida.com>
Cc: _Press <_Press@eog.myflorida.com>
Subject: *UPCOMING 10 MIN* DeSantis/Nuñez Administrative Schedule for Monday, March 16, 2020

GOVERNOR RON DESANTIS SCHEDULE
FOR
MONDAY, MARCH 16, 2020

9:00am **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: Florida State Capitol
Address: 400 South Monroe Street

AMERICAN OVERSIGHT

Tallahassee, FL 32399

9:30am	**CALL WITH DARDEN RESTAURANTS CEO GENE LEE REGARDING COVID-19**
9:45am	**CALL WITH FORMER OUTBACK STEAKHOUSE CEO CHRIS SULLIVAN REGARDING COVID-19**
10:00am	**CALL WITH FLORIDA RESTAURANT AND LODGING ASSOCIATION CEO CAROL DOVER REGARDING COVID-19**
10:15am	**CALL WITH MCDONALDS FRANCHISEE BLAKE CASPER REGARDING COVID-19**
11:30am	**CALL WITH PRESIDENT DONALD TRUMP, VICE PRESIDENT MIKE PENCE AND NATION'S GOVERNORS REGARDING COVID-19**
12:45pm	**CALL WITH RESTAURANT BRANDS CEO JOSÈ CIL REGARDING COVID-19**
1:00pm	**CALL WITH BROWARD COUNTY MAYORS REGARDING COVID-19**
1:15pm	**CALL WITH PRIVATE SECTOR BUSINESSES REGARDING COVID-19**
2:30pm	**CALL WITH GEORGIA GOVERNOR BRIAN KEMP REGARDING COVID-19**
2:45pm	**CALL WITH DIVISION OF EMERGENCY MANAGEMENT DIRECTOR JARED MOSKOWITZ AND STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**
4:00pm	**BRIEFING WITH DIVISION OF EMERGENCY MANAGEMENT DIRECTOR JARED MOSKOWITZ, STATE SURGEON GENERAL DR. SCOTT RIVKEES, FLORIDA NATIONAL GUARD ADJUTANT GENERAL JAMES EIFERT, AGENCY FOR HEALTH CARE ADMINISTRATION SECRETARY MARY MAYHEW, AND SECRETARY OF STATE LAURAL LEE REGARDING COVID-19** Location: State Emergency Operations Center Address: 2555 Shumard Oak Blvd. Tallahassee, FL 32399
4:30pm	**PRESS CONFERENCE REGARDING COVID-19** Location: State Emergency Operations Center Address: 2555 Shumard Oak Blvd. Tallahassee, FL 32399

AMERICAN OVERSIGHT

###

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
MONDAY, MARCH 16, 2020

10:00am **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

AMERICAN OVERSIGHT

From: Moulton, Diane
To: Marquez, Jonas; _Leadership Team
Cc: _Press
Subject: RE: *UPCOMING 10 MIN* DeSantis/Nuñez Administrative Schedule for Monday, March 16, 2020
Date: Monday, March 16, 2020 2:24:07 PM

Please HOLD

From: Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>
Sent: Monday, March 16, 2020 2:22 PM
To: _Leadership Team <_LeadershipTeam@eog.myflorida.com>
Cc: _Press <_Press@eog.myflorida.com>
Subject: *UPCOMING 10 MIN* DeSantis/Nuñez Administrative Schedule for Monday, March 16, 2020

GOVERNOR RON DESANTIS SCHEDULE
FOR
MONDAY, MARCH 16, 2020

9:00am **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

9:30am **CALL WITH DARDEN RESTAURANTS CEO GENE LEE REGARDING COVID-19**

9:45am **CALL WITH FORMER OUTBACK STEAKHOUSE CEO CHRIS SULLIVAN REGARDING COVID-19**

10:00am **CALL WITH FLORIDA RESTAURANT AND LODGING ASSOCIATION CEO CAROL DOVER REGARDING COVID-19**

10:15am **CALL WITH MCDONALDS FRANCHISEE BLAKE CASPER REGARDING COVID-19**

10:30am **STAFF AND CALL TIME**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

11:30am **CALL WITH VICE PRESIDENT MIKE PENCE AND NATION'S GOVERNORS REGARDING COVID-19**

12:30pm **STAFF AND CALL TIME**
Location: Florida State Capitol
Address: 400 South Monroe Street

AMERICAN OVERSIGHT

Tallahassee, FL 32399

1:00pm **CALL WITH BROWARD COUNTY MAYORS REGARDING COVID-19**

1:15pm **CALL WITH PRIVATE SECTOR BUSINESSES REGARDING COVID-19**

1:30pm **STAFF AND CALL TIME**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

4:00pm **BRIEFING WITH DIVISION OF EMERGENCY MANAGEMENT DIRECTOR JARED MOSKOWITZ REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd.
Tallahassee, FL 32399

4:30pm **PRESS CONFERENCE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd.
Tallahassee, FL 32399

###

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
MONDAY, MARCH 16, 2020

10:00am **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

AMERICAN OVERSIGHT

From: Strum, Shane
To: McCloud, Cody; _Leadership Team
Cc: _Press
Subject: RE: *UPCOMING IN 5 MIN * MEMORANDUM: Coronavirus Disease 2019 (COVID-19)
Date: Monday, March 9, 2020 7:16:03 PM

HOLD

From: McCloud, Cody <Cody.McCloud@eog.myflorida.com>
Sent: Monday, March 9, 2020 7:04 PM
To: _Leadership Team <_LeadershipTeam@eog.myflorida.com>
Cc: _Press <_Press@eog.myflorida.com>
Subject: *UPCOMING IN 5 MIN * MEMORANDUM: Coronavirus Disease 2019 (COVID-19)

MEMORANDUM

TO: Members of the Press

FROM: Helen Aguirre Ferré, Director of Communications, Governor Ron DeSantis

DATE: March 9, 2020

RE: Coronavirus Disease 2019 (COVID-19)

Good afternoon:

Today, Governor Ron DeSantis issued Executive Order 20-52, declaring a State of Emergency in response to Coronavirus Disease 2019 (COVID-19) in Florida. Declaring a State of Emergency establishes a unified command structure and designates the Director of the Division of Emergency Management as the State Coordinating Officer and the State Surgeon General as the Deputy State Coordinating Officer and State Incident Commander.

Additionally, the Executive Order allows the Governor to direct funds as necessary for critical supplies, equipment and personnel needs. The order allows out-of-state medical professionals to practice in Florida for the duration of the order and permits pharmacists to prescribe up to a 30-day emergency refill of prescription drugs as needed.

A PDF copy of the Executive Order is attached to this email and provided below.

Sincerely,

Helen Aguirre Ferré
Director of Communications
Governor Ron DeSantis

AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-52

(Emergency Management – COVID-19 Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy, Japan and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 7, 2020, I directed the Director of the Division of Emergency Management to activate the State Emergency Operations Center to Level 2 to provide coordination and response to the COVID-19 emergency; and

WHEREAS, as of March 9, 2020, eight counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing

AMERICAN OVERSIGHT

hands often with soap and water for at least 20 seconds, using of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, as Governor, I am responsible for meeting the dangers presented to this state and its people by this emergency.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I declare a state of emergency exists in the State of Florida.

Section 2. I designate the Director of the Division of Emergency Management ("Director") as the State Coordinating Officer for the duration of this emergency and direct him to execute the State's Comprehensive Emergency Management Plan and other response, recovery, and mitigation plans necessary to cope with the emergency. Additionally, I designate the State Health Officer and Surgeon General as a Deputy State Coordinating Officer and State Incident Commander.

Pursuant to section 252.36(1)(a), Florida Statutes, I delegate to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes, which he shall exercise as needed to meet this emergency, subject to the limitations

AMERICAN OVERSIGHT

of section 252.33, Florida Statutes. In exercising the powers delegated by this Order, the State Coordinating Officer shall confer with the Governor to the fullest extent practicable. The State Coordinating Officer shall also have the authority to:

A. Seek direct assistance and enter into agreements with any and all agencies of the United States Government as may be needed to meet the emergency.

B. Designate additional Deputy State Coordinating Officers, as necessary.

C. Suspend the effect of any statute, rule, or order that would in any way prevent, hinder, or delay any mitigation, response, or recovery action necessary to cope with this emergency.

D. Enter orders as may be needed to implement any of the foregoing powers; however, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such orders issued by the State Coordinating Officer; however, no such order shall remain in effect beyond the expiration of this Executive Order, to include any extension.

Section 3. I order the Adjutant General to activate the Florida National Guard, as needed, to deal with this emergency.

Section 4. I find that the special duties and responsibilities resting upon some State, regional, and local agencies and other governmental bodies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances, and orders they administer. Therefore, I issue the following authorizations:

A. Pursuant to section 252.36(1)(a), Florida Statutes, the Executive Office of the Governor may suspend all statutes and rules affecting budgeting to the extent necessary to provide budget authority for state agencies to cope with this emergency. The requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such suspension issued by the Executive Office of the Governor; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extension.

B. Each State agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way

AMERICAN OVERSIGHT

prevent, hinder, or delay necessary action in coping with the emergency. This includes, but is not limited to, the authority to suspend any and all statutes, rules, ordinances, or orders which affect leasing, printing, purchasing, travel, and the condition of employment and the compensation of employees. For the purposes of this Executive Order, "necessary action in coping with the emergency" means any emergency mitigation, response, or recovery action: (1) prescribed in the State Comprehensive Emergency Management Plan ("CEMP"); or (2) ordered by the State Coordinating Officer. The requirements of sections 252.46 and 120.54, Florida Statutes, shall not apply to any such suspension issued by a State agency; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extensions.

C. In accordance with section 465.0275, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under this Executive Order and to emergency personnel who have been activated by their state and local agency but who do not reside in an area or county covered by this Executive Order.

D. In accordance with section 252.38, Florida Statutes, each political subdivision within the State of Florida may waive the procedures and formalities otherwise required of the political subdivision by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;

2) Entering into contracts; however, political subdivisions are cautioned against entering into time and materials contracts without ceiling as defined by 2 CFR 200.318(j) or cost plus percentage contracts as defined by 2 CFR 200.323(d);

3. Incurring obligations;

4. Employment of permanent and temporary workers;

5. Utilization of volunteer workers;

6. Rental of equipment;

7) Acquisition and distribution, with or without compensation, of supplies,

AMERICAN OVERSIGHT

materials, and facilities; and,

8. Appropriation and expenditure of public funds.

E. All State agencies responsible for the use of State buildings and facilities may close such buildings and facilities in those portions of the State affected by this emergency, to the extent necessary to meet this emergency. I direct each State agency to report the closure of any State building or facility to the Secretary of the Department of Management Services. Under the authority contained in section 252.36, Florida Statutes, I direct each County to report the closure of any building or facility operated or maintained by the County or any political subdivision therein to the Secretary of the Department of Management Services. Furthermore, I direct the Secretary of the Department of Management Services to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

Section 5. I find that the demands placed upon the funds appropriated to the agencies of the State of Florida and to local agencies are unreasonably great and the funds currently available may be inadequate to pay the costs of coping with this emergency. In accordance with section 252.37(2), Florida Statutes, I direct that sufficient funds be made available, as needed, by transferring and expending moneys appropriated for other purposes, moneys from unappropriated surplus funds, or from the Budget Stabilization Fund.

Section 6. All State agencies entering emergency final orders or other final actions in response to this emergency shall advise the State Coordinating Officer contemporaneously or as soon as practicable.

Section 7. Medical professionals and workers, social workers, and counselors with good and valid professional licenses issued by states other than the State of Florida may render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered to such persons free of charge, and with the further condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health.

Section 8. All activities taken by the Director of the Division of Emergency

AMERICAN OVERSIGHT

Management and the State Health Officer and Surgeon General with respect to this emergency before the issuance of this Executive Order are ratified. This Executive Order shall expire sixty days from this date unless extended.

###

AMERICAN OVERSIGHT

From:	Beatrice, Meredith M.
To:	Spencer, Chris
Cc:	_Leadership Team; _Press; Primrose, Nicholas
Subject:	RE: **UPCOMING IN 5 MINUTES** Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate the Statewide Response to COVID-19 in Florida
Date:	Saturday, March 7, 2020 10:43:47 AM

Updated per chris – sending in two minutes



For Immediate Release
March 7, 2020

Contact: Governor's Press Office
(850) 717-9282
Media@eog.myflorida.com

Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate Statewide Response to COVID-19 in Florida

Tallahassee, Fla.— Today, Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19 and provide critical support to the Florida Department of Health and county health departments.

The Governor's directive follows last night's announcement from the Florida Department of Health (DOH) that two individuals have died and two new presumptive positive cases were confirmed in Broward County. Additionally, today DOH announced a new presumptive positive case in Lee County. The individual is isolated and being appropriately cared for. For the total case count, visit http://FloridaHealth.gov/COVID-19.

"I have directed the Division of Emergency Management to activate to Level II to ensure our state has all the necessary resources engaged as we respond to COVID-19," **said Governor DeSantis.** "It is critical that we proactively coordinate all state resources to mitigate the threat and contain COVID-19. I urge all Floridians to take necessary precautions and follow hygiene guidelines issued by the Surgeon General and Florida Department of Health."

On March 1, Governor DeSantis issued Executive Order 20-51, which directed Surgeon General Rivkees to declare a public health emergency to better equip Florida with the resources needed to handle the public health threat. The Governor has requested $25 million from the Florida Legislature to be appropriated in this current year for the Florida Department of Health to be used immediately to assist with the COVID-19 response.

Guidance from the Florida Department of Health

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19

AMERICAN OVERSIGHT

symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available 24 hours a day, seven days a week.**

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In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

###

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>
Sent: Saturday, March 7, 2020 10:42 AM
To: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Cc: _Leadership Team <_LeadershipTeam@eog.myflorida.com>; _Press <_Press@eog.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: Re: **UPCOMING IN 5 MINUTES** Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate the Statewide Response to COVID-19 in Florida

HOLD

On Mar 7, 2020, at 10:36 AM, Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com> wrote:

<image001.jpg>
For Immediate Release
March 7, 2020

Contact: Governor's Press Office
(850) 717-9282
Media@eog.myflorida.com

Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate the Statewide Response to COVID-19 in Florida

Tallahassee, Fla.— Today, Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19 and provide critical support to the Florida Department of Health and county health departments.

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The Governor's directive follows last night's announcement from the Florida Department of Health (DOH) that two individuals have died and two new presumptive positive cases were confirmed in Broward County. Additionally, today DOH announced a new presumptive positive case in Lee County. The individual is isolated and being appropriately cared for. For the total case count, visit http://FloridaHealth.gov/COVID-19.

"I have directed the Division of Emergency Management to activate to Level II to ensure our state has all the necessary resources engaged as we respond to COVID-19," **said Governor DeSantis.** "It is critical that we proactively coordinate all state resources to mitigate the threat and contain COVID-19. I urge all Floridians to take necessary precautions and follow hygiene guidelines issued by the Surgeon General and Florida Department of Health."

On March 1, Governor DeSantis issued Executive Order 20-51, which directed Surgeon General Rivkees to declare a public health emergency to better equip Florida with the resources needed to handle the public health threat. The Governor has requested $25 million from the Florida Legislature to be appropriated in this current year for the Florida Department of Health to be used immediately to assist with the COVID-19 response.

In addition to the state's response, President Donald Trump has signed into law an $8.3 billion emergency funding bill to address COVID-19. Florida will receive at least $27.2 million to boost the state's efforts in carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and other preparedness and response activities. Additional federal assistance was granted this week when the U.S. Department of Health and Human Services awarded Florida $500,000 for immediate assistance for response and preparedness activities —this includes lab equipment, supplies and staffing.

Guidance from the Florida Department of Health

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

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The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

###

Please note that under Florida law correspondence sent to the Governor's Office, which is not

AMERICAN OVERSIGHT

confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

From: Primrose, Nicholas
To: StLaurent, Louise; Ernst, Colleen
Cc: Jacquot, Joe
Subject: RE: draft attorney work product
Date: Saturday, March 7, 2020 10:44:19 AM
Attachments: DRAFT 3.3.20 clean.docx

Attached is the most recent draft with edits. We are awaiting redlines from the Governor.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: March 7, 2020 10:18 AM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: Re: draft attorney work product

Yeah and the whereas clauses, we'll fix it

Get Outlook for iOS

From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Saturday, March 7, 2020 10:16:47 AM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Subject: Re: draft attorney work product

Need to update parens under order title

Get Outlook for iOS

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>

AMERICAN OVERSIGHT

Sent: Saturday, March 7, 2020 10:13:16 AM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Subject: draft attorney work product

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: ICARE
I innovation: We search for creative solutions and manage resources wisely.
C collaboration: We use teamwork to achieve common goals & solve problems.
A accountability: We perform with integrity & respect.
R responsiveness: We achieve our mission by serving our customers & engaging our partners.
E excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please note:
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Please consider the environment before printing this e-mail.

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AMERICAN OVERSIGHT

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-XX

(Emergency Management - COVID-19 Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

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AMERICAN OVERSIGHT

WHEREAS, two individuals in the state of Florida tested positive for COVID-19 on February 29, 2020; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, as of March XX, 2020, -- Floridians have tested positive for COVID-19 and – people have passed away; and

WHEREAS, as of March XX, 2020, -- counties in Florida have positive cases for COVID-19 and because the disease is one of high morbidity and morality with increasing risk of person-to-person transmission, COVID-19 poses a risk to the entire state of Florida; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, the CDC currently recommends community mitigation measures to be implemented by local authorities in communities where COVID-19 is occurring, including temporary closures or dismissals of childcare facilities and schools and other social distancing measures that increase the physical space between people including modifying, postponing or cancelling mass gatherings; and

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AMERICAN OVERSIGHT

WHEREAS, as Governor, I am responsible to meet the dangers presented to this state and its people by this emergency; and,

NOW, THEREFORE, I RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section X. Because of the foregoing conditions, I declare that a state of emergency exists in the state of Florida.

Section X. I designate the Director of the Division of Emergency Management ("Director") as the State Coordinating Officer for the duration of this emergency and direct him to execute the State's Comprehensive Emergency Management Plan and other response, recovery, and mitigation plans necessary to cope with the emergency. Pursuant to section 252.36(1)(a), Florida Statutes, I delegate to the State Coordinating Officer the authority to exercise those powers delineated in section s252.36(5)-(10), Florida Statutes, which he shall exercise as needed to meet this emergency, subject to the limitations of section 252.33, Florida Statutes. In exercising the powers delegated by this Order, the State Coordinating Officer shall confer with the Governor to the fullest extent practicable. Additionally, I designate the State Health Officer and Surgeon General as the Deputy State Coordinating Officer and State Incident Commander. The State Coordinating Officer shall also have the authority to:

A. Seek direct assistance and enter into agreements with any and all agencies of the United States Government as may be needed to meet the emergency.

B. Designate additional Deputy State Coordinating Officers, as necessary.

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AMERICAN OVERSIGHT

C. Suspend the effect of any statute, rule, or order that would in any way prevent, hinder, or delay any mitigation, response, or recovery action necessary to cope with this emergency.

D. Enter orders as may be needed to implement any of the foregoing powers; however, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such orders issued by the State Coordinating Officer; however, no such order shall remain in effect beyond the expiration of this Executive Order, to include any extension.

Section X. I find that the special duties and responsibilities resting upon some State, regional, and local agencies and other governmental bodies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances, and orders they administer. Therefore, I issue the following authorizations:

A. Pursuant to section 252.36(1)(a), Florida Statutes, the Executive Office of the Governor may suspend all statutes and rules affecting budgeting to the extent necessary to provide budget authority for state agencies to cope with this emergency. The requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such suspension issued by the Executive Office of the Governor; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extension.

B. Each State agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency. This includes, but is not limited to, the authority to suspend any and all statutes, rules, ordinance, or orders which affect leasing, printing, purchasing, travel, and the condition of employment and the compensation of employees. For the

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AMERICAN OVERSIGHT

purposes of this Executive Order, "necessary action in coping with the emergency" means any emergency mitigation, response, or recovery action: (1) prescribed in the State Comprehensive Emergency Management Plan ("CEMP"); or (2) ordered by the State Coordinating Officer. The requirements of sections 252.46 and 120.54, Florida Statutes, shall not apply to any such suspension issued by a State agency; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extensions of this Order.

C. In accordance with section 456.0275, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under this Executive Order and to emergency personnel who have been activated by their state and local agency but who do not reside in an area or county covered by this Executive Order.

D. In accordance with section 252.38, Florida Statutes, each political subdivision within the State of Florida may waive the procedures and formalities otherwise required of the political subdivision by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;

2) Entering into contracts; however, political subdivisions are cautioned against entering into time and materials contracts without ceiling as defined by 2 CFR 200.318(j) or cost plus percentage contracts as defined by 2 CFR 200.323(d);

3) Incurring obligations;

4) Employment of permanent and temporary workers;

5) Utilization of volunteer workers;

6) Rental of equipment;

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AMERICAN OVERSIGHT

7) Acquisition and distribution, with or without compensation, of supplies, materials, and facilities; and,

8) Appropriation and expenditure of public funds.

E. All State agencies responsible for the use of State buildings and facilities may close such buildings and facilities in those portions of the State affected by this emergency, to the extent to meet this emergency. I direct each State agency to report the closure of any State building or facility to the Secretary of the Department of Management Services. Under the authority contained in section 252.36, Florida Statutes, I direct each County to report the closure of any building or facility operated or maintained by the County or any political subdivision therein to the Secretary of the Department of Management Services. Furthermore, I direct the Secretary of the Department of Management Services to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

Section X. I find that the demands placed upon the funds appropriated to the agencies of the State of Florida and to local agencies are unreasonably great and may be inadequate to pay the costs of coping with this disaster. In accordance with section 252.37(2), Florida Statutes, I direct that sufficient funds be made available, as needed, by transferring and expending moneys appropriated for other purposes, moneys from unappropriated surplus funds, or from the Budget Stabilization Fund.

Section X. All State agencies entering emergency final orders or other final actions in response to this emergency shall advise the State Coordinating Officer contemporaneously or as soon as practicable.

DRAFT

AMERICAN OVERSIGHT

Section X. Medical professionals and workers, social workers, and counselors with good and valid professional licenses issued by states other than the State of Florida may render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered to such persons free of charge, and with the further condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health.

Section X. All activities taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified. This Executive Order shall expire sixty days from this date unless extended.

DRAFT

AMERICAN OVERSIGHT

From: Beatrice, Meredith M.
To: Gambineri, Mara; Lukis, Adrian; Strum, Shane
Cc: Ferre, Helen; Spencer, Chris; Kopelousos, Stephanie
Subject: RE: for review - COVID-19 press release
Date: Friday, March 6, 2020 9:43:55 PM
Attachments: DRAFT 3.6.2020mb.docx

Updated attached – please review

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Beatrice, Meredith M.
Sent: Friday, March 6, 2020 9:26 PM
To: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>
Cc: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Spencer, Chris <Chris.Spencer@LASPBS.STATE.FL.US>; Kopelousos, Stephanie <Stephanie.Kopelousos@eog.myflorida.com>
Subject: for review - COVID-19 press release

See attached

Meredith Beatrice
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Address: 400 S Monroe St, Tallahassee, FL 32399

AMERICAN OVERSIGHT

March 6, 2020

DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA

TWO CONFIRMED DEATHS REGARDING COVID-19

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health has announced updates regarding the 2019 coronavirus disease (COVID-19) in Florida. Two individuals have died and two new presumptive positive cases have been identified in Broward County.

Deceased Individuals

- A previously announced COVID-19 patient in Santa Rosa County has died, following an international trip.
- A new case of a COVID-19 patient in her seventies in Lee County has died, following an international trip.

New Presumptive Positive Cases

- A 75-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.
- A 65-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

AMERICAN OVERSIGHT

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There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
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- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

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For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The Department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information about the Florida Department of Health, please visit www.FloridaHealth.gov.

##

AMERICAN OVERSIGHT

From:	Ryan, Michael
To:	Bill Ganz; Lewellen, Lori
Cc:	Cooper, Joy; Josh Levy; Holness, Dale; dalevch@gmail.com; Scarlette, Lahoma; Giannetta, Lauraine; Richards, Heidi; Sewell, Daphne; Henry, Bertha; Cepero, Monica; Meyers, Andrew; Harrod, Rene; Blanco Garcia, Rocio; sbrook@coralsprings.org; acaggiano@margatefl.com; jflippen@wiltonmanors.com; michelle.gomez@tamarac.org; rex.hardin@copbfl.com; chunschofsky@cityofparkland.org; ejones@cityofwestpark.org; timl@oaklandparkfl.gov; dmckay@southwestranches.org; wmessam@miramarfl.gov; amohammed@townofpembrokepark.com; fortis@ppines.com; judypaul@davie-fl.gov; hazeller@lauderdalelakes.org; mayorross@coopercityfl.org; alex@sotolawgroup.com; dstermer@westonfl.org; lstoner@plantation.org; dtarrant@townofhillsborobeach.com; kthurston@lauderhill-fl.gov; dtrantalis@fortlauderdale.gov; gtroast@lighthousepoint.com; chrisvincent@lbts-fl.gov; swelch@coconutcreek.net; aziade@nlauderdale.org; Debbie Wasserman Schultz; Art Kennedy (wimp@mail.house.gov); Rep.Teddeutch@opencongress.org; Theresa Brier (theresa.brier@mail.house.gov); jared@em.myflorida.com; Strum, Shane; paula.thaqi@floridahealth.gov; Lale Mamaux (Lalembc@yahoo.com); edwina.ward@mail.house.gov; renees@oaklandparkfl.gov; MayorRoss; LaRoche, Edna; Chris Vincent; Judy Paul; Ana M. Ziade; matthews@oaklandparkfl.gov; Scott Brook; Rosenstein, Jared; Jane Bolin; Maroe, Kimberly; Lochan, Yashoda; Wazir Ishmael; Raelin Storey
Subject:	Re: Action Update - Sunrise Restaurants and Sawgrass Mills Mall Ordered Closed
Date:	Wednesday, March 18, 2020 11:12:11 AM
Attachments:	Declaration of Emergency Regulations 031820.pdf

From: Ryan, Michael
Sent: Wednesday, March 18, 2020 10:50 AM
To: Bill Ganz; Lewellen, Lori
Cc: Cooper, Joy; Josh Levy; Holness, Dale; dalevch@gmail.com; Scarlette, Lahoma; Giannetta, Lauraine; Richards, Heidi; Sewell, Daphne; Henry, Bertha; Cepero, Monica; Meyers, Andrew; Harrod, Rene; Blanco Garcia, Rocio; sbrook@coralsprings.org; acaggiano@margatefl.com; jflippen@wiltonmanors.com; michelle.gomez@tamarac.org; rex.hardin@copbfl.com; chunschofsky@cityofparkland.org; ejones@cityofwestpark.org; timl@oaklandparkfl.gov; dmckay@southwestranches.org; wmessam@miramarfl.gov; amohammed@townofpembrokepark.com; fortis@ppines.com; judypaul@davie-fl.gov; hazeller@lauderdalelakes.org; mayorross@coopercityfl.org; alex@sotolawgroup.com; dstermer@westonfl.org; lstoner@plantation.org; dtarrant@townofhillsborobeach.com; kthurston@lauderhill-fl.gov; dtrantalis@fortlauderdale.gov; gtroast@lighthousepoint.com; chrisvincent@lbts-fl.gov; swelch@coconutcreek.net; aziade@nlauderdale.org; Debbie Wasserman Schultz; Art Kennedy (wimp@mail.house.gov); Rep.Teddeutch@opencongress.org; Theresa Brier (theresa.brier@mail.house.gov); jared@em.myflorida.com; shane.strum@eog.myflorida.com; paula.thaqi@floridahealth.gov; Lale Mamaux (Lalembc@yahoo.com); edwina.ward@mail.house.gov; renees@oaklandparkfl.gov; MayorRoss; LaRoche, Edna; Chris Vincent; Judy Paul; Ana M. Ziade; matthews@oaklandparkfl.gov; Scott Brook; Rosenstein, Jared; Jane Bolin; Maroe, Kimberly; Lochan, Yashoda; Wazir Ishmael; Raelin Storey
Subject: Re: Action Update - Sunrise Restaurants and Sawgrass Mills Mall Ordered Closed

Our City Commission adopted similar restrictions to Fort Lauderdale. We included churches and places of worship and the Sawgrass Mills Mall in the closure.

I will forward the Declaration as soon as sealed by our Clerk.

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CITY CLERK
CITY OF SUNRISE

2020 MAR 18 AM 10: 54

SUNRISE, FLORIDA

DECLARATION OF EMERGENCY REGULATIONS

(COVID-19 State of Emergency – March 18, 2020)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and other potential methods, and presents with symptoms similar to those of influenza; and

WHEREAS, in December 2019, a new and significant outbreak of COVID-19 emerged in China and has since spread rapidly to more than 100 countries and territories throughout the World, including the United States, Florida, and more specifically, Broward County; and

WHEREAS, on March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic; and

WHEREAS, in response to the recent COVID-19 outbreaks in China, Iran, Italy, Japan and South Korea, the Centers for Disease Control and Prevention is predicting widespread transmission of COVID-19 in the United States; and

WHEREAS, on March 1, 2020, the Governor issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 7, 2020, the Governor directed the Director of the Division of Emergency Management to activate the State Emergency Operations Center to Level 2 to provide coordination and response to the COVID-19 emergency; and

WHEREAS, on March 9, 2020, the Governor issued Executive Order 20-52 declaring a State of Emergency for COVID-19 in the State of Florida, directed the Florida Division of Emergency Management to activate the Florida Emergency Operations Center (EOC) to coordinate the state's response to COVID-19, and authorized each political subdivision of the state to "waive the procedures and formalities otherwise required of the

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FL-GOV-20-0899-A-002858

political subdivision by law pertaining to the performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;" and

WHEREAS, on March 10, 2020, Broward County issued a Local Declaration of Emergency under the provisions of the Broward County Charter and Florida Statutes Chapter 252 due to the serious threat to the health, safety and life within Broward County. The City implemented its local emergency plan and the County activated its Emergency Operations Center, which allows the County to quickly initiate emergency response to municipalities like Sunrise if a need arises; and

WHEREAS, on March 12, 2020, the State Director of Emergency Management, Jared Moskowitz, advised that "municipalities cancel all major gatherings in their jurisdictions, until further notice;" and

WHEREAS on March 13, 2020, President Donald Trump declared a "National Emergency" and urged every state to set up emergency operations centers; and

WHEREAS, on March 14, 2020, the City of Sunrise declared an emergency for purposes of procurement under Section 5-173 of the City's Code; and

WHEREAS, as of March 16, 2020, Worldometer reports that 162 countries and territories have been affected, that 179,836 COVID-19 cases exist and that 7,096 people have died from COVID-19; and

WHEREAS, on March 16, 2020, President Trump stated that to prevent the spread of the pandemic disease, that no more than 10 people should gather in a location and President Trump has further stated that this pandemic may last through July or August 2020; and

WHEREAS, numerous counties in Florida, including Broward County, have positive cases for COVID-19, and COVID-19 poses a significant health risk to the entire state of Florida; and

WHEREAS, as of March 17, 2020, the State of Florida has 192 confirmed cases of COVID-19 of which 43 are located in Broward County; and

WHEREAS, experts say the worst is yet to come with some estimates calling for the pandemic to last two (2) months and the possibility of more than 800 cases in Broward County; and

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FL-GOV-20-0899-A-002859

WHEREAS, the City of Sunrise is threatened by the COVID-19 pandemic due to the virus' ability to spread rapidly and overwhelm the health system; and

WHEREAS, the CDC has issued guidelines for "community mitigation strategies" to limit the spread of COVID-19, including recommendations for social distancing, which has proven to be an effective method for containing COVID-19; and

WHEREAS, this emergency declaration allows City staff to proceed with all mitigation, prevention, and awareness efforts required to minimize impact from the COVID-19 outbreak in Broward County, and to take measures to protect the health, safety and public welfare of our Sunrise residents, employees, businesses and visitors; and

WHEREAS, on March 17, 2020, Governor DeSantis issued Executive Order 20-68 that provides that the licensee of a bar, pub or nightclub that derives more than 50% of its gross revenue from the sale of alcoholic beverages shall suspend all sale of alcoholic beverages for thirty (30) days from the date of his order; makes requirements for beaches; and provides that restaurants shall immediately limit occupancy to 50% of current building occupancy and ensure a 6-foot distance between any group of patrons and limit parties to no more than ten (10) individuals; and

WHEREAS, pursuant to Section 3.13 of the City's Charter, Florida Statutes Chapters 166, 252 and 870 and the Declaration of State of Emergency existing since March 9, 2020, Emergency Ordinances such as this Emergency Ordinance may be enacted by the City Commission to meet a public emergency affecting life, health, property, safety or the public peace.

NOW THEREFORE, the City Commission of the City of Sunrise pursuant to the City's Charter, Florida Statutes Chapters 166, 252, and 870, and the Governor's Declaration of the State of Emergency existing since March 9, 2020, does hereby declare and establish that, effective at 5:00 p.m. on March 18, 2020 through and including April 16, 2020 that:

1. All restaurants, cafeterias, and other food service establishments are mandated to cease all on-premises service. However, such establishments may continue to operate their kitchens for drive-thru, delivery, take-out, and exterior pickup food services.

2. All gyms, fitness centers, fitness studies, dance studios, and gymnasiums shall close. This regulation shall not apply to gymnasiums, fitness centers, and fitness studios which: (a) are amenities of hotels or office buildings and which have a capacity of 10 persons or less; and (b) are an amenity of residential buildings.

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FL-GOV-20-0899-A-002860

3. All bars, nightclubs, taverns, pubs, cocktail lounges, breweries, dance halls, movie theaters, halls for hire, auditoriums, bowling alleys, video arcades, and other like entertainment facilities and businesses, including but not limited to those contained within a hotel or other enclosed facility or structure, shall close.

4. All public gatherings of any type, whether organized or otherwise, of greater than 10 persons are prohibited. Grocery stores, gas stations, convenience stores, banks, credit unions, financial institutions, hardware stores, auto-supply stores, hospital, healthcare and medical facilities, pharmacies, drug stores, medical supply companies, land or facilities owned and managed by Broward County, the Broward County School Board, the North Broward Hospital District, the State of Florida, the Federal Government, and City of Sunrise are exempt for this regulation.

Dated, in the City of Sunrise, Florida, this 18th day of March, 2020.

Sunrise City Commission

Mayor Michael J. Ryan
City of Sunrise, Florida

Attest:

Felicia M. Bravo, City Clerk

CITY OF SUNRISE SEAL CORPORATE 1961 MUNICIPAL CORPORATION FLORIDA

AMERICAN OVERSIGHT
FL-GOV-20-0899-A-002861

From: Himrod, LeAnna
To: Aaron, Chelsea; Nunnery, Carrie; Thorpe, Amanda
Cc: Gambineri, Mara
Subject: Re: EOG - PCard Holders and Enterprise Central Account Users
Date: Thursday, March 12, 2020 3:25:14 PM

I second what Chelsea said! Thank you for always being so helpful to us!

LeAnna Himrod | Regional Representative
Florida Executive Office of the Governor
leanna.himrod@eog.myflorida.com
D: 813.659.7664
1101 Channelside Dr. Suite 306 Tampa, FL 33602

From: Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>
Sent: Thursday, March 12, 2020 8:42 AM
To: Nunnery, Carrie <Carrie.Nunnery@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>
Cc: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject: Re: EOG - PCard Holders and Enterprise Central Account Users

Thanks, Carrie!

We appreciate YOU!

Get Outlook for iOS

From: Nunnery, Carrie <Carrie.Nunnery@eog.myflorida.com>
Sent: Thursday, March 12, 2020 8:41:28 AM
To: Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>
Cc: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject: FW: EOG - PCard Holders and Enterprise Central Account Users

Just wanted to let you ladies know this email was strictly informative, you ladies are ALWAYS in compliance and I greatly appreciate you.

Thank you,
Carrie Nunnery
Administration Office
Executive Office of the Governor
(850) 717-9210

From: Nunnery, Carrie
Sent: Wednesday, March 11, 2020 4:27 PM

AMERICAN OVERSIGHT

To: Colucci, Monica <Monica.Colucci@eog.myflorida.com>; Meiner, Drew <Drew.Meiner@eog.myflorida.com>; Mons, Robert <Robert.Mons@eog.myflorida.com>; Saccio, Steven <Steven.Saccio@eog.myflorida.com>; Schmitt, Christina <Christina.Schmitt@eog.myflorida.com>; Wonsock, Kiersten M. <Kiersten.m.Wonsock@eog.myflorida.com>; Aaron, Chelsea <Chelsea.Aaron@eog.myflorida.com>; Castellanos, Silvia <Silvia.Castellanos@eog.myflorida.com>; Henderson, Olivia <Olivia.Henderson@eog.myflorida.com>; Himrod, LeAnna <LeAnna.Himrod@eog.myflorida.com>; Thorpe, Amanda <Amanda.Thorpe@eog.myflorida.com>
Cc: Kelley Sasso (Kelley.Sasso@eog.MyFlorida.com) <Kelley.Sasso@eog.MyFlorida.com>; Hanson, Dawn <Dawn.Hanson@eog.MyFlorida.com>
Subject: EOG - PCard Holders and Enterprise Central Account Users
Importance: High

To: State of Florida Purchasing Card (PCard) holders and Enterprise Central Billing Account users:

Please remember if you are using a PCard or the Enterprise Central Billing Account (ending in [redacted]) for state business related travel accommodations you are required to document these expenses by creating a *Reimbursement with General Authorization* Trip Form within the Statewide Travel Management System (STMS).

STMS Trip Forms with expenses paid by State Credit Card or Direct Pay should be created and submitted for approvals no later than 5 business days after the last expense date.

Other important reminders/tips –

For STMS https://flstms.my.salesforce.com / EOG 310000

1. Expenses paid by PCard are to be recorded as an *Expense Paid by* **– State Credit Card**
2. Rental Car Expenses paid by the Enterprise Central Billing Account are to be recorded as an *Expense Paid by* **– Direct Pay**

For Works https://payment2.works.com

1. PCard charges should be "Signed Off" against by the Cardholder no later than 5 days after posting to ensure sufficient time for agency processing.
2. A complete and accurate final receipt must be attached in Works. Additional information must be provided and attached in Works when requested.
3. The STMS Master Trip Invoice Number must be included in the Description Field of every travel related charge.

We are here to help! If you have any questions or need assistance with Works or

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STMS, please let us know.

Thank you,
Carrie Nunnery
Administration Office
Executive Office of the Governor
(850) 717-9210

AMERICAN OVERSIGHT

From: Tweed, Christina
To: Gambineri, Mara
Subject: Re: GOVERNORS Only CALL - WEDNESDAY MARCH 18, 1:00 p.m. EST
Date: Tuesday, March 17, 2020 5:43:04 PM

I figured and I know you probably get them. But I just want to make sure. One day I might be the only one who gets it and assumes you have it to and then I'll be in trouble for not passing it on. So, just making sure. :0)

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From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Tuesday, March 17, 2020 5:40:44 PM
To: Tweed, Christina <Christina.Tweed@eog.myflorida.com>
Subject: Re: GOVERNORS Only CALL - WEDNESDAY MARCH 18, 1:00 p.m. EST

I handled thank you

Mara Gambineri
Director of External Affairs
Executive Office of Governor Ron DeSantis
407-575-4966

From: Tweed, Christina <Christina.Tweed@eog.myflorida.com>
Sent: Tuesday, March 17, 2020 5:37:03 PM
To: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject: Fwd: GOVERNORS Only CALL - WEDNESDAY MARCH 18, 1:00 p.m. EST

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From: McBride, Bill <BMcBride@nga.org>
Sent: Tuesday, March 17, 2020 5:36:30 PM
To: McBride, Bill <BMcBride@nga.org>
Subject: GOVERNORS Only CALL - WEDNESDAY MARCH 18, 1:00 p.m. EST

Good afternoon,

The National Governors Association will host a Governors only call to discuss the COVID-19 situation on **Wednesday, March 18 at 1:00 P.M. EST**

Please use the following link to register:

https://zoom.us/meeting/register/v5Iod-urqjIpZYUqJvKtuv_4RxYD0SZIvg

As an added security precaution, it is important that you register the same number the governor will be calling in from in order to access the call.

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Please direct questions to Ryan Solt at rsolt@nga.org.

An agenda will be provided to your office after receiving an RSVP. **Again, this call is intended for Governors.**

Thank you.

Bill McBride | Executive Director

National Governors Association
444 North Capitol Street NW
Suite 267
Washington, DC 20001

202-624-5320
bmcbride@nga.org
www.nga.org

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From:	Gambineri, Mara
To:	Russo, Katherine
Subject:	Re: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 9 at 12:00 p.m. ET
Date:	Monday, March 9, 2020 9:03:14 AM
Attachments:	image001.png

I've got the call in info. I'll give you a buzz after senior staff

Mara Gambineri
Director of External Affairs
Executive Office of Governor Ron DeSantis
407-575-4966

From: Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Sent: Monday, March 9, 2020 9:02:27 AM
To: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Subject: Re: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 9 at 12:00 p.m. ET

Good Morning, I'm assuming the Governor is good to go with this call at noon today but flagging just in case we still need call-in information.

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Friday, March 6, 2020 8:27 AM
To: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Cc: Russo, Katherine <Katherine.Russo@eog.myflorida.com>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia <Olivia.P.Imhoff2@who.eop.gov>
Subject: RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 9 at 12:00 p.m. ET

Mara,

Thank you for your Governor's RSVP to the Governors-Only Call/VTC regarding COVID-19 preparedness and response efforts with Vice President Mike Pence on for Monday, March 9 at 12:00 p.m. Eastern Time.

To receive call-in information, please complete this LINK.

Audio Option: Every governor has the option to join the briefing by phone (please complete the link above to receive that call-in information). We have made technology adjustments from the last call, and every governor will have the option to ask questions and engage in dialogue on the March 9 call.

As a reminder this briefing is for Governors-Only (i.e., one call-in per state). Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to

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governors and Federal leaders.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,
Nic

From: Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>
Sent: Thursday, March 5, 2020 10:45 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Russo, Katherine <Katherine.Russo@eog.myflorida.com>
Subject: [EXTERNAL] RE: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 9 at 12:00 p.m. ET

Hi Nic,

I'm RSVPing on behalf of Governor DeSantis. We'd like to do the regular call option, not VTC.

Thank you,
Mara

Mara Gambineri
Director of External Affairs
Governor Ron DeSantis
407-575-4966
Mara.Gambineri@EOG.myflorida.com

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Wednesday, March 4, 2020 9:31 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia <Olivia.P.Imhoff2@who.eop.gov>

AMERICAN OVERSIGHT

Subject: INVITE: Governor-Only Briefing Call/VTC with the Vice President on Monday, March 9 at 12:00 p.m. ET



Governor's Senior Staff (Chief of Staff, State-Federal Director, and Scheduler),

Our Nation's Governors are invited to a **Governors-only Briefing Call (*with a video teleconference option*) with Vice President Mike Pence** and Senior Administration Officials on **Monday, March 9, 2020 at 12:00 p.m. Eastern Time** for an update on the Federal-State-Local preparedness and response efforts to COVID-19. On the March 2 briefing with governors, the Vice President pledged to convene the governors for a call/teleconference on a weekly basis, and made assurances that Federal leaders will continue its close coordinating with our Nation's governors and other State and local leaders.

Note: We have made technology adjustments from the last call, and every governor will have the option to ask questions and engage in dialogue on the March 9 call. Additionally, governors will have the option to participate via video teleconference – detail below.

Briefing Call Details

- **Date**: Monday, March 9, 2020
- **Time**: 12:00 p.m. Eastern Time
- **Expected Length**: 30 minutes
- **Federal Participants**: Vice President Mike Pence & Senior Administration Officials
- **Reminder Governors-Only (i.e., one call-in per state)**: Participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.
- **Video Teleconference Option**: Any governor who wants to participate in this briefing via video teleconference (VTC), please email Nic Pottebaum with White House Intergovernmental Affairs (Nicholas.D.Pottebaum@who.eop.gov) by no later than Friday, March 6 at 5:00 p.m. Eastern Time to ensure time for proper testing.

Background

On Monday, March 2, Vice President Mike Pence today participated in a discussion with more than 50 of our Nation's governors to provide an update on the work of the White House Coronavirus Task Force, to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus, and to thank governors and state and local leaders—particularly state

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and local health officials—for their leadership. The Vice President pledged to convene the governors for a call/teleconference on a weekly basis, and made assurances that Federal leaders will continue its close coordinating with our Nation's governors and other State and local leaders. More readout here.

RSVP & Call-In/VTC Information – Deadline to RSVP is Friday, March 6 at 5:00 p.m.

To RSVP your governor, email Nic Pottebaum with White House Intergovernmental Affairs (Nicholas.D.Pottebaum@who.eop.gov) by **no later than Friday, March 6 at 5:00 p.m. Eastern Time**. Once you RSVP your governor, you will receive a call-in information link and guidance. VTC guidance will be provided upon request.

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

From: Pottebaum, Nic D. EOP/WHO
To: Ferre, Helen
Cc: Strum, Shane
Subject: Re: [EXTERNAL] per our conversation
Date: Tuesday, March 10, 2020 10:08:28 PM

Good with this

> On Mar 10, 2020, at 9:25 PM, Ferre, Helen <Helen.Ferre@eog.myflorida.com> wrote:
>
> Governor DeSantis held a conversation with Dr. Anthony Fauci and Dr. Robert Redfield to discuss Florida's COVID-19 response and joint efforts that may help mitigate and contain this disease. Dr. Fauci emphasized COVID-19 in Florida is largely related to international travel and not community spread, at this time.
>
> Helen Aguirre Ferre
> Director of Communications
> Governor Ron DeSantis
> (850)717-9290
> (850)717-9282
> @HelenAguirreFer
>
> Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

From: Moulton, Diane
To: Marquez, Jonas
Cc: Strum, Shane; Ferre, Helen
Subject: Re: *FOR APPROVAL* Governor"s Weekend Schedule
Date: Friday, March 6, 2020 8:02:18 PM

Do not send

Sent from my iPhone

> On Mar 6, 2020, at 4:13 PM, Marquez, Jonas <Jonas.Marquez@eog.myflorida.com> wrote:
>
> Shane,
>
> Please see below schedule for approval.
>
> Jonas

GOVERNOR RON DESANTIS SCHEDULE
FOR
SATURDAY, MARCH 7, 2020

2:30pm **MEETING WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Port Everglades Administration Building
Address: 1850 Eller Drive
Fort Lauderdale, FL 33316

###

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
SATURDAY, MARCH 7, 2020

12:00pm **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

GOVERNOR RON DESANTIS SCHEDULE
FOR
SUNDAY, MARCH 8, 2020

NO SCHEDULED EVENTS

###

AMERICAN OVERSIGHT

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
SUNDAY, MARCH 8, 2020

10:00am **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

AMERICAN OVERSIGHT

From: Spencer, Chris
To: Marquez, Jonas
Cc: Leadership Team; Press
Subject: Re: *UPCOMING 10 MIN* Governor Ron DeSantis Leading Coordinated Response to Threat of COVID-19 in Florida
Date: Friday, March 6, 2020 6:39:48 PM

HOLD please

On Mar 6, 2020, at 6:29 PM, Marquez, Jonas <Jonas.Marquez@eog.myflorida.com> wrote:

<image001.jpg>

For Immediate Release
March 6, 2020

Contact: Governor's Press Office
(850) 717-9282
Media@eog.myflorida.com

Governor Ron DeSantis Leading Coordinated Response to Threat of COVID-19 in Florida

Tallahassee, Fla. – Since the emergence of COVID-19 in Florida, Governor Ron DeSantis has remained in constant communication with State Surgeon General Dr. Scott Rivkees, public health officials at the local, state and federal levels and executive agency leaders. On March 1, Governor DeSantis issued Executive Order 20-51 which directed Surgeon General Rivkees to declare a public health emergency to better equip Florida with the resources needed to handle this public health threat.

"The State of Florida is fully committed to leveraging all resources to prepare for and respond to COVID-19. Our state agencies and personnel have been monitoring COVID-19 since January and are focused on containment and prevention," **said Governor DeSantis.** "Dr. Rivkees, along with his staff of public health experts are working with our federal partners at the Centers for Disease Control and Prevention (CDC), in addition to our partners and stakeholders across the state."

"While the threat COVID-19 poses to Florida remains low, I applaud the Governor for his rapid response to coordinate the statewide response which will be required to successfully contain the spread of the virus in Florida," **said Florida State Surgeon General Dr. Scott A. Rivkees.** "As of today, we are only seeing isolated cases without any cases resulting from community transmission. Those who remain most at risk are elderly individuals and those with underlying medical conditions. I urge everyone to practice good hygiene including thorough handwashing after shaking hands or touching surfaces as one of the easiest and most effective measures to prevent illness from COVID-19 and other viral infections."

In addition to the state's response, President Donald Trump signed into law today an $8.3 billion emergency funding bill to address coronavirus. Florida will receive $27.2 million to boost the state's efforts in carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and other preparedness and response activities. More federal assistance was granted this week when the U.S. Department of Health and Human Services awarded Florida $500,000 for immediate assistance for response and preparedness activities—this

AMERICAN OVERSIGHT

includes lab equipment, supplies and staffing.

Governor's Actions

- Issued Executive Order 20-51 directing Surgeon General Rivkees to declare a Public Health Emergency to better equip our state with the resources needed to handle COVID-19.

- Requested funding from the state legislature and federal government to ensure the state has the means to test for COVID-19 as quickly as possible and ability to effectively communicate with the public about how to stay healthy.

- Receiving $27.2 million dollars from federal government to boost prevention and containment efforts in Florida.

- Receiving an additional $500,000 from U.S. Health and Human Services for response and preparedness activities—including lab equipment, supplies and staffing.

- Requesting $25 million from the Florida Legislature to be appropriated in this current year for the Florida Department of Health to be used immediately to assist with the COVID-19 response.

- Attended meeting with Vice President Mike Pence along with Lieutenant Governor Nuñez, Surgeon General Rivkees, U.S. Surgeon General Jerome Adams and Assistant Surgeon General Admiral Stephen Redd in Palm Beach to discuss preparedness efforts.

- Conducted meeting with agency heads from the Department of Health, Department of Elder Affairs, Agency for Health Care Administration, Department of Education, Department of Children and Families, Division of Emergency Management and Department of Corrections to discuss coordinated response.

- Held press conferences in Tampa and Miami with the Lieutenant Governor, Surgeon General Rivkees and Deputy Secretary of Health Dr. Shamarial Roberson to provide an update and answer questions from the media.

- Toured the Florida Department of Health Public Laboratory in Tampa with the Lieutenant Governor, State Surgeon General, Dr. Roberson and Senator Janet Cruz.

- Visited the Department of Health in Orange County and Collier County to meet with local public health leaders to discuss preparedness.

- Participated in a conference call with Vice President Pence and other governors regarding COVID-19.

AMERICAN OVERSIGHT

- Hosted a conference call with nursing home providers and the Florida Medical Association to provide guidance regarding COVID-19.

- Provided guidance to superintendents on a conference call with the Florida Association of District School Superintendents.

- Participated on a call with the Lieutenant Governor, Secretary Thibault and the Department of Transportation to advise seaports and public use airports regarding COVID-19.

Lieutenant Governor Nunez's Actions

- Attended a COVID-19 roundtable discussion with Senator Marco Rubio at the County Health Department in Palm Beach County.

- Participated a conference call with the Florida Congressional delegation regarding COVID-19.

- Held a call with Florida State Legislators regarding COVID-19.

For the updated and reliable information and guidance regarding COVID-19 in Florida, please visit the Florida Department of Health's dedicated COVID-19 webpage, available at: **http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html**

The COVID-19 Call Center 1 (888) 779-6121 is available 24/7 to answer your questions.

Questions may also be emailed to **COVID-19@flhealth.gov**.

###

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

From:	Marquez, Jonas
To:	Strum, Shane
Cc:	Ferre, Helen; Beatrice, Meredith M.; McCloud, Cody; Ash, Ryan
Subject:	*FOR APPROVAL* Forum Club Talking Points
Date:	Thursday, March 5, 2020 7:49:45 PM
Attachments:	3.6 Forum Club of Southwest Florida TPs.docx

Shane,

Please see attached talking points for approval.

Thanks,

Jonas

AMERICAN OVERSIGHT

Forum Club of Southwest Florida, Inc.

Speaking Order

1. **Governor DeSantis**

Talking Points

[Introduction]

- Thank you for inviting me to speak at the Forum Club today.

- This organization provides a great service to the community by bringing in speakers from a wide range of backgrounds: Supreme Court justices, business leaders, former governors—the list is long and distinguished.

- As Governor, I am excited to share with you the great things we are doing in Florida to that will bring about a brighter future for all Floridians.

[COVID-19]

- Before I get into some of my initiatives and policy priorities, I will briefly address the state's response to COVID-19.

- On the first of this month, I issued an Executive Order directing the Department of Health to declare a public health emergency to better equip our state with the resources needed to handle this threat.

- I also asked the state legislature and federal government for additional funds to ensure the state has the means to test for COVID-19 as quickly as possible and ability to effectively communicate with the public about how to stay healthy.

AMERICAN OVERSIGHT

- Our state Surgeon General, Dr. Scott Rivkees and his public health team have been working with our local County Health Departments and the CDC to ensure we are doing all we can to mitigate any spread of the virus.

- I've also met with Vice President Pence and he has assured me that we have the full support of the federal government.

- While we're doing everything we can to prepare, the public should know that the virus still poses a low threat to the United States.

[Economy]

- **Aside from the COVID-19 distraction, Florida is a state on the ascent.**

- Florida's recent job reports give us a snapshot of a strong economy:

    - **Our unemployment rate recently dropped to 3.0 percent – the lowest recorded unemployment in Florida's history; and**

    - **The state's annual private-sector job growth rate of 2.5 percent continues to outpace the national job growth rate of 1.5 percent.**

[Business Recruitment]

- Florida is attracting people and companies from around the country and world.

- And my administration is assisting companies with their move.

- In particular, we are selling Florida to major companies dealing with the inhospitable politics and high taxes. So far, I've made three economic development trips--two to New York and one to Chicago—and look forward to more in the near future.

AMERICAN OVERSIGHT

- For me, the sales pitch for Florida is easy, and for companies, the decision to relocate is even easier:
    - Low taxes vs high taxes;
    - Low cost of living vs high cost of living;
    - Good weather vs bad weather;
    - An education system focused on the student vs an education system focused on the administrator;
    - A healthy environment vs. a polluted environment.
- And they're taking us up on it. It seems like every day I am announcing a new company is relocating to or expanding in Florida.
- Two industries in particular are worth highlighting for their recent growth.

[Commercial Space]

- The first is the commercial space industry.
- Just recently, I announced that a company called "Made In Space," which is on the cutting edge of aerospace manufacturing and innovation, decided to relocate their corporate headquarters and satellite manufacturing operations from the highly-taxed, highly-regulated state of California, to the business friendly environment of Florida.
- Made In Space's move just builds on other exciting announcements in the aerospace industry I've been able to make since taking office.
- **Last year:**

AMERICAN OVERSIGHT

- **Firefly Aerospace Inc.** announced a multi-year, $52 million launch and development project that is expected to generate over 200 jobs;

- **Boeing** announced that it is moving its Space and Launch Headquarters from Arlington, Va. to Titusville;

- **Lockheed Martin** announced the establishment of its new Fleet Ballistic Missile Program Headquarters on the Space Coast; **and**

- **One Web Satellites** opened the doors to its new 105,500 square foot production facility, which has two production lines capable of producing two satellites a day, creating 250 new high-tech jobs and 3,000 indirect jobs through the supply chain.

- And mega companies like Space X and Blue Origin continue to grow their footprints in Florida.

- To assist the industry, I am constantly looking for areas to make infrastructure and workforce investments though my Job Growth Grant Fund. **So far:**

    - I made significant infrastructure investments in both the **Melbourne Airport and Pensacola Airport**.

    - Both airports will now be able to attract and support major new developments. The **Pensacola airport** will be the site of one of the biggest maintenance overhaul and repair operations in the world.

- I will continue to look for ways to support commercial space; I think Florida is just beginning to scratch the surface of our potential in this very exciting industry.

AMERICAN OVERSIGHT

[Financial Industry and FinTech]

- The second industry I'd like to highlight is the financial services industry.

- Banks and private equity funds, hedge funds and venture capital firms are all moving to Florida in droves to escape the high taxes and political demagoguery of the northeast.

- My administration has placed a priority on supporting the financial industry because it offers high paying jobs, fuels innovation and attracts growth.

- To that end, in 2019, I announced my initiative to grow and recruit the future of financial technology in Florida by creating a FinTech regulatory sandbox.

- In the past, state regulatory structures have impeded transformative and innovative technology development.

- The "regulatory sandbox" will ease regulatory burdens for innovators in the financial services technology sector in ways that are not contemplated in our current regulations and provide them with the ability to test a product's market viability without extensive regulatory hurdles.

- To complement that initiative, I also announced my objective to create "FinTech" academies at our state colleges and technical centers through the award of grants from the Florida Job Growth Grant Fund.

- FinTech academies will offer students the ability to grow with the continuously evolving world of technology and its intersection with finance.

AMERICAN OVERSIGHT

- I was proud to announce the first Fin Tech academy in Jacksonville just a few weeks ago.

[*Legislative session: Budget, Environment, Education*]

- Beyond diversifying our economy and supporting new and exciting industries, we are nearing the end of our Legislative Session, where I think we will be able to put a lot of wins on the board for Floridians.

- **Three areas in particular are worth noting.**

[Budget]

- **First**, Florida is constitutionally required to pass a balanced budget. My Bolder, Brighter, Better Future budget called on the Legislature to place **$5.6 billion be in reserves and** provide Floridians with **$300 million** in tax relief.

- I'm confident the Legislature will deliver a fiscally sound product, but I look forward to closely reviewing each line with my veto pen to make sure of it.

[Environment]

- **Second**, I am hoping to build on my administration's efforts to protect and preserve Florida's environment.

- In my first year as Governor, with the help of the Florida Legislature, we were able to make significant progress for the environment.

    - In my first budget as Governor I secured well over $625 million for Everglades restoration and the protection of our water resources.

    - This $625 million not only gave us an encouraging start to achieve our goal of $2.5 billion over four years, it also included

AMERICAN OVERSIGHT

the largest investment in the Everglades in a single year in Florida's history.

  - This session, I'm asking the Legislature to make the $625 million recurring for the next three years to ensure we meet the $2.5 billion goal.

- Additionally, I appointed the state's first Chief Science Officer, Dr. Thomas Frazer, to help ensure the state adheres to science when determining how to best utilize the state's limited resources on water quality and other initiatives.

- I created the Blue Green Algae Task Force and re-established the Red Tide Task Force to help address the terrible algal blooms that plagued communities around the state in 2017 and 2018, including the Indian River Lagoon.

- We also recently reached an agreement to purchase **20,000 acres of critical wetlands in the heart of the Everglades**.

  - **The purchase will permanently save the land from oil drilling, which was the landowner's plan. The purchase will also be the largest wetland acquisition in a decade.**

- Further, we continue to work closely with the Army Corps of Engineers to limit harmful discharges from Lake Okeechobee to the east and west.

- So far, the Corps has significantly limited discharges compared to previous years, and estuaries are largely algae-free.

- I also worked with President Trump to confirm he would include $250 million for South Florida Ecosystem Restoration in his 2021 budget – one of the biggest requests for Everglades funding by any president.

AMERICAN OVERSIGHT

- The $250 million follows his previous request of $200 million and would fulfill the Army Corps' maximum capacity for restoration projects.

- To complement all of these efforts, we're spending the last days of session pushing for **two** more major pieces of legislation in addition to my ask for continued funding:

    - comprehensive water quality legislation that incorporates recommendations from the Blue-Green Algae Task force;

    - and a bill that will increase fines associated with environmental penalties by 50 percent across the board.

- I feel confident on both fronts and hope to have them on my desk soon.

[Education]

- **Lastly**, like last session, I am pursuing a bold education agenda.

- In 2019 for K-12, my administration secured the highest ever per pupil spending at $7,672, and by creating the Family Empowerment Scholarship and securing $147 million for the Gardiner Scholarship, we accomplished more for school choice than has been accomplished in decades.

- **This year on K-12:**

    - We're seeking to increase the minimum salary for public school teachers to $47,500, bringing Florida from the bottom half to number 2 in the nation;

    - We're continuing record investments in educational choice programs so parents, particularly low-income parents, can place their child in a good school;

AMERICAN OVERSIGHT

- We're measuring results through accountability by replacing Common Core with the B.E.S.T. Standards; and

- We're placing a renewed emphasis on American Civics education.

- On the higher education front, U.S. News and World Report has-- for the third year in the row-- ranked Florida as having the best public higher education system in the country:

  - UF is ranked 7th, heading for the top 5;

  - FSU is ranked 18th, heading for the top 15; and

  - USF is ranked 44th, heading for the top 25.

- I will continue to support our universities, but I am also leaning in on career and technical education.

- A four-year degree from a brick and ivy university is not for everyone. Some students are far better off learning a trade than incurring insurmountable debt for a useless degree.

- We are pursuing additional funds for workforce development to continue on our path to making Florida the number one state in the nation for career and technical training programs by 2030.

- There is a large and growing demand for jobs in education, health services, trade, transportation and technology, and Florida's education options should be able to match it.

[Close]

- From COVID-19 to education and everything in between, my administration will continue moving aggressively to serve the people of this great state.

AMERICAN OVERSIGHT

- Thank you all for having me here at the Forum Club.
- I look forward to returning to see you all again soon.
- Thank you.

AMERICAN OVERSIGHT

From: Marquez, Jonas
To: Strum, Shane
Subject: *FOR APPROVAL* Governor"s Weekend Schedule
Date: Friday, March 6, 2020 4:59:17 PM

Below is the updated weekend schedule for approval.

GOVERNOR RON DESANTIS SCHEDULE
FOR
SATURDAY, MARCH 7, 2020

XX **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

2:30pm **MEETING WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Port Everglades Administration Building
Address: 1850 Eller Drive
Fort Lauderdale, FL 33316

###

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
SATURDAY, MARCH 7, 2020

12:00pm **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

GOVERNOR RON DESANTIS SCHEDULE
FOR
SUNDAY, MARCH 8, 2020

XX **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
SUNDAY, MARCH 8, 2020

10:00am **CALL WITH STATE SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**

###

AMERICAN OVERSIGHT

From:	Beatrice, Meredith M.
To:	Strum, Shane
Cc:	McCloud, Cody; Ferre, Helen; Lukis, Adrian; Gambineri, Mara; Kopelousos, Stephanie
Subject:	**DRAFT FOR REVIEW** Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate the Statewide Response to COVID-19 in Florida
Date:	Saturday, March 7, 2020 10:19:56 AM



For Immediate Release
March 7, 2020

Contact: Governor's Press Office
(850) 717-9282
Media@eog.myflorida.com

Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate the Statewide Response to COVID-19 in Florida

Tallahassee, Fla.— Today, Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19 and provide critical support to the Florida Department of Health and county health departments.

The Governor's directive follows last night's announcement from the Florida Department of Health (DOH) that two individuals have died and two new presumptive positive cases were confirmed in Broward County. Additionally, today DOH announced a new presumptive positive case in Lee County. The individual is isolated and being appropriately cared for. For the total case count, visit http://FloridaHealth.gov/COVID-19.

"I have directed the Division of Emergency Management to activate to Level II to ensure our state has all the necessary resources engaged as we respond to COVID-19," **said Governor DeSantis.** "It is critical that we proactively coordinate all state resources to mitigate the threat and contain COVID-19. I urge all Floridians to take necessary precautions and follow hygiene guidelines issued by the Surgeon General and Florida Department of Health."

On March 1, Governor DeSantis issued Executive Order 20-51, which directed Surgeon General Rivkees to declare a public health emergency to better equip Florida with the resources needed to handle the public health threat. The Governor has requested $25 million from the Florida Legislature to be appropriated in this current year for the Florida Department of Health to be used immediately to assist with the COVID-19 response.

In addition to the state's response, President Donald Trump has signed into law an $8.3

AMERICAN OVERSIGHT

billion emergency funding bill to address COVID-19. Florida will receive at least $27.2 million to boost the state's efforts in carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and other preparedness and response activities. Additional federal assistance was granted this week when the U.S. Department of Health and Human Services awarded Florida $500,000 for immediate assistance for response and preparedness activities—this includes lab equipment, supplies and staffing.

Guidance from the Florida Department of Health

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

AMERICAN OVERSIGHT

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

###

AMERICAN OVERSIGHT

From:	Jones, Morgan
To:	Aaron, Chelsea; Ash, Ryan; Beatrice, Meredith M.; Beaubien, Beau; Castellanos, Silvia; Clark, David; FDLE, Mansion; Ferre, Helen; Gambineri, Mara; Henderson, Olivia; Jacquot, Joe; Kopelousos, Stephanie; Lukis, Adrian; Marquez, Jonas; McCloud, Cody; Meiner, Drew; Mons, Robert; Moscone, William; Moulton, Diane; Mowat, Lexey; Saccio, Steven; Strum, Shane; Thorpe, Amanda; Tweed, Christina; Vasquez, David; Wonsock, Kiersten M.
Subject:	**UPDATED** GD LBL 3.16.20
Date:	Monday, March 16, 2020 2:58:44 PM
Attachments:	GD LBL 3.16.20.docx

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 16, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 1
Passengers: THE GOVERNOR
Location: The Capitol

9:00am-9:30am **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: The Governor's Office, The Capitol

9:30-9:45am **CALL WITH DARDEN RESTAURANTS CEO GENE LEE REGARDING COVID-19**
Location: Via Phone

9:45-10:00am **CALL WITH FORMER OUTBACK STEAKHOUSE CEO CHRIS SULLIVAN REGARDING COVID-19**
Location: Via Phone

10:00-10:15am **CALL WITH FLORIDA RESTAURANT AND LODGING ASSOCIATION CEO CAROL DOVER REGARDING COVID-19**
Location: Via Phone

10:15-10:30am **CALL WITH MCDONALDS FRANCHISEE BLAKE CASPER REGARDING COVID-19**
Location: Via Phone

10:30-11:30am **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

11:30am-12:30pm **NATION'S GOVERNORS CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Via Phone

12:45-1:00pm **CALL WITH RESTAURANT BRANDS CEO JOSE CIL REGARDING COVID-19**
Location: Via Phone

AMERICAN OVERSIGHT

1:00-1:15pm **CALL WITH BROWARD COUNTY MAYORS REGARDING COVID-19**
Location: Via Phone

1:15-1:30pm **CALL WITH PRIVATE SECTOR BUSINESSES REGARDING COVID-19**
Location: Via Phone

2:30-2:45pm **CALL WITH GEORGIA GOVERNOR BRIAN KEMP REGARDING COVID-19**
Location: Via Phone

2:45-3:00pm **CALL WITH DEM DIRECTOR JARED MOSCOWITZ AND SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**
Location: Via Phone

3:00-3:40pm **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 3
Passengers: THE GOVERNOR, Cody Mc Cloud, Steven Saccio
Location: State Emergency Operations Center

4:00-4:30pm **BRIEFING WITH DEM DIRECTOR JARED MOSCOWITZ, STATE SURGEON GENERAL DR. SCOTT RIVKEES, ADJUTANT GENERAL JAMES EIFERT, SECRETARY MARY MAYHEW, AND SECRETARY LAUREL LEE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

4:30-5:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 1
Passengers: THE GOVERNOR
Location: The Governor's Mansion

RON
Location: The Governor's Mansion

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 16, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 1
Passengers: THE GOVERNOR
Location: The Capitol

9:00am-9:30am — **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: The Governor's Office, The Capitol

9:30-9:45am — **CALL WITH DARDEN RESTAURANTS CEO GENE LEE REGARDING COVID-19**
Location: Via Phone

9:45-10:00am — **CALL WITH FORMER OUTBACK STEAKHOUSE CEO CHRIS SULLIVAN REGARDING COVID-19**
Location: Via Phone

10:00-10:15am — **CALL WITH FLORIDA RESTAURANT AND LODGING ASSOCIATION CEO CAROL DOVER REGARDING COVID-19**
Location: Via Phone

10:15-10:30am — **CALL WITH MCDONALDS FRANCHISEE BLAKE CASPER REGARDING COVID-19**
Location: Via Phone

10:30-11:30am — **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

11:30am-12:30pm — **NATION'S GOVERNORS CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Via Phone

12:45-1:00pm — **CALL WITH RESTAURANT BRANDS CEO JOSE CIL REGARDING COVID-19**
Location: Via Phone

1:00-1:15pm — **CALL WITH BROWARD COUNTY MAYORS REGARDING COVID-19**
Location: Via Phone

1:15-1:30pm — **CALL WITH PRIVATE SECTOR BUSINESSES REGARDING COVID-19**

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

Location: Via Phone

2:30-2:45pm **CALL WITH GEORGIA GOVERNOR BRIAN KEMP REGARDING COVID-19**
Location: Via Phone

2:45-3:00pm **CALL WITH DEM DIRECTOR JARED MOSCOWITZ AND SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**
Location: Via Phone

3:00-3:40pm **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 3
Passengers: THE GOVERNOR, Cody Mc Cloud, Steven Saccio
Location: State Emergency Operations Center

4:00-4:30pm **BRIEFING WITH DEM DIRECTOR JARED MOSCOWITZ, STATE SURGEON GENERAL DR. SCOTT RIVKEES, ADJUTANT GENERAL JAMES EIFERT, SECRETARY MARY MAYHEW, AND SECRETARY LAUREL LEE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

4:30-5:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 1
Passengers: THE GOVERNOR
Location: The Governor's Mansion

RON
Location: The Governor's Mansion

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

From:	Jones, Morgan
To:	Aaron, Chelsea; Ash, Ryan; Beatrice, Meredith M.; Beaubien, Beau; Castellanos, Silvia; Clark, David; FDLE, Mansion; Ferre, Helen; Gambineri, Mara; Henderson, Olivia; Jacquot, Joe; Kopelousos, Stephanie; Lukis, Adrian; Marquez, Jonas; McCloud, Cody; Meiner, Drew; Mons, Robert; Moscone, William; Moulton, Diane; Mowat, Lexey; Saccio, Steven; Strum, Shane; Thorpe, Amanda; Tweed, Christina; Vasquez, David; Wonsock, Kiersten M.
Subject:	**UPDATED** GD LBL 3.16.20
Date:	Monday, March 16, 2020 2:11:17 PM
Attachments:	GD LBL 3.16.20.docx

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 16, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 1
Passengers: THE GOVERNOR
Location: The Capitol

9:00am-9:30am **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: The Governor's Office, The Capitol

9:30-9:45am **CALL WITH DARDEN RESTAURANTS CEO GENE LEE**
Location: Via Phone

9:45-10:00am **CALL WITH FORMER OUTBACK STEAKHOUSE CEO CHRIS SULLIVAN**
Location: Via Phone

10:00-10:15am **CALL WITH FLORIDA RESTAURANT AND LODGING ASSOCIATION CEO CAROL DOVER**
Location: Via Phone

10:15-10:30am **CALL WITH MCDONALDS FRANCHISEE BLAKE CASPER**
Location: Via Phone

10:30-11:30am **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

11:30am-12:30pm **NATION'S GOVERNORS CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Via Phone

12:30-1:00pm **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

1:00-1:15pm **CALL WITH BROWARD COUNTY MAYORS**
Location: Via Phone

AMERICAN OVERSIGHT

1:15-1:30pm **CALL WITH PRIVATE SECTOR BUSINESSES**
Location: Via Phone

1:30-3:40pm **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 3
Passengers: THE GOVERNOR, Cody Mc Cloud, Steven Saccio
Location: State Emergency Operations Center

4:00-4:30pm **BRIEFING WITH DEM DIRECTOR JARED MOSCOWITZ REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

4:30-5:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 1
Passengers: THE GOVERNOR
Location: The Governor's Mansion

RON
Location: The Governor's Mansion

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 16, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 1
Passengers: THE GOVERNOR
Location: The Capitol

9:00am-9:30am — **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: The Governor's Office, The Capitol

9:30-9:45am — **CALL WITH DARDEN RESTAURANTS CEO GENE LEE**
Location: Via Phone

9:45-10:00am — **CALL WITH FORMER OUTBACK STEAKHOUSE CEO CHRIS SULLIVAN**
Location: Via Phone

10:00-10:15am — **CALL WITH FLORIDA RESTAURANT AND LODGING ASSOCIATION CEO CAROL DOVER**
Location: Via Phone

10:15-10:30am — **CALL WITH MCDONALDS FRANCHISEE BLAKE CASPER**
Location: Via Phone

10:30-11:30am — **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

11:30am-12:30pm — **NATION'S GOVERNORS CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Via Phone

12:30-1:00pm — **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

1:00-1:15pm — **CALL WITH BROWARD COUNTY MAYORS**
Location: Via Phone

1:15-1:30pm — **CALL WITH PRIVATE SECTOR BUSINESSES**
Location: Via Phone

1:30-3:40pm — **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

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AMERICAN OVERSIGHT

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 3
Passengers: THE GOVERNOR, Cody Mc Cloud, Steven Saccio
Location: State Emergency Operations Center

4:00-4:30pm

BRIEFING WITH DEM DIRECTOR JARED MOSCOWITZ REGARDING COVID-19
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

4:30-5:00pm

PRESS CONFERENCE REGARDING COVID-19
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 1
Passengers: THE GOVERNOR
Location: The Governor's Mansion

RON
Location: The Governor's Mansion

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

From:	Jones, Morgan
To:	Aaron, Chelsea; Ash, Ryan; Beatrice, Meredith M.; Beaubien, Beau; Castellanos, Silvia; Clark, David; FDLE, Mansion; Ferre, Helen; Gambineri, Mara; Henderson, Olivia; Jacquot, Joe; Kopelousos, Stephanie; Lukis, Adrian; Marquez, Jonas; McCloud, Cody; Meiner, Drew; Mons, Robert; Moscone, William; Moulton, Diane; Mowat, Lexey; Saccio, Steven; Strum, Shane; Thorpe, Amanda; Tweed, Christina; Vasquez, David; Wonsock, Kiersten M.
Subject:	**UPDATED** GD LBL 3.16.20
Date:	Monday, March 16, 2020 3:31:15 PM
Attachments:	GD LBL 3.16.20.docx

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 16, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 1
Passengers: THE GOVERNOR
Location: The Capitol

9:00am-9:30am **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: The Governor's Office, The Capitol

9:30-9:45am **CALL WITH DARDEN RESTAURANTS CEO GENE LEE REGARDING COVID-19**
Location: Via Phone

9:45-10:00am **CALL WITH FORMER OUTBACK STEAKHOUSE CEO CHRIS SULLIVAN REGARDING COVID-19**
Location: Via Phone

10:00-10:15am **CALL WITH FLORIDA RESTAURANT AND LODGING ASSOCIATION CEO CAROL DOVER REGARDING COVID-19**
Location: Via Phone

10:15-10:30am **CALL WITH MCDONALDS FRANCHISEE BLAKE CASPER REGARDING COVID-19**
Location: Via Phone

10:30-11:30am **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

11:30am-12:30pm **NATION'S GOVERNORS CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Via Phone

12:45-1:00pm **CALL WITH RESTAURANT BRANDS CEO JOSE CIL REGARDING COVID-19**
Location: Via Phone

AMERICAN OVERSIGHT

1:00-1:15pm **CALL WITH BROWARD COUNTY MAYORS REGARDING COVID-19**
Location: Via Phone

1:15-1:30pm **CALL WITH PRIVATE SECTOR BUSINESSES REGARDING COVID-19**
Location: Via Phone

2:30-2:45pm **CALL WITH GEORGIA GOVERNOR BRIAN KEMP REGARDING COVID-19**
Location: Via Phone

2:45-3:00pm **CALL WITH DEM DIRECTOR JARED MOSCOWITZ AND SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**
Location: Via Phone

3:15-3:30pm **CALL WITH MIAMI DOLPHINS OWNER STEVE ROSS**
Location: Via Phone

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 3
Passengers: THE GOVERNOR, Cody Mc Cloud, Steven Saccio
Location: State Emergency Operations Center

4:00-4:30pm **BRIEFING WITH DEM DIRECTOR JARED MOSCOWITZ, STATE SURGEON GENERAL DR. SCOTT RIVKEES, ADJUTANT GENERAL JAMES EIFERT, SECRETARY MARY MAYHEW, AND SECRETARY LAUREL LEE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

4:30-5:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 1
Passengers: THE GOVERNOR
Location: The Governor's Mansion

RON
Location: The Governor's Mansion

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS LINE BY LINE
MONDAY, MARCH 16, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 1
Passengers: THE GOVERNOR
Location: The Capitol

9:00am-9:30am — **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: The Governor's Office, The Capitol

9:30-9:45am — **CALL WITH DARDEN RESTAURANTS CEO GENE LEE REGARDING COVID-19**
Location: Via Phone

9:45-10:00am — **CALL WITH FORMER OUTBACK STEAKHOUSE CEO CHRIS SULLIVAN REGARDING COVID-19**
Location: Via Phone

10:00-10:15am — **CALL WITH FLORIDA RESTAURANT AND LODGING ASSOCIATION CEO CAROL DOVER REGARDING COVID-19**
Location: Via Phone

10:15-10:30am — **CALL WITH MCDONALDS FRANCHISEE BLAKE CASPER REGARDING COVID-19**
Location: Via Phone

10:30-11:30am — **STAFF AND CALL TIME**
Location: The Governor's Office, The Capitol

11:30am-12:30pm — **NATION'S GOVERNORS CALL WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19**
Location: Via Phone

12:45-1:00pm — **CALL WITH RESTAURANT BRANDS CEO JOSE CIL REGARDING COVID-19**
Location: Via Phone

1:00-1:15pm — **CALL WITH BROWARD COUNTY MAYORS REGARDING COVID-19**
Location: Via Phone

1:15-1:30pm — **CALL WITH PRIVATE SECTOR BUSINESSES REGARDING COVID-19**

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

Location: Via Phone

2:30-2:45pm **CALL WITH GEORGIA GOVERNOR BRIAN KEMP REGARDING COVID-19**
Location: Via Phone

2:45-3:00pm **CALL WITH DEM DIRECTOR JARED MOSCOWITZ AND SURGEON GENERAL DR. SCOTT RIVKEES REGARDING COVID-19**
Location: Via Phone

3:15-3:30pm **CALL WITH MIAMI DOLPHINS OWNER STEVE ROSS**
Location: Via Phone

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 3
Passengers: THE GOVERNOR, Cody Mc Cloud, Steven Saccio
Location: State Emergency Operations Center

4:00-4:30pm **BRIEFING WITH DEM DIRECTOR JARED MOSCOWITZ, STATE SURGEON GENERAL DR. SCOTT RIVKEES, ADJUTANT GENERAL JAMES EIFERT, SECRETARY MARY MAYHEW, AND SECRETARY LAUREL LEE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

4:30-5:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: State Emergency Operations Center
Address: 2555 Shumard Oak Blvd, Tallahassee, FL 32399

§119.071(2)(d) F.S. **DRIVE TIME (§119.071(2)(d) F.S.)**
Manifest: 1
Passengers: THE GOVERNOR
Location: The Governor's Mansion

RON
Location: The Governor's Mansion

This document includes information that reveals the Governor's travel itinerary. The information may be confidential because it bears upon the Governor's security. Section 119.071(2)(d), Florida Statutes.

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Jones, Morgan; Aaron, Chelsea; Ash, Ryan; Beatrice, Meredith M.; Beaubien, Beau; Castellanos, Silvia; Clark, David; FDLE, Mansion; Ferre, Helen; Henderson, Olivia; Jacquot, Joe; Kopelousos, Stephanie; Lukis, Adrian; Marquez, Jonas; McCloud, Cody; Meiner, Drew; Mons, Robert; Moscone, William; Moulton, Diane; Mowat, Lexey; Saccio, Steven; Strum, Shane; Thorpe, Amanda; Tweed, Christina; Vasquez, David; Wonsock, Kiersten M.
Subject: **UPDATED** GD LBL 3.7.20
Date: Saturday, March 7, 2020 11:33:00 AM

GOVERNOR RON DESANTIS LINE BY LINE
SATURDAY, MARCH 7, 2020

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 2
Passengers: THE GOVERNOR, Robert Mons
Location: The Governor's Office, The Capitol

9:00-11:45am

STAFF AND CALL TIME
Location: The Governor's Office, The Capitol

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 5
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio, Shamarial Roberson
Location: Tallahassee International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)
W/U: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.
FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

W/D: §119.071(2)(d) F.S.
Location: §119.071(2)(d) F.S.

FBO: §119.071(2)(d) F.S.
Address: §119.071(2)(d) F.S.

Phone: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)
Manifest: 5
Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio, Shamarial Roberson
Location: Port Everglades Administration Building

2:30-4:00pm

MEETING WITH VICE PRESIDENT MIKE PENCE REGARDING COVID-19
Location: Port Everglades Administration Building

AMERICAN OVERSIGHT

Address: 1850 Eller Drive, Fort Lauderdale, FL 33316

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 5

Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio, Shamarial Roberson

Location: Fort Lauderdale-Hollywood International Airport

§119.071(2)(d) F.S.

TRAVEL TIME (§119.071(2)(d) F.S.)

W/U: §119.071(2)(d) F.S.

Location: §119.071(2)(d) F.S.

FBO: §119.071(2)(d) F.S.

Address: §119.071(2)(d) F.S.

Phone: §119.071(2)(d) F.S.

W/D: §119.071(2)(d) F.S.

Location: §119.071(2)(d) F.S.

FBO: §119.071(2)(d) F.S.

Address: §119.071(2)(d) F.S.

§119.071(2)(d) F.S.

DRIVE TIME (§119.071(2)(d) F.S.)

Manifest: 6

Passengers: THE GOVERNOR, Robert Mons, Cody McCloud, Steven Saccio, Shamarial Roberson, Jared Moskowitz

Location: The Governor's Mansion

RON

Location: The Governor's Mansion

AMERICAN OVERSIGHT

From: Gambineri, Mara
To: Jones, Morgan; Tweed, Christina
Subject: bios please
Date: Friday, March 6, 2020 10:48:00 AM

FSU EVENT
Chairman Ed Burr
President John Thrasher
Seminole Tribe of Florida Chairman Marcellus Osceola Jr.
Coach Trey Jones
Jack Nicklaus, Jr
Jack Nicklaus

PORT EVERGLADES EVENT
DHS Secretary Chad Wolf
Mayor of Miami Dade Gimenez
Mayor of Broward County

Mara Gambineri
Director of External Affairs
Governor Ron DeSantis
407-575-4966
Mara.Gambineri@EOG.myflorida.com

AMERICAN OVERSIGHT

From:	Beatrice, Meredith M.
Cc:	Ferre, Helen; Ash, Ryan; McCloud, Cody; Marquez, Jonas
Subject:	correction - DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA - TWO CONFIRMED DEATHS REGARDING COVID-19
Date:	Friday, March 6, 2020 11:03:05 PM

From DOH – see correction in yellow highlight.

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Florida Department of Health, Office of Communications <DOHcommunicatonsoffice@flhealth.gov>
Sent: Saturday, March 7, 2020 12:31 AM
Subject: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

Florida Health logo

FOR IMMEDIATE RELEASE
March 6, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

TALLAHASSEE— The Florida Department of Health has announced updates regarding the 2019 coronavirus disease (COVID-19) in Florida. Two individuals have died and two new presumptive positive cases have been identified in Broward County.

Deceased Individuals

- A previously announced COVID-19 patient in Santa Rosa County has died, following an

AMERICAN OVERSIGHT

international trip.

- A new individual in their seventies that tested presumptive positive for COVID-19 in Lee County has died, following an international trip.

New Presumptive Positive Cases

- A 75-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.
- A 65-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

AMERICAN OVERSIGHT

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov**. The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov

Click here to unsubscribe from future mailings.

AMERICAN OVERSIGHT

From:	Wagner, Maureen
To:	Nunez, Jeanette
Cc:	Colucci, Monica
Subject:	definition of mass gathering
Date:	Thursday, March 12, 2020 10:15:03 AM

Mass gatherings are typically defined as large numbers of people (1,000 to >25,000) at a specific location, for a specific purpose. More practically speaking, a mass gathering can be thought of as any assembly of people large enough to strain local resources. Travelers to mass gatherings face unique risks because these events are associated with environmental hazards, increased infectious disease transmission due to the influx of attendees, crowding, poor hygiene from temporary food and sanitation facilities, and challenging security situations.

Mass gatherings can be described effectively in terms of their location, venue, purpose, size, participants, duration, timing, activities, and capacity.

- **Location**: Factors to consider include the host country, available infrastructure, the local environment, and the adequacy of security arrangements.
- **Venue**: Facilities vary widely, and events may be held indoors or outdoors. Food, water, and sanitation, may be of varying quality.
- **Purpose**: Mass gatherings can be political, religious, social, or athletic; the purpose of an event can affect the activities and mood of participants.
- **Size**: The density of crowds at a mass gathering, rather than just the specific number of attendees, can further increase health risks. More densely packed crowds can facilitate disease spread or induce riots or crowd crush disasters.
- **Participants**: Attendees may represent a unique demographic, such as a religious or political group, or may vary by features such as sex or age (for example, older adults attempting to complete a religious pilgrimage toward the end of their life).
- **Duration**: The longer an event lasts, the more likely it is that local resources will be depleted and become strained.
- **Timing**: Mass gatherings and local capacity are affected by the timing of an event. Weather, heavy tourism, and other factors can affect the ability of a host to organize a safe mass gathering.
- **Activities**: Understand the activities involved at the mass gathering. Some may be risky or strenuous (e.g., walking a long way in extreme temperatures) or may involve alcohol or drug use.
- **Capacity**: Hosts differ in terms of their ability to detect, respond to, and prevent public health emergencies. Understanding what health outcomes have been previously associated with recurring mass gatherings can help travelers prepare for future events.

Source CDC: https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-for-work-other-reasons/travel-to-mass-gatherings

AMERICAN OVERSIGHT

From: Beatrice, Meredith M.
To: Hanson, Dawn
Cc: Moulton, Diane; Ferre, Helen; Clark, David
Subject: draft for review - COVID-19 FAQs for HR Practitioners
Date: Saturday, March 14, 2020 9:46:44 AM
Attachments: COVID-19 FAQs for HR Practitioners031320 FINAL.docx

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Hi Dawn,

Attached for your review from DMS is a draft COVID-19 FAQs for HR Practitioners.

DMS is getting a lot of follow-up questions from the policies issued this week.

Thanks,

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
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Address: 400 S Monroe St, Tallahassee, FL 32399

From: Hebert, Rose <rose.hebert@dms.myflorida.com>
Sent: Friday, March 13, 2020 8:42 PM
To: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Cc: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>
Subject: Fwd: Updated FAQ

Meredith -

Please see attached updated version.

Rose Hebert | Communications Director
Office of the Secretary
850-921-5266 (o) | 850-544-7099 (m)
Florida Department of Management Services
We Serve Those Who Serve Florida

From: Fillyaw, Tami <Tami.Fillyaw@dms.myflorida.com>
Sent: Friday, March 13, 2020 7:35 PM
To: Clark, David
Cc: Hebert, Rose
Subject: Updated FAQ

AMERICAN OVERSIGHT

Department of MANAGEMENT SERVICES
Division of State Human Resource Management

COVID-19: Frequently Asked Questions
HR Practitioners (SPS Agencies Only)

*Updated 03-13-2020. Based on the evolving nature of this situation, this information is the most current and updated, and is subject to change.

Travel Restriction Related Questions

1. **May an agency prohibit an employee who has traveled internationally, on a cruise, or to an area of the United States experiencing community spread of COVID-19 as identified by the Center for Disease Control and Prevention (CDC) from returning to the workplace for 14 days upon returning home?**

   Yes, pursuant to Department of Management Services' March 12, 2020 directive.

2. **What resources can agencies use to determine the areas of the United States experiencing community spread of COVID-19 as identified by the CDC or a state public health agency?**

   - Florida Department of Health's COVID-19 Resources
   - Centers for Disease Control and Prevention's COVID-19 Resources
   - Department of Health's COVID-19 Call Center 1-(866) 779-6121 or COVID-19@flhealth.gov. The Call Center is available Monday through Friday, 8:00 am to 7:00 pm.
   - More information to assist in identifying these areas will be provided as it is made available.

3. **What type of leave may an employee use when prohibited to return to work due to personal related travel?**

   Employees will need to utilize their available sick, annual, or other personal leave during this 14-day period. Employees who can work remotely may do so in consultation with their supervisor. Employees without available leave or access to a sick leave pool and who are unable to work remotely may be subject to leave without pay.

4. **If a spouse or anyone living with a state employee returns from international travel, a cruise, or an area of the United States experiencing community spread, is the state employee allowed to return to work?**

   In an effort to contain the spread of COVID-19, employees should not return to work if a family member or anyone living in their home has returned from international travel, a cruise, or an area of the United States experiencing community spread. Under this scenario, the employee should use annual leave, compensatory leave, personal holiday, or leave without pay during the 14-day period which they are away from work. For information on areas experiencing community spread, consult the CDC's website or websites of state public health agencies.

Last updated: 3/13/2020

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5. **If a state employee travels internationally, on a cruise, or to an area of the United States experiencing community spread of COVID-19, do the normal documentation requirements for a medical certification apply before an employee may use his/her personal sick leave hours during the 14-day period he or she is not allowed to return to work?**

   No. Employees do not have to provide a medical certification as documentation to use their personal sick leave.

6. **If a state employee travels internationally, on a cruise, or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention, do the normal documentation requirements (including medical certification) apply before an employee may receive sick leave pool or sick leave transfer hours during the 14-day period he or she is not allowed to return to work?**

   Yes. Employees must follow the normal process of applying for sick leave pool or sick leave transfer hours including requirements for a medical certification.

7. **May agencies require a medical release certification prior to allowing employees who have been absent from the workplace due to an illness from returning to work?**

   While return to work authorizations may be required at an agency's discretion, agencies should look at the operational needs of the agency and the nature of the work being performed by employees when determining whether such authorizations are necessary. Requiring fitness for duty certifications for all types of illnesses can place an unnecessary burden on health care practitioners and employees may be unable to obtain such certifications during emergency conditions.

8. **Is the travel policy issued on March 12, 2020 retroactive to employees who have traveled in the past 14 days?**

   Yes. If an employee has traveled to any of destinations described, the employee should be sent home and must not return until 14 days have elapsed following the date of return from their travel.

9. **All non-essential in-state and out-of-state business travel is prohibited for the next 30 days. What is considered essential travel?**

   Essential travel is determined by each agency and its unique operations. Ultimately, each agency head determines what is considered essential travel for their agency.

10. **If a state employee is traveling for business and should avoid, when possible, attending large gatherings, how is a large gathering defined?**

    The Division of Emergency Management is defining a large gathering as 1,000 or more people. As a result, 1,000 people is the threshold the SPS will use for gatherings that

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occur during essential business travel.

General Leave Related Questions

1. **What resources are available for more information about COVID-19?**

   - Executive Order Number 20-51
   - Florida Department of Health's COVID-19 Resources
   - Centers for Disease Control and Prevention's COVID-19 Resources
   - Human Resources Pandemic Emergency Response Program Manual
   - Department of Health's COVID-19 Call Center 1-(866) 779-6121 or COVID-19@flhealth.gov. The Call Center is available Monday through Friday, 8:00am to 7:00pm.

2. **If an employee is ordered by the Florida Department of Health (FDOH) or the U.S. Center for Disease Control (CDC) to mandatory isolation related to COVID-19, what leave should be used by an employee during this period?**

   Since the employee would be under a mandatory isolation as ordered by either the FDOH or the CDC, the employee would be eligible to use his/her accrued sick leave, annual leave, personal leave, or leave without pay for work time missed while on an ordered isolation period, regardless of whether the employee has tested positive for COVID-19.

3. **Are OPS employees eligible for paid hours off during an isolation period?**

   No. The use of accrued leave is only available to employees filling salaried positions within the SPS. OPS employees are specifically excluded pursuant to Rule 60L-33.005, Florida Administrative Code (F.A.C.), Other Personal Services Employment. ~~However, employees may work~~

4. **Are supervisors authorized to send sick employees home?**

   As always, if the health of fellow employees is endangered by an employee exhibiting observable symptoms of an infectious disease, supervisors have the authority and obligation to require the employee to leave the workplace. Where practicable, supervisors should first seek the approval of their manager, division director, or human resources before sending a sick employee home. Symptoms of the COVID-19 virus include fever, cough, or shortness of breath.

5. **Are leave requests under the Family and Medical Leave Act and the State's Family Supportive Work Program permitted for a qualifying personal illness or to care for sick family members during the response to COVID-19?**

   Yes. Employer obligations under the federal FMLA and state FSWP continue. Agencies should support employees seeking medical assistance for themselves and their families including the approval of FMLA and FSWP for eligible employees, when appropriate.

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6. **If a school or day care center closes in response to COVID-19 and employees request leave to be off with their children, may employees use sick leave to stay home with their children?**

Sick leave is not authorized when the need for leave is solely related to childcare of a healthy child when schools or daycares have closed. Employees may only use sick leave to care for children who are sick. Agencies should follow normal policies and procedures including Rule 60L-34.0042, F.A.C., when determining if sick leave is appropriate. Agencies are encouraged to be flex ble, to the extent possible, when reviewing leave requests to care for children who are unable to attend school or day care centers that close in response to COVID-19. If everyone in the family is well, employees should use annual leave or compensatory leave.

Note: If schools and day care centers are closed in response to COVID-19, employees will not be allowed to bring their children to work.

7. **Is management permitted to rescind approved annual and compensatory leave?**

Yes, if an employee's absence would disrupt the State's business operations (e.g., significant staffing shortages). Before rescinding approved leave, management should seek staff to volunteer for work. Rescinding leave that is already in progress should be reasonably based on an employee's ability to return to work.

8. **If an individual is under isolation and/or experiencing symptoms consistent with COVID-19, may agencies permit and/or encourage employees to telework as an option in order to minimize interactions between employees at the work facility (social distancing)?**

If the nature of an employee's work responsibilities can be accomplished away from the assigned work facility and if any necessary technological/equipment needs can be satisfied, the agency may permit and encourage employees to telework as a way to reduce the face-to-face contacts between employees at the regular work location. Agencies should review their telework policies to ensure they are current and up-to-date and consider whether any component of their policies should be modified to allow broader use of telework as appropriate.

9. **How should agencies manage their contingent workforce such as contractors, volunteers, and OPS employees?**

Agencies should plan for the possibility that their contingent workforce may be impacted by COVID-19 and should plan accordingly. While the State Personnel System does not provide paid leave to individuals in these work arrangements, as with its own employees,

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agencies should also be flexible to the needs of the contingent workforce and plan for the possibility that the contingent workforce may be limited. Additionally, agencies may consider using contingent workers as a way to continue normal operations if a significant portion of the regular workforce is impacted by COVID-19.

10. What leave is available for an SPS employee if their office is closed?

If a building occupied by SPS employees is closed, non-essential Career Service, SES and SMS employees ~~that~~ who are released from duty will receive administrative leave. Essential employees should consult with their supervisors for further direction on how to report in accordance with their agency's continuity of operations plan. Employees below the bureau chief level ~~that~~ who are directed to work during office closures will earn special compensatory leave.

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From:	Beatrice, Meredith M.
To:	Gambineri, Mara; Lukis, Adrian
Cc:	Ferre, Helen; Spencer, Chris; Kopelousos, Stephanie
Subject:	for review - COVID-19 press release
Date:	Friday, March 6, 2020 9:26:30 PM
Attachments:	DRAFT 3.6.2020mb.docx

See attached

Meredith Beatrice
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March 6, 2020

DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA

TWO CONFIRMED DEATHS REGARDING COVID-19

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

Tallahassee, Fla. — The Florida Department of Health has announced updates regarding the 2019 coronavirus disease (COVID-19) in Florida. Two individuals have died and two new presumptive positive cases have been identified in Broward County.

Deceased Individuals

- A previously announced COVID-19 patient in Santa Rosa County has died.
- A new case of a COVID-19 patient in her seventies in Lee County has died.

New Presumptive Positive Cases

- A 75-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.
- A 65-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those

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with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing

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COVID-19@flhealth.gov**. The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The Department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information about the Florida Department of Health, please visit www.FloridaHealth.gov.

##

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Filing # 102594495 E-Filed 01/31/2020 05:07:18 PM

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT, IN AND FOR BREVARD COUNTY, FLORIDA

ROBIN L. FISHER; HERMAN A. COLE; and ROBERT L. JORDAN, JR.,

Plaintiffs,

vs.

HEALTH FIRST, INC.; THREE21 CREATIVE, LLC; MATTHEW GERRELL; and JOSEPH BOUTIN,

Defendants.

CASE NO. 05-2019-CA-050861

AMENDED AND RESTATED COMPLAINT AND DEMAND FOR JURY TRIAL[1]

Plaintiffs, ROBIN L. FISHER ("Fisher"); HERMAN A. COLE ("Cole"); and ROBERT L. JORDAN, JR. ("Jordan") (collectively, "Plaintiffs"), sue Defendants, HEALTH FIRST, INC. ("Health First"); THREE 21 CREATIVE, LLC ("321"); MATTHEW GERRELL ("Gerrell"); and JOSEPH BOUTIN ("Boutin"), and allege:

INTRODUCTION

1. Plaintiffs, Robin Fisher, Herman Cole, and Robert Jordan, three of the most prominent and highly-respected African-American business and civic leaders in Brevard County, file this action to bring to justice the individuals and entities responsible for publishing heinous defamatory statements about the Plaintiffs. The Defendants, while hiding behind a fake online identity, conspired and falsely accused the Plaintiffs and North Brevard County Hospital District d/b/a Parrish Medical Center ("Parrish Hospital") of a number of frauds, crimes, and improprieties,

[1] Plaintiffs originally filed this action against various "John Doe" Defendants and thereafter issued and served subpoenas on the herein named Defendants, requesting documents, which, if nonexistent, could have exculpated the Defendants from the underlying allegations. However, in response to the subpoenas, each Defendant objected to the production of the requested documents, providing further support for the allegations set forth herein as to the liability of these Defendants.

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intending to inflict injury to the Plaintiffs' personal and business reputations. Although the Defendants may have intended Parrish Hospital as their primary target in the relentless healthcare war Health First rages against it, the Defendants' actions evidence a ready willingness to inflict "civilian casualties" on the Plaintiffs who merely served Parrish Hospital. Defendants, Health First and its cohorts, intentionally targeted the Plaintiffs because their prominence through the minority community, and far beyond, through the entire Space Coast region, reflected positively on Parrish Hospital.

JURISDICTION, PARTIES, AND VENUE

2. This is an action that includes claims for damages that exceed $30,000.00, exclusive of interest, costs, and attorneys' fees.

3. At all material times, Plaintiff Fisher has been a Florida resident. Fisher is a record-holding former University of Florida lineman who grew up in Brevard County and raised his own family there. Fisher has been dedicating himself to public service in Brevard County since 1987, when he became one of the first African-Americans to hold public office in Palm Bay. Fisher spent the next decades growing and running a successful insurance agency in Titusville and volunteering his time to numerous public causes. Fisher served as a Brevard County Commissioner until 2016. Plaintiffs Cole and Fisher jointly own Colefish Investments, Inc., which was also targeted by the Defendants. A complete biography of Mr. Fisher is attached hereto as **Exhibit "A."**

4. At all material times, Plaintiff Cole has been a Florida resident. Cole, a retired United States Air Force Colonel, has been serving on Parrish Hospital's Board of Directors since 2000 and currently serves as its Chairman. A complete biography of Mr. Cole is attached hereto as **Exhibit "B."**

5. At all material times, Plaintiff Jordan has been a Florida resident, since 1979, where he has raised his family. Jordan has been serving on Parrish Hospital's Board of Directors since

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1998, and currently serves as its Vice Chairman. Jordan served as the Brevard County Schools Chairman or Vice-Chairman for eight years, and currently serves as a Titusville City Council Member and President, Chairman of Viera Charter Schools and CEO of his own logistics company, Genesis VII, Inc., which was also targeted by the Defendants. A complete biography of Mr. Jordan is attached hereto as **Exhibit "C."**

6. At all material times, Defendant Health First has been a Florida corporation with its principal place of business in Brevard County, Florida. For decades, Health First and Parrish have been embroiled in conflict which a federal Judge recently aptly described as a "long running, heavily litigated, 'scorched earth' turf war for Brevard County's healthcare business" (M.D. Fla. Case No. 6:18-cv-487-Orl-37DCI).

7. At all material times, Defendant 321 has been a Florida limited liability company with its principal place of business located in Orange County, Florida. 321 is an Orlando-based marketing agency which boasts Health First as one of its main clients.

8. At all material times, Defendant Matthew Gerrell has been a resident of Florida, and the Senior Vice President Strategy for Health First. Moreover, Gerrell was recently promoted to become the Chief Executive Officer for Health First Health Plans.

9. At all material times, Defendant Joseph Boutin has been the Chief Executive Officer for Defendant 321.

10. Under Section 47.011, Florida Statutes, venue is proper in Brevard County, Florida because the causes of action accrued in Brevard County.

11. Collectively, the Defendants acted in concert as partners, joint venturers, agents, alter egos, co-tortfeasors, aiders and abettors, or conspirators with one another to make and publish the false and defamatory statements concerning Plaintiffs.

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GENERAL ALLEGATIONS COMMON TO ALL COUNTS

12. On or about August 19, 2019, the Defendants, adopting the fake identity of Dr. Craig Deligdish, an actual oncologist affiliated with Parrish Hospital, and posing as champions of "healthcare fraud," launched a campaign targeting the Plaintiffs and Parrish Hospital with outrageous allegations of fraud and abuse.

13. The Defendants sent a letter to the Florida Department of State (the "Defamatory Letter"), accusing the Plaintiffs of a number of frauds, crimes, and improprieties, and including such scurrilous allegations as:

> Through positions of influence, it is possible that Mr. Cole, Mr. Jordan, Mr. Fisher, and Mr. Mikitarian knowingly and willingly orchestrated a scheme to potentially use taxpayer resources for their personal benefit.

> Another allegation that we received is that Mr. Robert Jordan's construction company has been awarded numerous jobs throughout Parrish Medical Center without following the due process and diligence of Contractor Proposals. It is also believed that the jobs awarded to Mr. Robert Jordan and Genesis VII exceed the normal costs of construction in Brevard County. A specific rumor is that Genesis VII was awarded a job to replace a single water fountain with costs exceeding $7,000. The payments and documentation to Genesis VII cannot be obtained through standard public records requests.

> With the information available, one can assume the decisions made by these four men did use taxpayer resources to personally benefit.

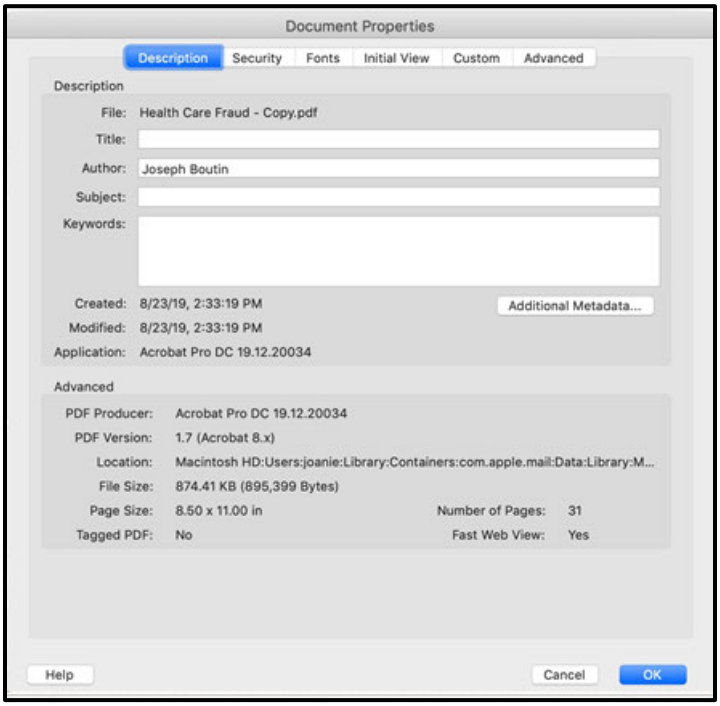
14. Although attempting to insulate themselves from the viciousness of the aspersions in the Defamatory Letter with qualifiers such as, *"it is possible that," "it is believed that," "one can assume,"* and *"a rumor is that,"* the intent and meaning behind the Defendants' words was unmistakable—to injure the Plaintiffs' longstanding business and personal reputations.

15. The Defendants extended their swath of defamation by widely circulating the Defamatory Letter to numerous "person[s] of influence in Brevard County," as well as major media outlets, again posing as Dr. Deligdish through a fake email address LOTIGNOV7@GMAIL.COM they had created through Google. Dr. Deligdish immediately confirmed he had no involvement in the preparation or distribution of the Defamatory Letter.

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16. An analysis of the email address, a true and correct copy of which is attached hereto as **Exhibit "D,"** revealed LOTIGNOV7@GMAIL.COM to be an IP address registered to Google, LLC.

17. An analysis of the properties of the Defamatory Letter provided the first piece of information when it identified an individual named "Joseph Boutin" as the "Author" of the Defamatory Letter. A true and correct copy of the Document Properties dialogue box is shown below:



18. The metadata of the Defamatory Letter again identifies a "Joseph Boutin" as its author. It also lists a "Gerrell, Matthew" as an author. Plaintiffs know of no "Matthew Gerrell," other than a person by that name who is the Chief Strategy Officer and a Senior Vice President of Health First. A true and correct excerpt from the metadata is shown below:

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19. Further investigation provided additional evidence of the source of the Defamatory Letter. Dr. Deligdish, whose name had been invoked to defame the Plaintiffs and Parrish Hospital, located an individual named Joseph Boutin who served as the Chief Executive Officer for a company called Three21 Creative, LLC ("321") in Orlando, Florida. 321 is a marketing agency which boasts Health First—a competing hospital and legal arch nemesis to Parrish Hospital—as one of its main clients.

20. Dr. Deligdish likewise confronted executives at Health First about any possible involvement with the Defamatory Letter and blast emails, and again was met with silence. As of the filing of the initial Complaint, the fake email account had been deactivated. Since then, no further defamatory messages have been sent.

21. The day before the Defamatory Letter and blast emails were sent, Parrish Hospital had prevailed in a high-profile lawsuit involving its arch nemesis, Health First, in the latest installment of what the United States District Court Judge described as a "long running, heavily litigated, 'scorched earth' turf war for Brevard County's healthcare business" (M.D. Fla. Case No. 6:18-cv-487-Orl-37DCI).

22. Faced with losing the upper hand in the court battles, Health First—whose unspoken, but obvious, objective had long been to take over Parrish Hospital—and its fixer, 321, resorted to a more deviant tactic by taking their crusade from the courtroom to cyberspace and

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launched an insidious attack, targeting community leaders associated with Parrish Hospital, and the hospital itself, through an email blast throughout the community.

23. At the time the Defendants published the Defamatory Letter to the state of Florida, Brevard County community leaders, and major media outlets, the Defendants knew the statements and defamatory implications of the Defamatory Letter were false.

24. The Defendants acted with a reckless disregard for the truth by publishing the Defamatory Letter and published the Defamatory Letter with actual malice.

25. Spreading false statements using a fake identity—quite literally telling a lie within a lie—the Defendants intended to injure the Plaintiffs.

26. As a direct and proximate result of the Defendants' actions, Plaintiffs have suffered, and will continue to suffer, damages, including, but not limited to, monetary damages, and injury to their reputations.

27. The false and defamatory statements in the Defamatory Letter are not privileged, and Plaintiffs did not consent to the publication or dissemination of the statements.

28. All general and statutory conditions precedent to bringing this action have been performed, have occurred, have been waived, or have otherwise been excused by the Defendants' actions.

COUNT I
ACTION FOR DEFAMATION
(As to all Defendants)

29. Plaintiffs sue the Defendants for damages that exceed $30,000.00 for defamation.

30. Plaintiffs reallege, incorporate, and assert by reference the allegations set forth above in paragraphs 1 through 28.

31. The Defendants made and published the false and defamatory statements concerning Plaintiffs via email to persons of influence in Brevard County and the media knowing

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the statements were false, with reckless disregard for the truth, and with actual malice and the intent to injure Plaintiffs' reputations.

32. Because the statements published by the Defendants have subjected, and will continue to subject the Plaintiffs to distrust in the community, casting them in a false and disparaged light, and will continue to injure the Plaintiffs in the conduct of their business, trade, profession, or office, the statements constitute defamation *per se*.

33. As a direct and proximate result of the Defendants' actions, Plaintiffs have suffered actual, direct, and consequential damages.

WHEREFORE, Plaintiffs demand judgment against the Defendants for compensatory damages, reserving the right to seek punitive damages upon proper proffer, prejudgment interest, and costs.

COUNT II
ACTION FOR TEMPORARY AND PERMANENT INJUNCTIVE RELIEF
(As to all Defendants)

34. Plaintiffs sue the Defendants in equity for temporary and permanent injunctive relief.

35. Plaintiffs reallege, incorporate, and assert by reference the allegations set forth above in paragraphs 1 through 28.

36. The Defendants' campaign to publish the false and defamatory statements concerning Plaintiffs via email to persons of influence in Brevard County and the media, has caused, and will continue to cause, irreparable harm, for which Plaintiffs have no adequate legal remedy.

37. The public has an interest in protecting community leaders from malicious defamation of their character to achieve improper motives of hate or financial gain.

38. The Plaintiffs have a substantial likelihood of succeeding on the merits of this case.

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WHEREFORE, Plaintiffs demand temporary and permanent injunctive relief enjoining the Defendants from publishing defamatory statements concerning the Plaintiffs.

COUNT III
ACTION FOR VIOLATION OF THE LANHAM ACT (15 U.S.C. § 1051, *et seq.*)
(As to all Defendants)

39. Plaintiffs sue the Defendants for damages that exceed $30,000.00 for violation of Section 43(a) the Lanham Act (15 U.S.C. § 1125).

40. Plaintiffs reallege, incorporate, and assert by reference the allegations set forth above in paragraphs 1 through 28.

41. The Defendants, intentionally and in bad faith, made and published, in connection with their commercial activities, the false and defamatory statements concerning Plaintiffs via email to persons of influence in Brevard County and the media knowing the statements were false, with reckless disregard for the truth, and with actual malice and the intent to injure Plaintiffs' reputation, and, as a result, damage Health First's competitor, Parrish Hospital, and steer Brevard County's healthcare business to Health First.

42. The Defendants' defamatory statements, which were intended to diminish the competitive stature of Parrish Hospital in order to benefit Health First, constituted commercial advertising or promotion and misrepresented the nature of Plaintiffs' and Parrish Hospital's commercial activities.

43. The Defendants' defamatory statements have likely deceived Brevard County consumers and influenced their health care decision-making in favor of Health First. Moreover, Plaintiffs' reputations in the community have been disparaged, causing injury to Plaintiffs personally and in their businesses.

44. As a direct and proximate result of the Defendants' actions, Plaintiffs have suffered direct and consequential damages.

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45. Plaintiffs are entitled to recover attorneys' fees under 15. U.S. Code § 1117(a) and have retained the law firm of Byrd Campbell, P.A., agreeing to pay a reasonable fee for its services.

WHEREFORE, Plaintiffs demand judgment against the Defendants for compensatory damages, attorneys' fees, prejudgment interest, and costs.

COUNT IV
ACTION FOR VIOLATION OF FLORIDA'S
DECEPTIVE AND UNFAIR TRADE PRACTICES ACT
(As to all Defendants)

46. Plaintiffs sue the Defendants for damages that exceed $30,000.00 for violation of Florida's Deceptive and Unfair Trade Practices Act (Chapter 501, Florida Statutes).

47. Plaintiffs reallege, incorporate, and assert by reference the allegations set forth above in paragraphs 1 through 28.

48. The Defendants' publication of false and defamatory statements concerning Plaintiffs via email to persons of influence in Brevard County and the media knowing the statements were false, with reckless disregard for the truth, and with actual malice and the intent to injure Plaintiffs' reputation and, as a result, damage Health First's competitor, Parrish Hospital, constitute unfair methods of competition, unconscionable acts or practices, and unfair or deceptive acts or practices in the conduct of trade or commerce.

49. As a direct and proximate result of the Defendants' conduct, Plaintiffs have suffered and will continue to suffer actual damages and irreparable injury.

50. Plaintiffs have retained the law firm of Byrd Campbell, P.A., agreeing to pay a reasonable fee for its services, and Plaintiffs are entitled to recover attorneys' fees under Chapter 501, Florida Statutes.

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FL-GOV-20-0899-A-002930

WHEREFORE, Plaintiffs demand judgment against the Defendants for temporary and permanent injunctive relief, actual damages, attorneys' fees, and costs.

DEMAND FOR JURY TRIAL

Plaintiffs demand a trial by jury for all issues so triable.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on January 31, 2020, a copy of the foregoing has been furnished via electronic mail to all counsel of record.

s/ Tucker H. Byrd
Tucker H. Byrd
Florida Bar No. 381632
Scottie N. McPherson
Florida Bar No. 085137
Julia M. Wischmeier
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Attorneys for Plaintiffs

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FL-GOV-20-0899-A-002931

Exhibit

“A”

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Robin Fisher,
State Farm Insurance Agent

Robin L. Fisher began his career as a State Farm Insurance Agent 30 years ago and continues to serve customers with all their insurance needs. In addition to his commitment to his customers, he is actively involved in the development enhancements we are seeing within the community.

He served the Brevard County Board of County Commissioners as District 1 Commissioner for two terms, from 2008-2016, including the position of Chair. Additionally, his previous public service includes: Palm Bay City Council, Titusville City Council and Vice-Mayor of Titusville.

Fisher has served on the United Way Board of Directors, Brevard Community College Board of Trustees, Tourist Development Commission, and Economic Development Commission of Florida's Space Coast, among others.

Fisher served two terms as the Chair of the Central Florida YMCA Board, which includes six counties and 26 locations. As Campaign Chair for the Brevard County YMCA, he was responsible for raising $2.5 million which resulted in the construction of the Titusville YMCA Family Center on Park Avenue in Titusville. In 2007, he was presented with the ***John W. Sterci Award*** for over 25 years of volunteer service. This is YMCA's highest honor.

As an exceptional business leader and strong community advocate, Fisher has been honored with several distinguished awards and recognized for his contributions to economic development, business excellence, courageous thinking and actions, vision and innovation, inspiring leadership and community mindedness. These honors include:

Business Hall of Fame Laureate, Junior Achievement of the Space Coast
Gary R. Cunningham Distinguished Service Award, Economic Development Commission
Rodney S. Ketcham Leadership Icon Award, LEAD Brevard
Challenger Award, Sports Hall of Fame, Space Coast Daily
Rotary Club in Titusville, Paul Harris Fellow Award
Citizen of the Year Finalist, Volunteer Recognition Awards, FLORIDA TODAY

The creation of the *North Brevard Economic Development Zone* was proposed by Robin Fisher and required approval of the Brevard County Commission and Titusville City Council. Spanning from SR 520 north to the Volusia County line, this is the largest tax increment funding district in the State of Florida and possibly in the Nation. The "Zone" is providing millions of dollars in funding to help incentivize and recruit high-wage jobs and redevelopment in North Brevard.

Fisher formerly served as the Board Chair for the Brevard County Field of Dreams, a multi-sport park for individuals with special needs. Fisher has been instrumental in raising more than $3 million and celebrated the completion of the park with a grand opening game in January 2016.

Professionally, as an insurance agent with State Farm Insurance Company, his accomplishments have been numerous. Among them are awards for production and service. He has been awarded with the ***Legion of Honor Qualifier***, the ***Crystal Excellence Award*** and is a distinguished member of the ***National Convention Qualifier President's Club***.

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Fisher's early life included relocating to Brevard County in 1971. Upon his graduation from Satellite High School in 1978, he attended the University of Florida on an athletic scholarship. Robin set the record for the only defensive lineman to lead the entire Gator defensive team for most tackles in one season; a record he still holds today. In 1982 he graduated with a Bachelor's degree in Public Relations. Later, he was drafted by the Miami Dolphins and went on to play professional football in the USFL with the Chicago Blitz as well as the Arizona Wranglers.

Robin has been a resident of Titusville since 1989. He and his wife, Rhoda, have been married for 31 years and have two adult children, Cara and Cory.

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Exhibit

“B”

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BIOGRAPHY OF HERMAN A. COLE

Herman was born in Charleston, South Carolina and is a graduate of Tuskegee University with Bachelor of Arts in Architectural Science and Master of Architecture Degree. He is a highly decorated Vietnam Veteran, having served 26 years in the United States Air Force and retiring in 1994 at the rank of Full Colonel. His military assignments have taken him all over the globe from Vietnam to England to Japan to Saudi Arabia, California, Georgia, Ohio and Florida. His responsibilities while in the military have ranged from Combat Engineer/Convoy Commander in Vietnam to managing a $3 billion dollar in construction projects in Saudi Arabia. His military decorations are the USAF Legion of Merit, USAF meritorious Service Medal with six oak leaf clusters, USAF Commendation Medal and numerous other service medals to include the Vietnam Service Medal. When he retired in 1994 he became Director of Facilities Management and Visiting Professor in Engineering at the University of Dayton in Dayton, Ohio, where he served for four years before moving to Florida.

Herman Cole is the Chairman of the Board of Directors at Parrish Medical Center where he has served for the last eighteen years, Past-President and member of the Titusville Rotary, Vice Chair and Past Chairman of the Titusville YMCA Board of Directors, board member Parrish Medical Foundation Board, a past member of Titusville Planning and Zoning Board and President of the Host Of Brevard. He is a charter member of the Tuskegee University Military Hall of Fame.

Herman is married to Joyce, also a Tuskegee graduate. They have two sons Alex, retired USAF Lt. Col, presently the Manager of Air Force Presidential Aircraft at Boeing

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Aircraft, and Chris, owner of an Independent Insurance Agency in West Palm Beach, and six grandchildren.

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Exhibit

“C”

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Biography of Robert L. Jordan, Jr., CM Chairman, President & CEO Genesis VII, Inc.



Robert L. Jordan, Jr., CM is the President & CEO of Genesis VII, An Engineering, Logistics and Construction Services Company. It is an SDB, MBE and DBE Certified minority Owned Company. Located in Titusville Fl. This Company was established in 1989. Prior to Robert's acquisition of Genesis VII in 2011, Robert held the position of Engineering Process Manager for the prime contractor on the United States Space Shuttle Program. His responsibilities included identifying and developing world-class processes that created value for the company and its customers. He promoted the infusing of technology throughout the company and was also responsible for ensuring the success of delivering new products and tools. Other positions held throughout his 31-year career were: TPS Engineer, Cargo Mechanical Engineer, Project Engineer and Manager, Proposal Manager, Facilities Manager and Program Manager.

Robert graduated from Savannah State University with a bachelor's degree in Civil Engineering Technology and a minor in computers in 1979. He received his Masters degree in Aeronautical Science with a specialization in management from Embry Riddle Aeronautical University in 1992. Robert also is a certified professional manager, certified facilitator, and certified auditor for ISO 9001.

Robert's civic experience is vast. Secretary/Treasurer – North Brevard Economic Development Zone, Chairman and President Viera Charter School – 1050 Students, Vice Chairman - Parrish Medical Center Board of Directors, Chairman- Titusville Chamber of Commerce, Council member City of Titusville, United Way of Brevard, Board of Directors – Chairman Brevard Workforce, Board of Directors –Economic Development Council, Board of Directors- Circles of Care, Board of Directors, Vice Chairman - Planning and Zoning-City of Titusville FL, Chairman of North Brevard Medical Support Board, Selective Service Board, Vice Chairman Titusville YMCA, Chairman Public Access Committee, Space Coast Commerce Park Authority, Brevard Cultural Alliance Board, Jess Parrish Foundation Board and in 2002 was elected to the Brevard County School Board, making him the first African American to hold a county wide seat in the history of Brevard County and subsequently becoming the First African American in the History of Brevard county to hold the office of Chairman of the Brevard County School Board. He served for 8 years until 2010.

Robert has received numerous awards such as recipient of the 2012 Kellogg Management Program Scholarship, 2012 One of Space Coast Business's most admired, 2009 Business Leader of the Year- Space Coast Business News, NASA Public Service Medal, Distinguished Engineer, NASA Team Award, Community Hero Award, Outstanding Young Engineers of America, Engineer of the Year, NASA Team Award, Employee of the Month, and Sustained Superior Performance award.

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Robert and his wife, Karen, of 39 years reside in Titusville, Fla., and have two children, Robert III, 34, manager of operations at Genesis VII, Inc. and Kristina, 26, a system engineer for one of the large aerospace companies in Florida.

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Exhibit

“D”

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“Community Leaders” Email Analysis

- The email address used to send the subject email to Mrs. Candi Neuweiler was lotignov7@gmail.com. The email header information appears below.

- The email address comes from an IP address of 209.85.220.65. The IP address is registered to Google, LLC, according to the American Registry for Internet Numbers. It is one of multiple IP addresses that are registered to Google, LLC.

- The physical location of the IP address is difficult to track since it belongs to a mail server. Mail servers can be distributed virtually across multiple physical locations.
    - There are several reporting databases that can translate IP addresses to a physical location.
    - While these resources provide different physical locations for 209.85.220.65, the all report that the IP address belongs to Google, LLC.

- The internet service provider for the IP address is Google, LLC.

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Email Head from Mrs. Neuewiler's Email

Delivered-To: candi.neuweiler@gmail.com Received: by 2002:a2e:4713:0:0:0:0:0 with SMTP id u19csp868418lja; Wed, 28 Aug 2019 06:01:10 -0700 (PDT) X-Received: by 2002:aca:782:: with SMTP id 124mr2606202oih.95.1566997269838; Wed, 28 Aug 2019 06:01:09 -0700 (PDT) ARC-Seal: i=1; a=rsa-sha256; t=1566997269; cv=none; d=google.com; s=arc-20160816; b=pOJN25zaBv8qmxztF/gXPGwFcY4N/bDYtBEzuv4Hk1ExoaZRPBT+ASIX0TCZ3zcJqo ja4C5iBbsqF3KEE3Xd0yg3YDKSuS80CNE8uf54BGUEzOsMQQJcTbnxnRoKE2cbF2McDI 9jYt9bg3MIqTwR53gDvVqIUNW4XRID3BOYOzMnNf87QbOVKmASMTS2fSAJDPkSje5y+/ TSDryHjnUr8RvOAh9DqZ43KiS7Wex8iJKT70UmKC9JR6saCPf4CHdxE+y15Kh1Eh29I0 yivGwTATgPgCw1fjyZAMPNJxR0cszvbZAboJAoDCtx2KFKgUMGGAFSV1vu25RH0KIMai HElg== ARC-Message-Signature: i=1; a=rsa-sha256; c=relaxed/relaxed; d=google.com; s=arc-20160816; h=to:subject:message-id:date:from:mime-version:dkim-signature; bh=gzo7gGkJ3kDPbxtFv/wm8VRt0cSzvx7eyJgATIbGYrc=; b=IHV+UjjIcVn1ABXqm4Hi1PL9t5dxCCV1yhAX1EIfC5YiHvtYYy3cz8UeQTHZ1FbmsPwEKc3glxc4HHkQDBsdeUIebnivU8jPiy7DytGgCKW1HbHh0N5Gk8E9u+qsXL3+AoHzVWzvP/H+QFXhTdBbgSW/diRp5MZmn4IPBpewcu0XfBU2FyRIFOJylpVMD8CZe2CfqbuPASRN+SGEFj2JEfG2YfjN5gfk+tk/vGk7F3vE6jfSfTyRVOC3BCu/xP+QTIOloamj0TSiGfJkCvVvuyCDiCr8sm2yyw6LXuGAMX2T0x88N6g9a0lEPHqlHekHlTsEEngUwLkteSEMAw VKgw== ARC-Authentication-Results: i=1; mx.google.com; dkim=pass header.i=@gmail.com header.s=20161025 header.b=hUOJCtCa; spf=pass (google.com: domain of lotignov7@gmail.com designates 209.85.220.65 as permitted sender) smtp.mailfrom=lotignov7@gmail.com; dmarc=pass (p=NONE sp=QUARANTINE dis=NONE) header.from=gmail.com Return-Path: <lotignov7@gmail.com> Received: from mail-sor-f65.google.com (mail-sor-f65.google.com. [209.85.220.65]) by mx.google.com with SMTPS id t5sor1010307oic.153.2019.08.28.06.01.09 for <candi.neuweiler@gmail.com> (Google Transport Security); Wed, 28 Aug 2019 06:01:09 -0700 (PDT) Received-SPF: pass (google.com: domain of lotignov7@gmail.com designates 209.85.220.65 as permitted sender) client-ip=209.85.220.65; Authentication-Results: mx.google.com; dkim=pass header.i=@gmail.com header.s=20161025 header.b=hUOJCtCa; spf=pass (google.com: domain of lotignov7@gmail.com designates 209.85.220.65 as permitted sender) smtp.mailfrom=lotignov7@gmail.com; dmarc=pass (p=NONE

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sp=QUARANTINE dis=NONE) header.from=gmail.com DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed; d=gmail.com; s=20161025; h=mime-version:from:date:message-id:subject:to; bh=gzo7gGkJ3kDPbxtFv/wm8VRt0cSzvx7eyJgATIbGYrc=; b=hUOJCtCai3t4X14lSYryUYmWIOqUSYQZ35clHxZB4EKr4f6sWf7t/qYRXA7S2wvNI/B1ZnvZ0sT1f4xCQo+b0W2gxjspupgq7MHM6DYkuMBYii3DAbNd3VtOiRASkrvgBAcAKG 8TkLaMzYVqvFvg8J9QiUHuUBOmdrUpXLvFLrVVFiRlXNIYLewll9w3X7QKQtDc2vMn5z lLVMrPp4Nb/SzcZ9QyfL8Ov8Tybqt3RH3HD1OPp7E2+eKRfPO5SUxyNmAr1umAmEiX0G AjuGg0uW/DLEBzLGmnc0yJ04GUX3l4159ztaw+Sq0PyvtjFVQ8eweIdwdszi3sexy3xN dnTQ== X-Google-DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed; d=1e100.net; s=20161025; h=x-gm-message-state:mime-version:from:date:message-id:subject:to; bh=gzo7gGkJ3kDPbxtFv/wm8VRt0cSzvx7eyJgATIbGYrc=; b=e5ovuyX5RwUPgrE1ckp/f4dyUkW//2cpfoaN9bI6mNbLLHNUFtCo9x1krTIWJ0GRjE 9hH6Yn6XGNH06elj4ymuLeh4n88eRgMNT+P84s1ktbElDqMHvNCl2eIxO46BuJdOr/aU 6MtyeD5ebFv+We+H81qms0nO6ZsJo5wThVqvSKkzQXV5O8wHaeP5WB/KjA51G7tO mUQx zU5z8ii7nATCVNxTzF7ma8q7jJ/L4AXfPyftDKClT0POnCVerRavL+lLRRqKhoxj8eT+ sHoef1BSga6GuQ/eS4PfiCTxLoVFBGbxrkh3f9DMAdKnyAnVBd1ltNEplTY3tW064LNo EnIQ== X-Gm-Message-State: APjAAAXdPkStcLObvflwfq67vq0zvkk6gXb/Ajr4UUzqYhR/ILhU3bLV p6LNOjrDfRKCGu4/WZ0EF0joyVHvvOJn9fw+dJk= X-Google-Smtp-Source: APXvYqxuxjag2PS29G47j15BqO93dVDQiOU0fTxcoE594bodNpqpZJmhHrU4rZ7WB2 G3aZ5XXDsIRx1Jpn30Btj0ezU= X-Received: by 2002:aca:88d:: with SMTP id 135mr2654686oii.32.1566997268123; Wed, 28 Aug 2019 06:01:08 -0700 (PDT) MIME-Version: 1.0 From: Craig Deligdish <lotignov7@gmail.com> Date: Wed, 28 Aug 2019 09:00:00 -0400 Message-ID: <CAPpP_b5o8GD9Do-HQbH+UpkcgC98uPN=aqKaKqRiH4VY8M2v4g@mail.gmail.com> Subject: Community Leaders: Potential Fraud in Brevard Healthcare To: Craig Deligdish <lotignov7@gmail.com> Content-Type: multipart/mixed; boundary="000000000000886d9305912cfbf3" Bcc: candi.neuweiler@gmail.com --000000000000886d9305912cfbf3 Content-Type: multipart/alternative; boundary="000000000000886d9105912cfbf1" --000000000000886d9105912cfbf1 Content-Type: text/plain; charset="UTF-8" Dear sirs and madams, You have been identified as a person of influence in Brevard County and we need your help asking our elected officials to review a possible situation in Brevard County. Our organization has learned of potential inappropriate activities by the leadership at Parrish Medical Center.

We created the attached summary and have sent to elected officials and major media outlets for their review. Our mission is to fight healthcare fraud, please call your representatives and ask them for action on this important matter. Dr. Craig Deligdish Chief Medical Officer LoTignov StopFraudNOW (LTC LoTignov) LTC LoTignov 1344 S Apollo Blvd., Suite 400, Melbourne FL 32901 Office: 877-309-5368 FAX: 321-802-4414 Email: bsmith@lotignov.com --000000000000886d9105912cfbf1 Content-Type: text/html; charset="UTF-8" Content-Transfer-Encoding: quoted-printable <div dir=3D"ltr"><div dir=3D"ltr"> Dear sirs and madams,   You have been identified as a person of influence in Brevard County and we need your help asking our elected officials to review a possi= ble situation in Brevard County.   Our organization has learned of potential inappropriate activities by the leadership at Parrish Medical Center. We created the atta= ched summary and have sent to elected officials and major media outlets for thei= r review.   Our mission is to fight healthcare fraud, please call your representatives and ask them for action on this important matter. =C2=A0 Dr. Craig Deligdish Chief Medical Officer LoTignov <br clear=3D"all"> <div class=3D"gmail_signature" dir=3D"ltr"><div dir= =3D"ltr"><h3 style=3D"margin:2.43em 0px 0.5em;text-align:left;color:inherit= ;text-transform:none;line-height:1.2173;text-indent:0px;letter-spacing:norm= al;clear:none;font-family:inherit;font-size:1.5em;font-style:normal;font-va= riant:normal;font-weight:900;text-decoration:none;word-spacing:0px;white-sp= ace:normal">StopFraudNOW (LTC LoTignov)</h3><span style=3D"text-align:left;= color:rgb(51,51,51);text-transform:none;text-indent:0px;letter-spacing:norm= al;font-family:"Helvetica Neue",Helvetica,Arial,sans-serif;font-s= ize:14px;font-style:normal;font-variant:normal;font-weight:400;text-decorat= ion:none;word-spacing:0px;display:inline;white-space:normal;float:none;back= ground-color:rgb(255,255,255)"> <p style=3D"margin:0px 0px 10px;text-align:left;color:rgb(51,51,51);= text-transform:none;text-indent:0px;letter-spacing:normal;font-size:1.2em;f= ont-style:normal;font-variant:normal;font-weight:400;text-decoration:none;w= ord-spacing:0px;white-space:normal">LTC LoTignov
 1344 S Apollo Blvd., Suite 400,
 Melbourne FL 32901
 Office: <a style=3D"color:rgb(51,122,183);text-decoration:none;background-c= olor:transparent" href=3D"tel:877-309-5368" target=3D"_blank">877-309-5368<= /a>
 FAX: 321-802-4414
 Email: bsmith@lotignov.com --000000000000886d9105912cfbf1-- --000000000000886d9305912cfbf3 Content-Type: application/pdf; name="Health Care Fraud - Copy.pdf" Content-Disposition: attachment; filename="Health Care Fraud - Copy.pdf" Content-Transfer-Encoding: base64 Content-ID: <f_jztz6qm80> X-Attachment-Id: f_jztz6qm80 --000000000000886d9305912cfbf3--

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