



Health Care Appropriations Subcommittee

**Monday, April 17, 2017
2:00 PM – 3:30 PM
Sumner Hall (404 HOB)**

Action Packet

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

4/17/2017 2:00PM

Location: Sumner Hall (404 HOB)

Summary:

Health Care Appropriations Subcommittee

Monday April 17, 2017 02:00 pm

HB 1077 Favorable

Yeas: 10 Nays: 5

HB 7117 Favorable

Yeas: 10 Nays: 5

Committee meeting was reported out: Monday, April 17, 2017 5:11PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

4/17/2017 2:00PM

Location: Sumner Hall (404 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Jason Brodeur (Chair)	X		
Daisy Baez	X		
Daniel Burgess, Jr.	X		
Colleen Burton	X		
Nicholas Duran	X		
Erin Grall	X		
Gayle Harrell	X		
Shevrin Jones	X		
MaryLynn Magar	X		
Amy Mercado	X		
Cary Pigman	X		
David Richardson	X		
Bob Rommel	X		
Cyndi Stevenson	X		
Frank White	X		
Totals:	15	0	0

Committee meeting was reported out: Monday, April 17, 2017 5:11PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

4/17/2017 2:00PM

Location: Sumner Hall (404 HOB)

HB 1077 : Trauma Services

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Daisy Baez		X			
Daniel Burgess, Jr.	X				
Colleen Burton	X				
Nicholas Duran		X			
Erin Grall	X				
Gayle Harrell	X				
Shevrin Jones		X			
MaryLynn Magar	X				
Amy Mercado		X			
Cary Pigman	X				
David Richardson		X			
Bob Rommel	X				
Cyndi Stevenson	X				
Frank White	X				
Jason Brodeur (Chair)	X				
Total Yeas: 10		Total Nays: 5			

Appearances:

Delegal, Mark (Lobbyist) - Information Only
 Safety Net Hospital Alliance of Florida
 Holland & Knight LLP 315 S Calhoun St Ste 600
 Tallahassee FL 32301
 Phone: (850) 224-7000

Runk, Paul (Lobbyist) - Proponent
 Department of Health
 4052 Bald Cypress Way Bin A00
 Tallahassee FL 32399-0001
 Phone: (850) 245-4006

Dick, Cindy (State Employee) - Proponent
 Fla. Dept. of Health
 Assistant Deputy Secretary for Health
 4052 Bald Cypress Way
 Tallahassee FL 32399
 Phone: 850-245-4864

Loux, Tara Dr. (General Public) - Opponent
 St. Joseph's Children's Hospital
 Pediatric Trauma Medical Director
 300 W. Dr. MLK Blvd
 Tampa FL 33607
 Phone: 813-554-8500

Committee meeting was reported out: Monday, April 17, 2017 5:11PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

4/17/2017 2:00PM

Location: Sumner Hall (404 HOB)

HB 1077 : Trauma Services (continued)

Appearances: (continued)

Ecenia, Steve (Lobbyist) - Proponent:

HCA

P.O. Box 551

Tallahassee FL 32301

Phone: (850) 681-6788

Committee meeting was reported out: Monday, April 17, 2017 5:11PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1077</u>	
Amendment Number: _____	

Name: MARK Delegal

Representing: ~~SATFHP~~ Safety Net Hosp. Alliance of FL

Title: General Counsel

Address: 101 N. GADSDEN ST.

City: Tallahassee, FL State/Zip: 32301

Phone Number: 850-201-2097 Meeting Date: _____

Committee/Subcommittee: House Health Approps

Presentation/Workshop Topic: TRAUMA

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB1077</u>	
Amendment Number: _____	

Name: Paul Runk

Representing: DGH

Title: Director - Leg. Affairs

Address: 2585 Merchants Row

City: Tallahassee State/Zip: FL

Phone Number: 252-4006 Meeting Date: 4-17-17

Committee/Subcommittee: Health Care Approp. Subcommittee

Presentation/Workshop Topic: Trauma

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Cindy Dick

Representing: Florida Department of Health

Title: Assistant Deputy Secretary for Health

Address: 4052 Bald Cypress Way

City: Tall State/Zip: FL, 32399

Phone Number: 850-245-4864 Meeting Date: 4/17/17

Committee/Subcommittee: Health Appropriations

Presentation/Workshop Topic: Trauma 1077

Registered Lobbyist: YES NO [X]

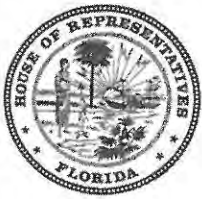
State Employee: YES [X] NO

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

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

Bill: Proponent [X] Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1027</u>	
Amendment Number: _____	

Name: Dr. Tara Loux (pronounced "loo")

Representing: St. Joseph's Children's Hospital

Title: Pediatric Trauma Medical Director

Address: 3001 W. Dr. MLK Blvd

City: Tampa State/Zip: FL 33607

Phone Number: 813-554-8500 Meeting Date: 4/17/17

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>1077</u>		Amendment Number: _____	

Name: Steve Echenia

Representing: HCA

Title: Attorney

Address: P.O. Box 551

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-681-6788 Meeting Date: 4/17/17

Committee/Subcommittee: Health Care Appropriation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

4/17/2017 2:00PM

Location: Sumner Hall (404 HOB)

HB 7117 : Statewide Medicaid Managed Care Program

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Daisy Baez		X			
Daniel Burgess, Jr.	X				
Colleen Burton	X				
Nicholas Duran		X			
Erin Grall	X				
Gayle Harrell	X				
Shevrin Jones		X			
MaryLynn Magar	X				
Amy Mercado		X			
Cary Pigman	X				
David Richardson		X			
Bob Rommel	X				
Cyndi Stevenson	X				
Frank White	X				
Jason Brodeur (Chair)	X				
Total Yeas: 10		Total Nays: 5			

Appearances:

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

Parker, Thomas (Lobbyist) - Opponent
 Florida Health Care Association
 307 W Park Ave
 Tallahassee FL 32301
 Phone: (850) 224-3907

Woodall, Karen (Lobbyist) - Opponent
 Florida Center for Fiscal & Economic Policy
 579 E Call St
 Tallahassee FL 32301
 Phone: (850) 321-9386

Committee meeting was reported out: Monday, April 17, 2017 5:11PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill/Amendment selection box with checkboxes and handwritten number 7117.

Name: Karen Woodall

Representing: Fla Center for Fiscal & Economic Policy

Title: Director

Address: 579 E. Call St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-321-9386 Meeting Date: 4/17/17

Committee/Subcommittee: Health Care Approps

Presentation/Workshop Topic: Statewide Medical Managed Care

Registered Lobbyist: YES [checked] NO []

State Employee: YES [] NO [checked]

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

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

Bill: Proponent [] Opponent [checked] Info only []
Amendment: Proponent [] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 7117</u>	
Amendment Number: _____	

Name: Steve Bratner

Representing: LEARNING AGE FLORIDA

Title: PRESIDENT

Address: 1812 RIGGINS ROAD

City: TAMMANSSEE State/Zip: FL 32308

Phone Number: 850 671 3700 Meeting Date: 4/17/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7117</u>	
Amendment Number: _____	

Name: Tom Parker

Representing: Florida Health Care Association

Title: Director of Reimbursement

Address: 307 W. Park Ave Ste 100

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 224 3907 Meeting Date: 4/17/17

Committee/Subcommittee: Health Care Approps

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I wish to speak

Appearing in response to an inquiry for information made by member, committee, or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance form submitted online

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only