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# **Health Care Appropriations Subcommittee**

**Wednesday, October 18, 2023  
11:30 A.M. - 1:00 P.M.  
Morris Hall (17 HOB)**

**Action Packet**

**Paul Renner  
Speaker**

**Sam Garrison  
Chair**

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**10/18/2023 11:30AM**

**Location:** Morris Hall (17 HOB)

**Summary:** No Bills Considered

**Committee meeting was reported out: Wednesday, October 18, 2023 1:39PM**

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**

**10/18/2023 11:30AM**

**Location:** Morris Hall (17 HOB)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Sam Garrison (Chair)	X		
Shane Abbott	X		
Carolina Amesty	X		
Bruce Antone	X		
Robin Bartleman	X		
Dean Black	X		
Daryl Campbell	X		
Jennifer Canady	X		
Berny Jacques	X		
Lauren Melo	X		
Michelle Salzman	X		
Kelly Skidmore	X		
Kevin Steele	X		
Dana Trubulsy	X		
Marie Woodson	X		
<b>Totals:</b>	<b>15</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Wednesday, October 18, 2023 1:39PM

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**

**10/18/2023 11:30AM**

**Location:** Morris Hall (17 HOB)

**Presentation/Workshop/Other Business Appearances:**

Penn, Casey (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Department of Children and Families  
Deputy Secretary  
2415 N Monroe Street  
Tallahassee FL 32303  
Phone: 8504889410

Thompson, Erica Floyd (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Department of Children and Families  
Assistant Secretary  
2415 N Monroe Street  
Tallahassee 32303  
Phone: 8504889410

Pasley, Cassandra (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Department of Health  
4052 Bald Cypress Way  
Tallahassee FL 32399  
Phone: 8508775851

Lloyd, Tony (Lobbyist) (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Department of Children and Families  
Assistant Secretary for Administration  
2415 N Monroe Street  
Tallahassee FL 32303  
Phone: 8504889410

Wallace, Tom (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Agency for Health Care Administration  
Deputy Secretary for Health Care Finance and Data  
2727 Mahan Drive  
Tallahassee FL 32308  
Phone: (850) 412-4117

Smoak, Kim (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Agency for Health Care Administration  
Deputy Secretary for Health Care Policy and Oversight  
2727 Mahan Dr  
Tallahassee FL 32308-5407  
Phone: 9049550331

Overview of DCF Budget  
Jacob, Acadia - Information Only  
Florida Voices for Health  
Advocacy Director  
PO Box 358946  
Gainesville FL 32635  
Phone: 7549990807

**Committee meeting was reported out: Wednesday, October 18, 2023 1:39PM**



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: H. HC Approps

Meeting Date: 10/18/2023

<input type="checkbox"/>	Bill/PCS/PCB Number:	_____
<input type="checkbox"/>	Amendment Barcode Number:	_____
<input checked="" type="checkbox"/>	Presentation/Workshop Topic:	<u>DCF LBR Presentation</u>

Name: Casey Penn

Representing: Dept. of Children and Families

Title: Deputy Secretary

Address: 2415 N. Monroe St.

City: Tallahassee State/Zip: FL, 32303

Phone Number: 850-488-9410

Registered Lobbyist: YES  \* NO

*\*Registered lobbyists must have a House appearance record on file with the Public Integrity & Elections Committee (Rule 17.1(h))*

State Employee: YES  NO

- I wish to speak at the meeting
- 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

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

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

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



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: Erica Floyd Thompson

Representing: DCF

Title: Assistant Secretary

Address: 2415 N. Monroe St.

City: TLH State/Zip: FL, 32303

Phone Number: 850-488-9410 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: \_\_\_\_\_

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Cassandra G. Paskey
Representing: Florida Department of Health
Title: Chief of Staff and Deputy Secretary
Address: 4052 Bald Cypress Way
City: Tallahassee State/Zip: FL 32399
Phone Number: 850-877-5851 Meeting Date: 10/18/2023
Committee/Subcommittee: Health Care Appropr. Subcommittee
Presentation/Workshop Topic: LBLs DOH

Registered Lobbyist: YES [ ] NO [ ]
State Employee: YES [x] NO [ ]

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

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

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: H. HC Approps

Meeting Date: 10/18/23

<input type="checkbox"/>	Bill/PCS/PCB Number:	_____
<input type="checkbox"/>	Amendment Barcode Number:	_____
<input checked="" type="checkbox"/>	Presentation/Workshop Topic:	<u>DCF LBR Presentation</u>

Name: Tony Lloyd

Representing: Dept. of Children and Families

Title: Assistant Secretary for Administration

Address: 2415 N. Monroe St.

City: Tallahassee State/Zip: FL, 32303

Phone Number: 850-488-9410

Registered Lobbyist: YES \* NO

*\*Registered lobbyists must have a House appearance record on file with the Public Integrity & Elections Committee (Rule 17.1(h))*

State Employee: YES  NO

- I wish to speak at the meeting
- Appearing in response to an inquiry for information made by member, committee, or staff
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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Tom Wallace

Representing: AHCA

Title: Deputy Secretary for Health Care Finance and Data

Address: 2727 Mahan Dr.

City: Tallahassee State/Zip: FL/32308

Phone Number: 850-412-4117 Meeting Date: 10/18/2024

Committee/Subcommittee: Health Care Appropriations Subcommittee

Presentation/Workshop Topic: Overview of LBR 2024-25

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 [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Kim Smoak

Representing: AHCA

Title: Deputy Secretary for Health Care Policy and Oversight

Address: 7777 Mahan Dr.

City: Tallahassee State/Zip: FL/32309

Phone Number: 904-955-0331 Meeting Date: 10/14/2024

Committee/Subcommittee: Health Care Appropriations Sub

Presentation/Workshop Topic: Overview of LBRS 2024/25

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [ ] Amendment [ ]
Bill/PCS/PCB Number: \_\_\_\_\_
Amendment Barcode Number: \_\_\_\_\_

Name: Aadea Jacob

Representing: Florida Voices For Health

Title: Advocacy Director

Address: PO Box 358946

City: Gainesville State/Zip: FL 32635

Phone Number: 954 754 999 0807 Meeting Date: 10/18/23

Committee/Subcommittee: House Health Care Approp. Committee

Presentation/Workshop Topic: Overview of DCF budget

Registered Lobbyist: YES [ ] NO [x]
State Employee: YES [ ] NO [x]

- [x] I wish to speak
[ ] Appearing in response to an inquiry for information made by member, committee, or staff
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[ ] Judge or elected officer appearing in official capacity
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Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]