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# **Health Care Appropriations Subcommittee**

**Thursday, December 14, 2023  
8:00 AM - 10:00 AM  
Morris Hall (17 HOB)**

**ACTION PACKET**

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

**12/14/2023 8:00AM**

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

**Summary:** No Bills Considered

**Committee meeting was reported out: Thursday, December 14, 2023 10:38AM**

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

**12/14/2023 8:00AM**

**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 Trabulsy	X		
Marie Woodson	X		
<b>Totals:</b>	<b>13</b>	<b>0</b>	<b>2</b>

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

**12/14/2023 8:00AM**

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

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

Lapado, Dr. Joseph (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Florida Department of Health  
Surgeon General  
4052 Bald Cypress Way  
Tallahassee FL

Sununu, Tyler (Lobbyist) - Information Only  
Florida Association of Rehabilitation Facilities  
President & CEO  
1113 E Tennessee St Ste 100  
Tallahassee FL 32308  
Phone: (850) 2284800

Griffis, Mike - Information Only  
City of Macclenny  
City Manager  
118 East Macclenny Ave  
Macclenny FL  
Phone: 9046139255

Gelin, Brea (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Governor's Office  
Policy Coordinator  
Suite 1702, The Capitol  
Tallahassee FL  
Phone: (850) 717-9491

Weida, Jason (State Employee) - Information Only  
Agency for Health Care Administration  
Secretary  
2727 Mahan Dr  
Tallahassee FL

Harris, Shevaun (State Employee) - Information Only  
Department of Children and Families  
Secretary  
2415 N. Monroe Steet Suite 400  
Tallahassee FL 32309  
Phone: (850) 4889410

Barker, Curtis (State Employee) - Information Only  
Department of Elder Affairs  
Chief Financial Officer  
4040 Esplanade Way  
Tallahassee FL 32399  
Phone: 8504142149

**Committee meeting was reported out: Thursday, December 14, 2023 10:38AM**

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

**12/14/2023 8:00AM**

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

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

Hatch, Taylor (State Employee) - Information Only  
Agency for Persons with Disabilities  
Director  
4030 Esplanade Way  
Tallahassee FL

Wallace, Tom (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Agency for Health Care Administration  
Deputy Secretary of Medicaid Finance  
2727 Mahan Drive  
Tallahassee FL 32304  
Phone: 9049550331

**Committee meeting was reported out: Thursday, December 14, 2023 10:38AM**



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: Dr. Joseph Ladapo

Representing: Florida Department of Health

Title: Surgeon General

Address: 4052 Bald Cypress Way

City: Tallahassee State/Zip: FL

Phone Number: \_\_\_\_\_ Meeting Date: 12/14/2023

Committee/Subcommittee: Health Care Appropriations 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

Committee/Subcommittee: Health App<sup>for</sup> Subcommittee

Meeting Date: 12-14-23

<input type="checkbox"/> Bill/PCS/PCB Number:	<u>Gov Rec APO Budget</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: Tyler Sumner

Representing: Florida ARF

Title: President + CEO

Address: 1113 E Town St #

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-228-4800

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

(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: Health App.

Meeting Date: 12-14-23

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

Name: MIKE GRIFFIS

Representing: CITY OF MACCLENNY

Title: CITY MANAGER

Address: 118 EAST MACCLENNY AVE

City: MACCLENNY State/Zip: FL

Phone Number: 904 613-9255

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- Appearing in response to subpoena
- 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





### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Name: Brea Gelm

Representing: Governor's Office

Title: Policy Coordinator

Address: Suite 1702, The Capitol

City: Tallah State/Zip: FL / 321

Phone Number: 850-717-9491 Meeting Date: 12/14/23

Committee/Subcommittee: HC Appro.

Presentation/Workshop Topic: Governor's Budget

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
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- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

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

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

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



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: HTS Approps

Meeting Date: 12/14/23

<input type="checkbox"/> Bill/PCS/PCB Number:	_____
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	<u>Gov Recs/Canadian Drug</u>

Name: Jason Weida

Representing: AHCA

Title: Secretary

Address: 2727 Mahan Dr.

City: Tallahassee State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

(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: Healthcare Approps

Meeting Date: 12/14/2023

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

Name: Shevaun Harris

Representing: DCF

Title: Secretary

Address: 2415 N. Monroe St.

City: TLH State/Zip: FL 32309

Phone Number: 850-488-9410

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

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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

Committee/Subcommittee: H Health Care Appropriations Subcommittee

Meeting Date: 12/14/23

<input type="checkbox"/> Bill/PCS/PCB Number:	_____
<input type="checkbox"/> Amendment Barcode Number:	_____
<input checked="" type="checkbox"/> Presentation/Workshop Topic:	<u>Governors Rec. Budget</u>

Name: Curtis Barker

Representing: Department of Elder Affairs

Title: Chief Financial Officer

Address: 4040 Esplanade Way

City: Tallahassee

State/Zip: FL 32399

Phone Number: 850-414-2149

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- Appearing in response to subpoena
- 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
- Lobbyist Appearance form submitted

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



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Health care approps subcommittee

Meeting Date: 12-14-23

<input type="checkbox"/> Bill/PCS/PCB Number:	_____
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	<u>Gov Recs. presentation</u>

Name: Taylor Hatch

Representing: APD

Title: Director

Address: 4030 Esplanade way

City: Tallahassee State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- Appearing in response to subpoena
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Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Name: Tona Wallace

Representing: AHCA

Title: Deputy Sec. of Medicaid Finance

Address: 2727 Markham Dr

City: Tallahassee State/Zip: 32304

Phone Number: 904 965-0371 Meeting Date: 12/14/2023

Committee/Subcommittee: Health Care Appropriations Sub

Presentation/Workshop Topic: Gov. Recs.

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
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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 [ ]