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# Health Care Appropriations Subcommittee

**Thursday, December 7, 2023  
8:00 AM - 9:30 AM  
Morris Hall (17 HOB)**

**ACTION PACKET**

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

**12/7/2023 8:00AM**

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

**Summary:** No Bills Considered

**Committee meeting was reported out: Thursday, December 07, 2023 10:25AM**

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

**12/7/2023 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>

Committee meeting was reported out: Thursday, December 07, 2023 10:25AM

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

**12/7/2023 8:00AM**

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

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

Branham, Michelle (At Request of Member, Committee or Staff) - Information Only  
Department of Elder Affairs  
Secretary  
4040 Esplanade Way  
Tallahassee FL 32399  
Phone: 8504142130

Tharpe, Jess (State Employee) - Information Only  
Department of Children and Families  
Assistant Secretary  
Phone: 8504889410

Lloyd, Tony (State Employee) - Information Only  
Department of Children and Families  
Assistant Secretary  
Phone: 8504889410

Thomas, Erica Floyd (State Employee) - Information Only  
Department of Children and Families  
Assistant Secretary  
Phone: 8504889410

**Committee meeting was reported out: Thursday, December 07, 2023 10:25AM**



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: H Health Care Appropriations Subcommittee

Meeting Date: 12/7/23

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

Name: Secretary Michelle Branham

Representing: Department of Elder Affairs

Title: Secretary

Address: 4040 Esplanade Way

City: Tallahassee State/Zip: FL 32399

Phone Number: (850)-414-2130

- 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: 12/7/23

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

Name: Tony Lopez Jess Tharpe

Representing: DCF

Title: Assistant Secretary

Address: \_\_\_\_\_

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

Phone Number: 850 488 9410

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
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- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing at the written request of the chair
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(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: 12/7/23

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

Name: Tony Lloyd

Representing: DCF

Title: Assistant Secretary

Address: \_\_\_\_\_

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

Phone Number: 850-488-9410

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- Appearing in response to subpoena
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- Appearing at the written request of the chair
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Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Healthcare Approps

Meeting Date: 12/7

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

Name: Erica Floyd Thomas

Representing: DCF

Title: Assistant Secretary

Address: \_\_\_\_\_

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

Phone Number: 488-9410

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