



Health Innovation Subcommittee

**Monday, January 25, 2016
12:30 PM – 3:30 PM
306 HOB**

Action Packet

**Steve Crisafulli
Speaker**

**Kenneth Roberson
Chair**

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

Summary:

Health Innovation Subcommittee

Monday January 25, 2016 12:30 pm

HB 421	Temporarily Postponed		
HB 543	Favorable	Yeas: 13	Nays: 0
HB 1241	Favorable	Yeas: 13	Nays: 0
HB 1245	Favorable	Yeas: 13	Nays: 0
HB 1269	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 688521 Adopted Without Objection		
HB 1335	Favorable	Yeas: 11	Nays: 2

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Kenneth Roberson (Chair)	X		
John Cortes	X		
Fred Costello	X		
Manny Diaz, Jr.	X		
Walter Hill	X		
Mia Jones	X		
Scott Plakon	X		
Paul Renner	X		
Hazelle Rogers	X		
Chris Sprows	X		
Richard Stark	X		
W. Gregory Steube	X		
Jay Trumbull	X		
Totals:	13	0	0

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 421 : Reimbursement of Medicaid Providers

Temporarily Postponed

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 543 : Small Group Health Insurance

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones	X				
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers	X				
Chris Sprows	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
Total Yeas: 13		Total Nays: 0			

Appearances:

Stevenson, Ken (General Public) - Proponent

Earl Bacon Agency
Vice President
3131 Lonnbah Dr.
Tallahassee FL
Phone: (850) 850-933-9789

O'Doski, Rhett (Lobbyist) - Proponent

Florida Association of Health Underwriters
115 E Park Ave
Tallahassee FL 32301
Phone: (850) 322-8786

Niewold, Sarah (Lobbyist) - Proponent

National Association of Insurance and Financial Advisors
325 W College Ave
Tallahassee FL 32301
Phone: (850) 425-4000

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 1241 : Ordering of Medication

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones	X				
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers	X				
Chris Sprows	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
	Total Yeas: 13	Total Nays: 0			

Appearances:

Piloseno, Ellie (General Public) - Information Only

Florida Tax Watch
106 N Bronough Ave
Tallahassee FL 32301
Phone: (850) 222-5052

DeCastro, Martha (Lobbyist) - Waive In Support

Florida Hospital Association
Vice President of Nursing
306 E College Ave
Tallahassee FL 32301
Phone: (850) 222-9800

Fowler, Jarrod (Lobbyist) - Proponent

Florida Medical Association
Po Box 10269
Tallahassee FL 32302
Phone: (850) 224-6496

Mixon, Corinne (Lobbyist) - Proponent

Florida Academy of Physician Assistants
Lobbyist
119 E Park Ave
Tallahassee FL 32301
Phone: (850) 766-5795

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 1241 : Ordering of Medication (continued)

Appearances: (continued)

Arnold, Melody (Lobbyist) - Proponent

Florida HealthCare Association

Gov't Affairs Mngr

307 W Park Ave

Tallahassee FL 32301

Phone: (850) 224-3907

Killinger, Lori (Lobbyist) - Proponent

Florida Association of Nurse Anesthetists, Inc

315 S Calhoun St

Tallahassee FL 32301

Phone: (850) 222-5702

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 1245 : Medicaid Provider Overpayments

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones	X				
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers	X				
Chris Sprows	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
Total Yeas: 13		Total Nays: 0			

Appearances:

Miller, Eric (State Employee) - Proponent
AHCA
Inspector General
2727 Mahan Dr
Tallahassee FL 32301
Phone: (850) 413-3600

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 1269 : Adult Cardiovascular Services

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones	X				
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers	X				
Chris Sprows	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
Total Yeas: 13		Total Nays: 0			

HB 1269 Amendments

Amendment 688521

Adopted Without Objection

Appearances:

Nuland, Christopher (Lobbyist) - Opponent
Florida Society of Theracic and Cardiovascular Surgeons, Inc
1000 Riverside Ave
Jacksonville FL 32209
Phone: (904) 233-3051

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 1335 : Long-term Care Prioritization

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones		X			
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers		X			
Chris Sprows	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
	Total Yeas: 11	Total Nays: 2			

Appearances:

McRay, Jack (Lobbyist) - Opponent
AARP
200 W. College Avenue
Tallahassee FL 32301
Phone: (850) 577-5187

Committee meeting was reported out: Monday, January 25, 2016 2:12:27PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health Innovation
 Meeting Date: 1-25-16
 Place: 306 HOB
 Time: 12:30 pm

Bill Number: 421
 Date Received: _____
 Date Reported: _____
 Subject: Reimbursement of Medicaid Providers

Committee/Subcommittee Action:

- | | |
|--|---|
| <input type="checkbox"/> Favorable
<input type="checkbox"/> Favorable w/ _____ amendments
<input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute
<input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Retained for Reconsideration
<input type="checkbox"/> Reconsidered
<input checked="" type="checkbox"/> Temporarily Postponed
<input type="checkbox"/> Unfavorable |
|--|---|

Final Vote On Bill		MEMBERS	Motion to re-consider SA		Strike All 602351		AA 064487		Yeas	Nays
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays		
		Cortes								
		Costello								
		Diaz								
		Hill								
		Jones								
		Plakon								
		Renner								
		Rogers								
		Sprowls								
		Stark								
		Steube								
		Trumbull								
		Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 1-25-16
 Place: 306 HOB
 Time: 12:30pm

Bill Number: 543
 Date Received: _____
 Date Reported: _____
 Subject: Small Group Health Insurance

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Costello								
✓		Diaz								
✓		Hill								
✓		Jones								
✓		Plakon								
✓		Renner								
✓		Rogers								
✓		Sprowls								
✓		Stark								
✓		Steube								
✓		Trumbull								
✓		Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 1-25-16
 Place: 306 HOB
 Time: 12:30 pm

Bill Number: 1241
 Date Received: _____
 Date Reported: _____
 Subject: Ordering of Medication

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Costello								
✓		Diaz								
✓		Hill								
✓		Jones								
✓		Plakon								
✓		Renner								
✓		Rogers								
✓		Sprowls								
✓		Stark								
✓		Steube								
✓		Trumbull								
✓		Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health Innovation Bill Number: 1245
 Meeting Date: 1-25-16 Date Received: _____
 Place: 506 HOB Date Reported: _____
 Time: 12:30 pm Subject: Medicaid Provider Overpayments

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Costello								
✓		Diaz								
✓		Hill								
✓		Jones								
✓		Plakon								
✓		Renner								
✓		Rogers								
✓		Sprowls								
✓		Stark								
✓		Steube								
✓		Trumbull								
✓		Roberson, Chair								
Yeas 13	Nays Ø	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation Bill Number: 1269
 Meeting Date: 1-25-16 Date Received: _____
 Place: 306 HOB Date Reported: _____
 Time: 12:30 pm Subject: Adult Cardiovascular Services

- Committee/Subcommittee Action:
- | | |
|---|--|
| <input type="checkbox"/> Favorable
<input type="checkbox"/> Favorable w/ _____ amendments
<input checked="" type="checkbox"/> Favorable w/Committee/Subcommittee Substitute
<input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Retained for Reconsideration
<input type="checkbox"/> Reconsidered
<input type="checkbox"/> Temporarily Postponed
<input type="checkbox"/> Unfavorable |
|---|--|

Final Vote On Bill		MEMBERS	Amendment 688521							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Costello								
✓		Diaz								
✓		Hill								
✓		Jones								
✓		Plakon								
✓		Renner								
✓		Rogers								
✓		Sprowls								
✓		Stark								
✓		Steube								
✓		Trumbull								
✓		Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

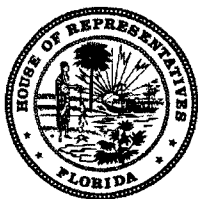
Committee/Subcommittee: Health Innovation
 Meeting Date: 1-25-16
 Place: 306 HOB
 Time: 12:30 pm

Bill Number: 1335
 Date Received: _____
 Date Reported: _____
 Subject: Long-term Care
 Prioritization

Committee/Subcommittee Action:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Favorable
<input type="checkbox"/> Favorable w/ _____ amendments
<input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute
<input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Retained for Reconsideration
<input type="checkbox"/> Reconsidered
<input type="checkbox"/> Temporarily Postponed
<input type="checkbox"/> Unfavorable |
|---|--|

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Costello								
✓		Diaz								
✓		Hill								
	✓	Jones								
✓		Plakon								
✓		Renner								
	✓	Rogers								
✓		Sprowls								
✓		Stark								
✓		Steube								
✓		Trumbull								
✓		Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	2									



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 5113 Meeting Date: 1-25

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation

Name: Rhett O'Doski

Title: _____

Address: 115-1 E. Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 322 8784

Representing: FL Assoc of Health Underwriters

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 543 Meeting Date: 1-25

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Ken Stevenson Ken Stevenson

Title: V.P. of Earl Bacon Agency

Address: 3131 Louublah Dr.

City: Tallahassee State/Zip: FL

Phone Number: 850-933-9789

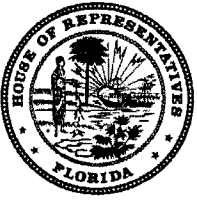
Representing: Earl Bacon Agency.

Registered Lobbyist: YES NO State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 543 Meeting Date: 1/25/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Small Group Health Insurance

Committee/Subcommittee: Health Innovation

Name: Sarah Niewold

Title: _____

Address: ~~2000~~ 325 W. College Ave.

City: Tallahassee State/Zip: Fl. / 32301

Phone Number: 850-425-4000

Representing: NATFA (National Assoc. of Insurance & Financial Advertisers)

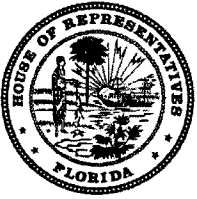
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1241 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Ordering of Medication

Committee/Subcommittee: Health Innovation

Name: Corinne Mixon

Title: Lobbyist Florida Academy of Physician Assistants

Address: 119 E. Park Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 766 - 5795

Representing: Florida Academy of Physician Assistants

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1241 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Ordering of Medication

Committee/Subcommittee: Health Innovation Subcommittee

Name: Melody Arnold

Title: Govt Affairs Mgr

Address: 307 West Park Ave

City: TLH State/Zip: FL 32801

Phone Number: (850) 224-3907

Representing: FL Health Care Assoc.

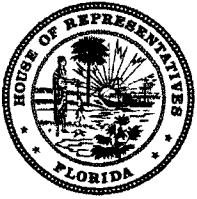
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1241 Meeting Date: 1-25-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Ordering

Committee/Subcommittee: _____

Name: Lori Killinger

Title: Attorney/lobbyist

Address: _____

City: _____ State/Zip: _____

Phone Number: 880 222 5702

Representing: Florida Association of Nurse Anesthetists

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1241 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation

Name: Jarrod Fowler

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: Florida Medical Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1241 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation Subcommittee

Name: Ellie Pilosino

Title: _____

Address: 106 N. Bronough Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 222-5052

Representing: Florida Tax Watch

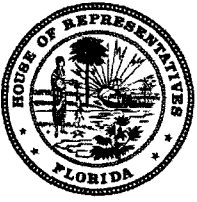
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1241 Meeting Date: 1-25-16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: Ordering of Medications

Committee/Subcommittee: HEALTH INNOVATION Subcommittee

Name: MARtha DeCASTRO

Title: VP for Nursing

Address: 306 E. College Ave

City: TUH State/Zip: FL 32301

Phone Number: (850) 222 9800

Representing: Florida Hospital Association

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE IN SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1245 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Medicine provide Overpayments

Committee/Subcommittee: Health Innovation

Name: Eric Miller

Title: IG

Address: 2727 M.L. Drive

City: Tally State/Zip: FL

Phone Number: 850-412-3600

Representing: ANCA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1269 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation

Name: Chris Newland (Chris Newland)

Title: _____

Address: 1000 Riverside Ave

City: Jacksonville FL State/Zip: FL 32209

Phone Number: 904 233-3051

Representing: Florida Society of Thoracic & Cardiovascular Surgeons

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1335 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Long-term care prioritization

Committee/Subcommittee: HE INNOVATION

Name: JACK MERRAY

Title: _____

Address: 200 W. COLLEGE ST. # 304

City: TLH State/Zip: FL 32301

Phone Number: 250-577-5187

Representing: AARP

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	