

Health Innovation Subcommittee

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

Action Packet

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 Amendment 688521 Adopted Without Objection	Yeas: 13	Nays: 0
HB 1335 Favorable	Yeas: 11	Nays: 2

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

Attendance:

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

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 421: Reimbursement of Medicaid Providers

X Temporarily Postponed

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 543 : Small Group Health Insurance

X 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 Sprowls	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 Lonnblah 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

Niewold, Sarah (Lobbyist) - Proponent National Association of Insurance and Financial Advisors 325 W College Ave Tallahassee FL 32301

Tallahassee FL 32301 Phone: (850) 425-4000

Phone: (850) 322-8786

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 1241 : Ordering of Medication

X 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 Sprowls	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

Filone. (650) 222 5032

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

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

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HQB

HB 1245: Medicaid Provider Overpayments

X 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 Sprowls	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

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 1269 : Adult Cardiovascular Services

X 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 Sprowls	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

X 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

Health Innovation Subcommittee

1/25/2016 12:30:00PM

Location: 306 HOB

HB 1335 : Long-term Care Prioritization

X 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 Sprowls	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

Comi	mittee/Subcommittee: Meeting Date: Place: Time:	Health Innovation 1-25-16 306 HoB 12:30 pm	Bill Number: Date Received: Date Reported: Subject:	Peinbursement of Medicaid Providers
Comi	mittee/Subcommittee A	Action:	1	Medicuid Providers
	Favorable w/ Favorable w/Committee Other Action:	amendments tee/Subcommittee Substi	tute 💟 To	etained for Reconsideration econsidered emporarily Postponed nfavorable

	l Vote Bill	MEMBERS	Motion re-consi	to der SA	Strik 6023	e All 551	AA 064	187		
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

Committee/Subcommittee: Meeting Date: Place: Time:		Bill Number: Date Received: Date Reported:	
Time.	12.30 pm	Subject.	Small Group Health Insurance
Committee/Subcommittee A	Action:		
✓ Favorable		Re	etained for Reconsideration
Favorable w/	amendments	Re	econsidered
Favorable w/Commit	tee/Subcommittee Subs	stitute 🔲 Te	emporarily Postponed
Other Action:			nfavorable

On	l Vote Bill	MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
\checkmark		Cortes								
V		Costello								
√		Diaz								
/		Hill								
1		Jones				_				
		Plakon								
\		Renner								
V		Rogers								
1		Sprowls								
J		Stark								
5		Steube								
√		Trumbull								
1		Roberson, Chair								
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					,					
				 						
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	Ø									

Committee/Subcommittee: Health Innovation Meeting Date: -25- 6 Place: 306 HOB Time: 12:30 pm Committee/Subcommittee Action: V Favorable Favorable w/ amendments Favorable w/Committee/Subcommittee Sul Other Action:				D		eived: _ orted: _ bject: O Reta Reco Tem	ined for	g of M	leration	ion
	Vote									
On Yea	Bill Nay	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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		Costello								
7		Diaz		 						
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1		Renner								
V		Rogers								
J		Sprowls								
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./		Trumbull								
1		Roberson, Chair								
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Yeas

Nays

Nays

Yeas

Yeas

Nays

Nays

Yeas

13

Nays

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TOTALS

Yeas

	M	eeting Date: Place: Time: bcommittee A	12:3			Bill Nu. Date Rec ate Rep Su	eived: _ orted: _ bject: <u>N</u>	Overp	d Pravi aymen Reconsid	ts	
	Favorab	le w/ le w/Commit		lments mmittee S	Substitute		Reco Tem	nsiderec			
	l Vote Bill	MEMBI	ERS								
Yea	Nay			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	N:
		Cortes									

MEMBERS								
	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
Cortes								
Costello								
Diaz								
Hill								
Jones								
Plakon								
Renner								
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Sprowls								
Stark								
Steube								
Trumbull								
Roberson, Chair								
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TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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Comm	ittee/Su Favorab Favorab Favorab Other A	Place:300 Time:12:3 bcommittee Action: le le w/ amen le w/Committee/Subco	HOB HOB HOB HOB HOB HOB HOB HOB	_ D		eived: orted: bject: / Reta Reco	ined for onsidered	Cardio rvices Reconsid	leration	X (
	Vote	MEMBEDS	Amenda 68852	verct						
Yea	Bill	MEMBERS	Yeas		Yeas	Nove	Yeas	Nove	Yeas	Nove
<u>rea</u>	Nay	Cortes	1 eas	Nays	ieas	Nays	1 eas	Nays	1 cas	Nays
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_ 		Hill	TQX	<u> </u>						
		Jones	NO.	0						
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- V /		Renner		XO	<u> </u>		1			
		Rogers	200	<i>y</i>						
_ <u></u>		Sprowls	(OC))			<u> </u>			
./		Stark								
		Steube								
1/		Trumbull								
		Roberson, Chair								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

Committee/Subcommittee Meeting Date Place Time	1-25-16 306 HOB	Bill Number: _ Date Received: _ Date Reported: _ Subject: (_	1335 eng-term Care
Committee/Subcommittee Favorable Favorable w/ Favorable w/Comm Other Action:	Action:amendments ittee/Subcommittee Sub	☐ Rec stitute ☐ Ten	Prioritization ained for Reconsideration onsidered aporarily Postponed avorable
Final Vote On Bill MEM	BERS		

	Vote	MEMBERG								
Yea	Bill Nay	MEMBERS	Yeas	Nove	Yeas	Nove	Yeas	Nove	Yeas	Nava
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V,		Costello								
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./		Roberson, Chair								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	S113	Meeting Date:	1-25	
Fill in appropriate PCB/PCS/Amend Presentation/Wor	lment # or			
Committee/Subco	ommittee: 14.14	Innovation		
Name: Zhe	4 0' Doski			
Title:				
Address: 11	5-1 E. Park Ave			
_	194 43516		32301	
Phone Number:	850 322 8	144		
Representing:	FL ADOC of	Health Under	wilters	
Registered Lobb	yist: YES NO	State Employee:	YES NO NO	
I Wish To Speak:	YES NO	Bill	Amen	dment
I Have Been Reques	ted to Speak: YES NO	Proponent Op	ponent Proponent Info Only	Opponent



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: Su3	Meeting Date: 1-25
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee:	
Name: Ku Stevenson	Ken Stevenson
Title: U.P. of Ear	
Address: 3131 Lonubl	<u> </u>
City: Tallahassee	State/Zip: FL
Phone Number: SSU	- 933-9789
Representing: Earl Bo	9 car Agency.
Registered Lobbyist: YES NO	
I Wish To Speak: YES NO NO	Bill Amendment
 -	Proponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES	NO Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: $\frac{13543}{Meeting Date:}$ Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: SMALL GOUP HEALM INSURANCE
Committee/Subcommittee: Health Innovation
Name: Darah Niewold
Title:
Address: 2000 325 W. College Ave.
City: Iallahaska State/Zip: <1. /32301
Phone Number: 850 - 425 - 4000
Representing: NAJPA (National ASSX. of Instruct & Financial Advisors
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: /24/	Meeting Date:	1/25/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Ordering of Health Innova	Medication
Committee/Subcommittee:	Health Innova	thin
Name: Orin	ne Mixon	
Title: Lobbyist Florida A	Teadeny of P	hysici un Assistan
Address: 119 E Pa	incave.	
City: Taluhass co	State/Zip:	32301
Phone Number: 766	-5795	
Representing: Florida p	<u> </u>	sician Assistants YES NO X
I Wish To Speak: YES V NO	Bill	Amendment
I Have Reen Requested to Sneak: VES	' '	onent Proponent Opponent Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 1241 Meeting Date: 1125/16
Fill in appropriate information: PCB/PCS/Amendment # or
Presentation/Workshop Topic: Drulewing of Medication Committee/Subcommittee: Health Innovation Subcommittee.
Name: Melody Arnold
Title: Govt Affairs Mrg
Address: 307 West Park Ave
City: 1724 State/Zip: F232501
Phone Number: (850) 224-3907
Representing: FL Health Care ASSOC.
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 1241 M	eeting Date: 1-25-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	ng ng
Committee/Subcommittee:	
Name: <u>Wri Killinger</u>	
Title: Attorney/lobbyist=	
Address:	
City: Sta	ate/Zip:
Phone Number: 890 2225702	
Representing: Florida Association of Nov.	k Ancsmehrts
Registered Lobbyist: YES X NO	State Employee: YES NO NO
I Wish To Speak: YES NO NO	Bill Amendment
	Proponent Opponent Dopponent Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Heath Innovation
Name: Jarrod Fowler
Title:
Address:
City: State/Zip:
Phone Number:
Representing: Florida Medical Ascociation
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

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 Piloson
Title:
Address: 106 N. Bronough Ave.
City: Tallahasile State/Zip: FL 32361
Phone Number: (850) 222-505 Z
Representing: Florida Tax Watch
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO V Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: $\frac{1241}{}$ Meeting Date: $\frac{1-35-16}{}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: DRAFING Of Medication/S
Committee/Subcommittee: HEARTH INNOVATION Subcommittee
Name: MANTHA DeCASTRO
Title: UP for Noising
Address: <u>Bole E. College Ave</u>
City: TH State/Zip: FL 32301
Phone Number: (850) 222 9800
Representing: Frozi LA HOSDITAL ASSOCIATION
Registered Lobbyist: YES NO State Employee: YES NO
WAIVE IN SUPPORT
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 1245 Meeting	g Date:	125/16	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:			
Committee/Subcommittee: Heall Janovin	ر ر		
Name: Ecic Miller			· · · · · · · · · · · · · · · · · · ·
Title: 16			
Address: 2727 Mar prince			
City: State/Zi	p: <u> </u>		
Phone Number: 850-412-3600			
Representing: ANCN			
	Employee: YE	S NO	
I Wish To Speak: YES NO	Bill	Amend	ment
	ent 🛛 Oppone	nt Proponent Info Only	



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 1269 Meeting Date: $1/25/16$	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: Healh Inhovation	
Name: Chris Manch (Chris New-land)	
Title:	
Address: 1000 Riverside Ave	
City: Tayle saulle & 3 State/Zip: 1 322 Cy	
Phone Number: 9c4 233-3cT/	
Representing: Marida Secret of Thoracics Codicescular Sugars	
Registered Lobbyist: YES NO State Employee: YES NO NO	
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Info Only Info Onl	



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 1338 Meeting Date: 125/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Long - term care frioritization
Committee/Subcommittee: HE INVOLATION
Name: JACK MERAY
Title:
Address: 200 W. COLLEGE ST. # 304
City: State/Zip:
Phone Number: 250-577-5187
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info Only