



---

# Health Innovation Subcommittee

**Tuesday October 6, 2015  
3:30 PM – 5:30 PM  
306 HOB**

## **Action Packet**

**Steve Crisafulli  
Speaker**

**Kenneth Roberson  
Chair**

# **COMMITTEE MEETING REPORT**

## **Health Innovation Subcommittee**

**10/6/2015 3:30:00PM**

**Location:** 306 HOB

**Summary:** No Bills Considered

**Committee meeting was reported out: Tuesday, October 06, 2015 4:48:50PM**

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

10/6/2015 3:30:00PM

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 Spowls	X		
Richard Stark	X		
W. Gregory Steube	X		
Jay Trumbull	X		
<b>Totals:</b>	<b>13</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Tuesday, October 06, 2015 4:48:50PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

10/6/2015 3:30:00PM

**Location:** 306 HOB

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

Nursing Home Licensure and Regulation Update

McKinstry, Molly (Lobbyist) (State Employee) (At Request Of Chair) - Information Only

Agency for Health Care Administration

Deputy Secretary Health Quality Assurance

2727 Mahan Dr

Tallahassee FL 32308

Phone: (850) 412-4334

Committee meeting was reported out: Tuesday, October 06, 2015 4:48:50PM



# 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: \_\_\_\_\_ Meeting Date: 10/6/15

*Fill in appropriate information:*

PCB/PCS/Amendment # or  
Presentation/Workshop Topic: Nursing Home Update

Committee/Subcommittee: House Health Innovation

Name: Molly McKinstry

Title: Deputy Secretary Health Quality Assurance

Address: 2727 Mahan Dr. ~~State~~

City: Tallahassee State/Zip: FL 32308

Phone Number: 912-4334

Representing: Agency for Health Care Admin.

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 type="checkbox"/>		Info Only <input type="checkbox"/>	