

Health Innovation Subcommittee

Wednesday, December 2, 2015 11:30 AM – 1:30 PM 306 HOB

Action Packet

Health Innovation Subcommittee

12/2/2015 11:30:00AM

Location: 306 HOB

Summary:

Health Innovation Subcommittee

Wednesday December 02, 2015 11:30 am

Amendment 369127 Adopted Without Objection

| HB 127 | Favorable With Committee Substitute | Yeas: | 11 | Nays: 0 |
|--------|---|-------|----|---------|
| Α | mendment 886137 Adopted Without Objection | | | |
| | | | | |
| HB 337 | Favorable | Yeas: | 11 | Nays: 0 |
| | | | | |
| HB 581 | Favorable | Yeas: | 10 | Nays: 0 |
| | | | | |
| HB 595 | Favorable With Committee Substitute | Yeas: | 10 | Nays: 0 |

Health Innovation Subcommittee

12/2/2015 11:30:00AM

Location: 306 HOB

Attendance:

| | Present | Absent | Excused |
|--------------------------|---------|--------|---------|
| Kenneth Roberson (Chair) | Х | | |
| John Cortes | × | | |
| Fred Costello | x | | |
| Manny Diaz, Jr. | × | | |
| Walter Hill | X | | |
| Mia Jones | | | Х |
| Scott Plakon | X | | |
| Paul Renner | x | | |
| Hazelle Rogers | X | | |
| Chris Sprowls | X | | |
| Richard Stark | X | | |
| W. Gregory Steube | × | | |
| Jay Trumbull | X | | |
| Totals: | 12 | 0 | 1 |

Health Innovation Subcommittee

12/2/2015 11:30:00AM

Location: 306 HOB

HB 127: Continuing Care Facilities

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: 11 | Total Nays: 0 | • | | |

HB 127 Amendments

Amendment 886137

X Adopted Without Objection

Appearances:

HB 127 and Amendment 886137 Arnold, Melody (Lobbyist) - Waive In Support Florida Health Care Association Govt. Affairs Manager 307 West Park Ave. Tallahassee FL 32301 Phone: (850) 224-3907

HB 127

Langston, Susan (Lobbyist) - Waive In Support LeadingAge Florida Vice President of Advocacy 1812 Riggins Rd. Tallahassee FL 32308

Phone: (850) 671-3700

| Comm | M ittee/Su Bavorab Favorab | bcommittee Action: le le w/ amen le w/Committee/Subco | HOB OAN dments | Date Received: Date Reported: Subject: Retained for Reconsideratio Reconsidered | | | | | | |
|----------|-------------------------------------|---|----------------------|---|------|------|------|------|------|----------|
| Final | | | any | went | | | | | | |
| On | , | MEMBERS | 1 | т | | | | | | |
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| | | Cortes | Pra | -1. | | | | | | |
| 1 | | Costello | ud | W/G/ | | | | | | |
| | | Diaz | 4/ | 7 | | | | | | |
| | | Hill | 70 | h | | | | | | <u> </u> |
| | | Jones | / | 7 | | | | | | |
| | | Plakon | | ļ | | | | | | |
| <u> </u> | | Renner | | | | | | | | |
| | | Rogers | | | | | | | | |
| | | Sprowls | | | | | | | | |
| | | Stark | | | | | | | | |
| 1 | | Steube | | | | | | | | |
| <i>y</i> | | Trumbull | | | | | | | | |
| | | Roberson, Chair | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |

Health Innovation Subcommittee

12/2/2015 11:30:00AM

Location: 306 HOB

HB 337: Vision Care Plans

X Fa

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: 0 | | | |

Appearances:

HB 337

Stewart, Nancy (Lobbyist) - Waive In Support Professional Opticians of Florida 1535 Killearn Center Blvd Ste A-1A Tallahassee FL 32309

Phone: (850) 385-7805

| Comm | M attee/Sul Favorab Favorab | bcommittee Action: le le w/ amen le w/Committee/Subco | HOB 30 AM | ubstitute | Date Reco | eived: orted: bject: _\ Reta Reco Tem | ined for onsidered porarily avorable | Reconsid | deration | |
|-------------|--------------------------------------|---|--------------|--------------|------------|--|--------------------------------------|----------|----------|------|
| | Vote | | | | | | | | | |
| | Bill | MEMBERS | X 7 | N T | T 7 | N T | 76.7 | N. | *7 | |
| Yea | Nay | Cortes | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| | | Costello | | | | | | | | |
| | | Diaz | | | | | | | | |
| سب | | Hill | | | | | | | | |
| | | Jones | | | | | | | | |
| | | Plakon | | | | | | | | |
| <u> </u> | | Renner | | | | | | | | |
| <u> </u> | | Rogers | | | | | | | | |
| | | Sprowls | | | | | | | | |
| - | _ | Stark | | | | | | | | |
| | | Steube | | | | | | | | |
| L | | Trumbull | | | | | | | | |
| | | Roberson, Chair | | | | | | | _ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Yeas

Nays

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Health Innovation Subcommittee

12/2/2015 11:30:00AM

Location: 306 HOB

HB 581 : State Veterans' Nursing Homes

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: 10 | Total Nays: 0 |) | | |

| Comm | M .ittee/Su Favorab Favorab | le w/ amer le w/Committee/Subc | HOB HAN Handments | Date Received: Date Reported: Subject: Date Velaria Windy Horse Retained for Reconsideration Reconsidered | | | | | | |
|----------|--------------------------------------|---------------------------------------|-------------------------|--|------|-------|--|------|-------|--------------|
| | Vote | A A COMPANDICO | | | | | | | | |
| Yea | Bill Nay | MEMBERS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <u>l</u> | ivay | Cortes | Icas | Ivays | Teas | ivays | Teas | Nays | 1 cas | Nays |
| | | Costello | | | | | <u> </u> | | | |
| 1,/ | | Diaz | | | | | | | | |
| <u> </u> | | Hill | | | | | | | | |
| | | Jones | | | | | | | | |
| - 1 | , | Plakon | | | | | | | | |
| <u>'</u> | | Renner | | | | | | | | |
| | | Rogers | | | | | | | | |
| | | Sprowls | | | | | | | | |
| _i_ | | Stark | | | | | | | | |
| | | Steube | | | | | | | | |
| 1- | | Trumbull | | | | | | | - | |
| | | Roberson, Chair | | | | | | | | ļ <u>-</u> . |
| | | | | ļ | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | | | | | | <u>. </u> | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | · · · · · · |
| | | | | | | | - | | | |
| | | <u> </u> | | | | | | | | |
| | | | | | | | | | | |

Roberson - year often roll cell

Yeas

Nays

Yeas

Nays

Yeas

Nays

Nays

Yeas

TOTALS

Yeas

Nays

Health Innovation Subcommittee

12/2/2015 11:30:00AM

Location: 306 HOB

HB 595 : Reimbursement to Health Access Settings for Dental Hygiene Services for Children

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: 10 | Total Nays: 0 | | | |

HB 595 Amendments

Amendment 369127

X Adopted Without Objection

Appearances:

HB 595

Eric Stern & Angie Gallo (General Public) - Waive In Support Florida PTA Florida PTA Legislative Committee Members 1747 Orlando Central Pkwy. Orlando FL 32809 Phone: (407) 855-7604

HB 595

Dughi, Leslie (Lobbyist) - Waive In Support Florida Dental Hygiene Association 101 E College Ave Tallahassee FL 32303 Phone: (850) 521-8571

Committee meeting was reported out: Wednesday, December 02, 2015 12:46:42PM

Health Innovation Subcommittee

12/2/2015 11:30:00AM

Location: 306 HOB

HB 595 : Reimbursement to Health Access Settings for Dental Hygiene Services for Children

(continued)

Appearances: (continued)

HB 595

Hart, Joe Anne (Lobbyist) - Waive In Support

Florida Dental Association

118 E. Jefferson St.

Tallahassee FL 32301

Phone: (850) 224-1089

HB 595

Pound, Greg (General Public) - Information Only

Self

9166 Sunrise Dr.

Largo FL 33773

| Comm | M Favorab Favorab Favorab Other A | le w/ amen le w/Committee/Subco | HOB HOB HORM | I | Date Receivate Rep | orted: bject: Reta Reta Reco | unfruk 27 for C ined for onsidered | ement Donta L'Idren Reconsid | deration | He ha |
|----------|---|------------------------------------|---------------------------------------|----------|--------------------|------------------------------|---|---------------------------------------|----------|-------|
| On | | MEMBERS | www | G (pery) | | | | | | |
| Yea | Nay | THE PERSON | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| - i | <u> </u> | Cortes | 1 | 47 | | | | | | |
| | _ | Costello | Was | 1 | | | · <u>-</u> | | | |
| i | _ | Diaz | 171 | | | | | | | |
| i | | Hill | Ma | * | | | | | | |
| | | Jones | 7-5 | 0 | | | | | | |
| i | | Plakon | | | | | | | | |
| - | | Renner | | | | | | | | |
| i_ | / | Rogers | | | | | | | | |
| | | Sprowls | | | | | | | | |
| <u> </u> | | Stark | | | | | | | | |
| i | | Steube | | | | | | | | |
| 1 | | Trumbull | | | | | | | | |
| | | Roberson, Chair | | | | | | | | |
| | " . | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | · | | | | | |
| | | | | | | | | | | |
| | · | | | | | | | | | |
| | | | | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | ···• | | | |
| | | | | | | | | | | |
| | | | | | : | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 10 | 0 | | | | | | | | | |
|) , , | R | drouge - 4 | - d | to | All c | all) | | | | |



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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: 127 Meeting Date: 12/2/15 | |
|--|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: 884137 | |
| Committee/Subcommittee: Heulth Innovation | |
| Name: Melay Arnold | |
| Title: Govi Actairs mage | |
| Address: 307 West Park Ave | |
| City: 11H State/Zip: 1/32307 | |
| Phone Number: (850) 224 - 3907 | |
| Representing: Rovida Health Care Association | |
| Registered Lobbyist: YES NO State Employee: YES NO | |
| | |
| | |
| I Wish To Speak: YES NO Bill Amendment | |
| Proponent Opponent Opponent Info Only Info Only | |





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

| Bill Number: $\frac{AB}{A}$ All Meeting Date: $\frac{A}{A}$ |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: Hu Hh Innuvation |
| Name: Susan Langston |
| Title: Vice President of Advocacy |
| Address: 1812 Riggins Rd |
| City: Tallahassee State/Zip: FC 32308 |
| Phone Number: (850) 671-3700 |
| Representing: Leading Age Florida |
| Registered Lobbyist: YES NO State Employee: YES NO |
| |
| |
| I Wish To Speak: YES NO Bill Amendment |
| Proponent Opponent Info Only Info Only Info Only |

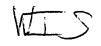


COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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 337 Meeting Date: Dec 2, 2015 |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: VISION Care Flans |
| Committee Subcommittee: Health Innovation |
| Name: Nancy Stewart |
| Title: |
| Address: 1535 Killearn Center Blod |
| City: Tallahassee State/Zip: FL 32309 |
| Phone Number: 850 - 385 - 7805 |
| Representing: Professional Opticians of Florida |
| Registered Lobbyist: YES NO State Employee: YES NO |
| |
| Will Waive in Support I Wish To Speak: YES NO Bill Amendment |
| I Have Been Requested to Speak: YES NO Info Only Info On |





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

| Bill Number: | 595 | Meeting Date: _ | 12/2/15 | |
|---|------------------|---|------------------------------|----------|
| Fill in appropriate PCB/PCS/Amend Presentation/Work | ment # or | | | |
| Committee/Subco | mmittee: Heal | the Innovation | Subcommitt | ee |
| | , | + Angle Gal | | |
| | | - Legislatie | | members |
| | | . Central PI | | |
| | | State/Zip: <u>FL</u> | | |
| | 407-855 | | | |
| Representing: | Florida (| OTA | | |
| | rist: YES NO | | e: YES NO X | |
| | | | | |
| | | | | |
| I Wish To Speak: | YES NO 🔀 | Bill | Aı | mendment |
| I Have Been Request | ed to Speak: YES | NO Proponent Market Proponent Market Market Proponent Market Proponent Market Proponent Market Market Proponent Proponent | Opponent Proponent Info Only | Opponent |



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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: | 595 | Meeting Date: | 12/2/15 |
|--|---------------------|------------------|--|
| Fill in appropriate in PCB/PCS/Amendme Presentation/Worksh | ent # or | | |
| Committee/Subcomm | mittee: <u>Hear</u> | HINNOUA | tior Subcommittee |
| Name: Cestin | Dighi | | |
| Title: | | | |
| Address: 10/ | E. College | Alence | , |
| City: <u></u> | hassee | State/Zip: | 72303 |
| | 350 - 5 | | |
| Representing: | Torida Der | Hal Hygie | ene Association |
| Registered Lobbyist | : YES NO | State Employee: | YES NO NO |
| | 5 / | | |
| I Wish To Speak: YE | s No 🗆 | Bill Proponent C | Amendment Opponent Proponent Opponent |
| I Have Been Requested | to Speak: YES NO | Info Only | Info Only |



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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 5 | 95 | N | Meeting Date: | 12/3 | 3/2015 | · · · · · · · · · · · · · · · · · · · |
|---|---------------|----------|--------|---------------|----------|---------------------|---------------------------------------|
| <i>Fill in appropr</i> PCB/PCS/Ame Presentation/W | endment# | OI . | - | ent# 30 | | · can A | con Stan |
| Committee/Sub | ocommittee | e: | Heal | ne Gr | worte | ec | |
| Name: | | Joe | Aure | Hart | | | |
| Title: | Dir | , of | Gara | witch | Attair | <i>3</i> | |
| Address: | | 18 k | E, Tet | Fesson | Sti | · | |
| City: | Tall | chas | S | State/Zip: | Q 323 | 0/ | |
| Phone Number | : | (80 | 50) 22 | 4-1059 | | | |
| Representing: | | Flo | nda i | Dentel | Associa | lion- | |
| Registered Lo | bbyist: YE | S NO | | State Employ | ee: YES | NO 🔼 | |
| | | | | | | | |
| I Wish To Speak: | YES 🔀 | NO | | Bill | <u> </u> | Amend | lment |
| I Have Been Requ | uested to Spe | eak: YES | ✓ NO ✓ | Proponent | Opponent | Proponent Info Only | Opponent . |



Spoke

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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: _ | 595 | N | Meeting Date: | 12/2/1. | 5 | |
|---|---------------------|----------|---------------------------------------|----------|-----------|----------|
| Fill in appropriate PCB/PCS/Ament Presentation/Wo | idment # or | Dental | hijg. | | | |
| Committee/Subo | committee: | | | | | |
| Name: | - Poond | | | | | |
| Title: | | | · · · · · · · · · · · · · · · · · · · | | | |
| Address: | 1166 SUNCE | se Da | - (| • | | |
| City: har | 0 | <u> </u> | State/Zip: | 1. 337 | 13 | |
| Phone Number: | | | | | | |
| Representing: | | | | | | |
| Registered Lob | byist: YES No | | State Employ | ee: YES | NO 🔀 | |
| | | | | | | |
| I Wish To Speak: | YES 🔀 NO | | Bill | | Ameno | lment |
| I Have Been Reque | ested to Speak: VES | | Proponent Info Only | Opponent | Proponent | Opponent |