



Health Innovation Subcommittee

**Wednesday, September 16, 2015
4:00 PM – 6:00 PM
306 HOB**

Action Packet

**Steve Crisafulli
Speaker**

**Kenneth Roberson
Chair**

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

9/16/2015 4:00:00PM

Location: 306 HOB

Summary: No Bills Considered

Committee meeting was reported out: Wednesday, September 16, 2015 5:19:24PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

9/16/2015 4:00:00PM

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: Wednesday, September 16, 2015 5:19:24PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

9/16/2015 4:00:00PM

Location: 306 HOB

Presentation/Workshop/Other Business Appearances:

McKinstry, Molly (State Employee) (At Request Of Chair) - Information Only
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee FL 32308
Phone: (850) 412-3614

Committee meeting was reported out: Wednesday, September 16, 2015 5:19:24PM



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: N/A Meeting Date: 9/16/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Presentation : AHCA, Florida Health Finder

Committee/Subcommittee: _____

Name: Molly McKinstry

Title: Dep. Secretary of HQA

Address: 2727 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-3614

Representing: AHCA

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"/>	