

Select Committee on Affordable Healthcare Access

Monday, January 11, 2016 1:30 PM – 3:30 PM Sumner Hall (404 HOB)

Action Packet

Steve Crisafulli Speaker Jose Oliva Chair

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB)

Summary:

Select Committee on Affordable Healthcare Access

Monday January 11, 2016 01:30 pm

HB 1061	Favorable	Yeas: 12
HB 1063	Favorable	Yeas: 11

Committee meeting was reported out: Monday, January 11, 2016 5:45:17PM

Nays: 0

Nays: 0

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB)

Attendance:

	Present	Absent	Excused
Jose Oliva (Chair)	x		
Jason Brodeur	Х		
Janet Cruz	x		
Matt Gaetz	x		
James Grant			x
Matt Hudson	x		
Evan Jenne	X		
Mia Jones	X		
MaryLynn Magar	x		
Jared Moskowitz	X		
Jeanette Nuñez	x		
Cary Pigman	х		
Paul Renner	х		
Chris Sprowls	×		
Alan Williams	X		
Totals:	14	0	1

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB)

HB 1061 : Nurse Licensure Compact

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Jason Brodeur	X				
Janet Cruz	Х				
Matt Gaetz			Х		
James Grant			х		
Matt Hudson	Х				
Evan Jenne	Х				
Mia Jones	X				
MaryLynn Magar	х				
Jared Moskowitz			Х		
Jeanette Nuñez	x				
Cary Pigman	X				
Paul Renner	X				
Chris Sprowls	X				
Alan Williams	X				
Jose Oliva (Chair)	X				
	Total Yeas: 12	Total Nays: 0			

Appearances:

Christian, David (Lobbyist) - Waive In Support Florida Hospital Executive Director - Government Relations 2520 N. Orange Ave. Orlando Fl 32804 Phone: (407) 303-5552

Lumpkin, Barbara (Lobbyist) - Waive In Support Baptist Health South Florida Consultant 468 Green Spring Cir Winter Springs FL 32708 Phone: (407) 227-7705

Lenhart, Laura (Lobbyist) - Waive In Support Moffitt Cancer Center Public Affairs Strategist 12902 Magnolia Dr., MBC - GR Tampa Fl 33612 Phone: (904) 207-8352

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB) HB 1061 : Nurse Licensure Compact (continued)

Appearances: (continued)

DeCastro, Martha (Lobbyist) - Waive In Support Florida Hospital Association VP for Nursing 306 E College Ave Tallahassee FL 32301 Phone: (850)222-9800

Lapolt, Alisa (Lobbyist) - Waive In Support Fl Nurses Association P.O. Box 1344 Tallahassee Fl 32302-1344 Phone: (850) 443-1319

Russell, Andrea (State Employee) - Information Only Fl Center for Nursing Assoc. Director of Programs & Grants 12424 Research Parkway, Ste. 220 Orlando Fl 32826 Phone: (407) 307-5211

Jess, Paul (Lobbyist) - Information Only Florida Justice Association 218 S Monroe St Tallahassee FL 32301 Phone: (850) 224-9403

Reynolds, Bobby (Lobbyist) - Waive In Support Fl Renal Coalition PO Box 4369 Tallahassee Fl 32315 Phone: (850) 422-0656

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB)

HB 1063 : Public Records and Meetings/Nurse Licensure Compact

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Jason Brodeur	X				
Janet Cruz	Х				
Matt Gaetz			Х		
James Grant			X	_	
Matt Hudson	X				
Evan Jenne	х				
Mia Jones	х				
MaryLynn Magar	X				
Jared Moskowitz			x		
Jeanette Nuñez	X				
Cary Pigman	х				
Paul Renner	Х				
Chris Sprowls				x	
Alan Williams	X				
Jose Oliva (Chair)	Х				
	Total Yeas: 11	Total Nays:	0		

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB)

Presentation/Workshop/Other Business Appearances:

Lee, Vivian Dr. (At Request Of Chair) - Information Only University of Utah Health Care CEO 50 N. Medical Drive Salt Lake City UT 84132 Phone: (801) 581-2121

McKinstry, Molly (Lobbyist) (State Employee) (At Request Of Chair) – Information Only Agency for Health Care Administration 2626 Mahan Dr Tallahassee FL 32308 Phone: (850) 412-3612

Porter, Josephine (At Request Of Chair) - Information Only All-Payer Claims Database Council Co-Chair 4 Library Way Hewitt Hall, Suite 202 Durham NH 03824 Phone: (603) 862-2964

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Meeting Date: Place: Place: Time: 		ble are Access IS H & R G M dments			eived: orted: bject: Reta Reco Tem	ined for onsidered	Jicen	leration	rgad
Final Vote									
On Bill	MEMBERS		1	1000			1		
Yea Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
V	Brodeur, Vice-Chair		-						
V	Cruz		1						
	Gaetz		1		1				
	Grant		1		1				
~	Hudson, Speaker Pro Tem								
V	Jenne				1				
V	Jones								
V	Magar		1						
-	Moskowitz								
V	Nunez								
V	Pigman								
-	Renner								
1	Sprowls								
~	Williams								
V	Oliva, Chair								
			1						
				1					

Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
								1		

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

	Committee/Subcommittee: Select C Affordal Healthca Meeting Date: Place: Place: Time: 1-30 Committee/Subcommittee Action: Favorable w/ amend Favorable w/ amend Favorable w/Committee/Subco Other Action: Final Vote					eived: orted: bject: Massa Reta Reco Tem	R/T Sined for onsidered porarily worable	1	Appac leration	Ź
On Yea	Bill	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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V	-	Cruz								
-		Gaetz								
		Grant								
V	-	Hudson, Speaker Pro Tem								
V		Jenne								
-	1.	Jones							_	
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_		Moskowitz				1				
1	-	Nunez				1				
/		Pigman								
-		Renner								
	-	Sprowls		1	1					
/		Williams								
V	-	Oliva, Chair							-	
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	O									

Rig Sprile - yes often sol cell

H-83 (2014)



Name:

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: 106/

11/15 Meeting Date: /

Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:

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Interst	ete	AL at	1000	-
LATELST	EVC	NUDE	UCLOC	GI

Committee/Subcommittee: How Scaled on Affordable Harth Criol hristian

Director - Covernment Relations xecdit Title:

Address: 2523 N. Orchge Ave State/Zip: FL 32804 City: Orland= 1303-5552

4071 Phone Number: Representing:

Florida Nospital Registered Lobbyist: YES V NO

State Employee:	YES	NO	V

I Wish To Speak:	YES NO	Bil	/	Ameno	dment
		Proponent	Opponent 🗌	Proponent 🗌	Opponent 🗌
I Have Been Reque	ested to Speak: YES NO	Info Only	S	Info Only	



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: 1061 Meeting Date: 1-11-16

Fill in appropriate information: PCB/PCS/Amendment # or

Presentation/Workshop Topic: <u>Noise Licinseke Compact</u> Committee/Subcommittee: <u>Select Committee on He Access</u>

Name: BARBAIA LUMPKIN

Title: GONSU/TENT

Address: 468 gaeed Spring Cir

City: Winter Springs State/Zip: F/ 32708

Phone Number: 467 227 7705

Representing: BAPTIST Health South Florida

Registered Lobbyist: YES NO State Employee: YES NO

Ale

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

	Bill		Amendment		
Proponent Info Only	X	Opponent	Proponent	Opponent	

H-16 REVISED 2/17/14



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

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Bill Number:	HBIOLOI	N	Meeting Date	<u>/_</u>	110	
PCB/PCS/Ame	<i>riate information:</i> endment # or Vorkshop Topic:					
Committee/Sul	bcommittee:	151 SC	lect Con	amittee	on Africa	dable Heg Huscan
Name: <u>LAU</u>	RA LEWHAR	Τ				Access
Title: <u>Pibli</u>	c Affairs S	Hatrais	t			
Address:	12902 N	Nagoalic	i Dr.	MBC- 6	nR	
City: TAN	MPA	S	State/Zip:	FL	3361.	2
Phone Number	. 904-20	1-8352	240.5			
Representing:	MOFFIT C	ancer C	enter			
Registered Lo	obbyist: YES 🕎 N		State Employ	yee: YES] NO 💭	
I Wish To Speak:	: YES 🗍 NO 🕅		Bi	11	Amen	dment
	. тос пос		Proponent	Opponent	Proponent	Opponent.
I Have Been Req	uested to Speak: YES		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: 106/ Meeting Date: 1-1/-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: <u>NUSE LICENSUR Compare</u>
Committee/Subcommittee: Solect Comm nHCAccess
Name: MARTHA DECASTRO
Title: UP for Norsing
Address: Jore E. College Ane
City: <u>TH</u> State/Zip: <u>Fr 3236/</u>
Phone Number:
Representing: Forida Hospitar Assoc
Registered Lobbyist: YES NO State Employee: YES NO
WAIVE
1 Wish To Speak: YES V NO Bill Amendment
I Have Been Requested to Speak: YES NO Proponent Opponent Opponent Opponent Opponent 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.

	0
Bill Number: Meeting Date:	1/11/16
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: Select Committee	In Affordable Health Care Acces
Name:Alisa LaPolt	thealth care Access
Title: Lebbyist	
Address: PO Bax 1344	
City: <u>Tallahassee</u> State/Zip: <u>Fa</u>	1
Phone Number: 852-443-1319	
Representing: <u>Florida Nurses Assoc</u>	ciation
Registered Lobbyist: YES NO State Employee:	$YES \square NO \bigsqcup'$
I Wish To Speak: YES NO	Amendment
I Have Been Requested to Speak: YES NO NO Info Only	pponent Proponent Opponent I



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

Type or Print Clearly

Bill Number: 1061/1063 Meeting Date: 1111/16
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Select Committee on Affordable Healthrance Access
Name: Andrea Russell
Title: Assoc. Director of Programs + Grants
Address: 12424 Research Parkway Ste 220
City: Or Jando State/Zip: 32826
Phone Number: 407 - 307 - 5211
Representing: Florida Center For Nursing
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO
Proponent D Opponent D Opponent Opponent D
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

1



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: 1061 Meeting Date: 11 JAN 2016
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: SELECT COMMITTEE ON AFFORMABLE HCACCESS Name: PAUL JESS
Title:
Address: 218 S MONROE ST
City: TAULHASSEE State/Zip: FL 32301
Phone Number: 850-224-9403
Representing: FLORIDA TUSTICE ASSOCIATION
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO
I Have Been Requested to Speak: YES NO Y Proponent Opponent Opponent Opponent Opponent Opponent Opponent



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

Type or Print Clearly

Bill Number:

Meeting Date:

Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:

HB 106

Committee/Subcommittee:

Name: Bobby Reynold
Fitle:
Address: PO Box 4369
City: Tallahasse State/Zip: 32315
Phone Number: (450) 422 0656
Representing: Florida Renal Coalition
Registered Lobbyist: YES NO State Employee: YES NO
D Waive Time in Support D
Wish To Speak: YES NO Bill Amendment
Have Been Requested to Speak: YES NO Proponent Opponent Proponent Opponent Opponent 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:		Meeting Date: 1/11/15	÷
<i>Fill in appropria</i> PCB/PCS/Amen Presentation/Wo Committee/Subc	dment # or	H CARE PRICE & QUI OSPITAL EFFICIENC MITTEE ON AFFORDAble	ALITY TRANS PARENCY
Name: DR.	VIVIAN LEE		
Title: CEO			
Address: 50	N. MEDICAL DRIVE		
City: SALT	LAKE CITY	State/Zip: UTAH	
Phone Number:	801-581-2121		
Representing:	UNIVERSITY of	WTAH HEALTH CARE	
Registered Lobl	oyist: YES NOX	State Employee: YES	NO K
I Wish To Speak:	YES NO	Bill	Amendment
I Have Been Reque	sted to Speak: YES 🔀 NO 🗌	Proponent Opponent Info Only	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: _		Meeting Date:	1/15/2015	
<i>Fill in appropria</i> PCB/PCS/Amer Presentation/Wo	ndment # or orkshop Topic:	EALTHCARE PRICE E	QUALITY TRANS	parency
Committee/Subo	committee: <u>Selac</u>	T COMMITTEE ON	Affectionable Health	HCARE
Name: Jose	phine Porter			
Title: Co-C	HAIR			
Address: <u>4</u>	LIBRARY LAY, 1	HEWITT HALL, ST	e 202	
City: Durh	any	State/Zip: <u>NH</u>	03824	
Phone Number:	603-862-296	4		
Representing:	ALL PAYER CL	AIMS DATABASE	Councel	
Registered Lob	obyist: YES 🗌 NO 🗙	State Employee:	YES 🗌 NO 📈	
I Wish To Speak:	YES NO	Bill	Amenc	lment
1 Have Been Reque	ested to Speak: YES		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:	Meeting Date: 1/11/16
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or	
Presentation/Workshop Topic:	Workshop on Health Care Transparency
Committee/Subcommittee:	elect committee on Affordable Healthcare
Name: <u>molly</u> mckins	stry
Title: Deputy Secret	eary of HQA
Address: <u>2626</u> Maha	in Drive
City: <u>Tallahassee</u>	State/Zip: PL 132308
Phone Number: <u>850</u> -L	112-3612
Representing: <u>Agency</u>	for Health Care Administration
Registered Lobbyist: YES VI	D State Employee: YES NO
I Wish To Speak: YES NO	Bill Amendment
	Proponent D Opponent Proponent Opponent D
I Have Been Requested to Speak: YES	NO Info Only Info Only