



Select Committee on Affordable Healthcare Access

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

Action Packet

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access
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

Nays: 0

HB 1063 Favorable

Yeas: 11

Nays: 0

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

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Jose Oliva (Chair)	X		
Jason Brodeur	X		
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	X		
Paul Renner	X		
Chris Sprowls	X		
Alan Williams	X		
Totals:	14	0	1

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB)

HB 1061 : Nurse Licensure Compact

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Jason Brodeur	X				
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	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

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

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

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

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

1/11/2016 1:30:00PM

Location: Sumner Hall (404 HOB)

HB 1063 : Public Records and Meetings/Nurse Licensure Compact

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Jason Brodeur	X				
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	X				
Paul Renner	X				
Chris Sprowls				X	
Alan Williams	X				
Jose Oliva (Chair)	X				
Total Yeas: 11		Total Nays: 0			

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

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

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 Hewlitt Hall, Suite 202
Durham NH 03824
Phone: (603) 862-2964

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Select Cmte on Affordable Healthcare Access

Bill Number: HB 1061

Meeting Date: 1/11/15
Place: 404 HOB
Time: 1:30 pm

Date Received: _____
Date Reported: _____
Subject: Three Yearly Budget

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur, Vice-Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gaetz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hudson, Speaker Pro Tem								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jenne								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Moskowitz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nunez								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Oliva, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Select Cmte on Affordable Healthcare Access

Bill Number: HB 1063

Meeting Date: 1/11/16
Place: 404 HOB
Time: 1:30 pm

Date Received: _____
Date Reported: _____
Subject: PK / Inexpensive /
near license compact

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓	—	Brodeur, Vice-Chair								
✓	—	Cruz								
—	—	Gaetz								
—	—	Grant								
✓	—	Hudson, Speaker Pro Tem								
✓	—	Jenne								
✓	—	Jones								
✓	—	Magar								
—	—	Moskowitz								
✓	—	Nunez								
✓	—	Pigman								
✓	—	Renner								
—	—	Sproles								
—	—	Williams								
✓	—	Oliva, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									

Rep Sproles - Yes after roll call



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

W/S

Bill Number: 1061 Meeting Date: 1/11/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Interstate Nurse Compact

Committee/Subcommittee: House Select on Affordable Health Care

Name: Daniel Christian

Title: Executive Director - Government Relations

Address: 2520 N. Orange Ave

City: Orlando State/Zip: FL 32804

Phone Number: 407/303-5552

Representing: Florida Hospital

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 checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

W/S

Bill Number: 1061 Meeting Date: 1-11-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Noise Mitigation Compact

Committee/Subcommittee: Select Committee on Hc Access

Name: BARBARA LUMPKIN

Title: CONSULTANT

Address: 468 Greed Spring Cir

City: Winter Springs State/Zip: FL 32709

Phone Number: 407 227 7705

Representing: BAPTIST Health South Florida

Registered Lobbyist: YES NO

State Employee: YES NO

W/S
I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



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

W/S

Bill Number: #B10601 Meeting Date: 1/11/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: House Select Committee on Affordable Healthcare Access

Name: LAURA LEWART

Title: Public Affairs Strategist

Address: 12902 Magnolia Dr. MBC-GR

City: TAMPA State/Zip: FL Tampa, 33612

Phone Number: 904-207-8352

Representing: Moffitt Cancer Center

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 checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

W/S

Bill Number: 1061 Meeting Date: 1-11-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Noise Licensure Compact

Committee/Subcommittee: Select Comm on HC Access

Name: MARTHA DeCASTRO

Title: WP for Nursing

Address: 306 E. College Ave

City: TLH State/Zip: FL 32301

Phone Number: 850-222-9800

Representing: Florida Hospital Assoc

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

WFS

Bill Number: 1061 Meeting Date: 1/11/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Select Committee on Affordable Health Care Access

Name: Alisa LaPolt

Title: Lobbyist

Address: PO Box 1344

City: Tallahassee State/Zip: FL

Phone Number: 850-443-1319

Representing: Florida Nurses Association

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"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Info only

Bill Number: 1061 / 1063 Meeting Date: 11/11/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Select Committee on Affordable Healthcare Access

Name: Andrea Russell

Title: Assoc. Director of Programs + Grants

Address: 12424 Research Parkway Ste 220

City: Orlando 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

I Have Been Requested to Speak: YES NO

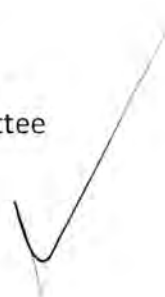
Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly



Bill Number: 1061 Meeting Date: 11 JAN 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: SELECT COMMITTEE ON AFFORDABLE HC ACCESS

Name: PAUL JESS

Title: _____

Address: 218 S MONROE ST

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-224-9403

Representing: FLORIDA JUSTICE ASSOCIATION

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



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

(S/C)

Bill Number: HB 1061 Meeting Date: 1/11/16

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

Committee/Subcommittee: _____

Name: Bobby Reynolds

Title: Lobbyist

Address: Po Box 4369

City: Tallahassee State/Zip: 32315

Phone Number: (850) 422 0656

Representing: Florida Renal Coalition

Registered Lobbyist: YES NO

State Employee: YES NO

Waive Time in Support

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"/>	



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: 1/11/15

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: HEALTH CARE PRICE & QUALITY TRANSPARENCY AND HOSPITAL EFFICIENCY

Committee/Subcommittee: SELECT COMMITTEE ON AFFORDABLE HEALTHCARE

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 UTAH HEALTH CARE

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 checked="" type="checkbox"/>	



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: 1/15/2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: HEALTHCARE PRICE & QUALITY TRANSPARENCY AND HOSPITAL EFFICIENCY

Committee/Subcommittee: SELECT COMMITTEE ON AFFORDABLE HEALTHCARE

Name: JOSEPHINE PORTER

Title: CO-CHAIR

Address: 4 LIBRARY WAY, HEWITT HALL, STE 202

City: DURHAM State/Zip: NH 03824

Phone Number: 603-862-2964

Representing: ALL PAYER CLAIMS DATABASE COUNCIL

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



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: 1/11/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Workshop on Health Care Transparency

Committee/Subcommittee: Select Committee on Affordable Healthcare

Name: Molly McKinstry

Title: Deputy Secretary of HQA

Address: 2626 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-3612

Representing: Agency for Health Care Administration

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"/>	