



Select Committee on Affordable Healthcare Access

**Wednesday, January 20, 2016
2:30 PM – 4:30 PM
Sumner Hall (404 HOB)**

Action Packet

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

1/20/2016 2:30:00PM

Location: Sumner Hall (404 HOB)

Summary:

Select Committee on Affordable Healthcare Access

Wednesday January 20, 2016 02:30 pm

HB 1175 Favorable

Yeas: 14

Nays: 0

PCB SCAHA 16-01 Favorable

Yeas: 14

Nays: 0

Committee meeting was reported out: Wednesday, January 20, 2016 3:47:46PM

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

1/20/2016 2:30:00PM

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 was reported out: Wednesday, January 20, 2016 3:47:46PM

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

1/20/2016 2:30:00PM

Location: Sumner Hall (404 HOB)

HB 1175 : Transparency in Health Care

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: 14		Total Nays: 0			

Appearances:

Bell, Bill (Lobbyist) - Information Only
 Florida Hospital Association
 General Counsel
 306 E College Ave
 Tallahassee FL 32301
 Phone: (850) 222-9800

Vickers, Mary Beth (Lobbyist) (State Employee) - Proponent
 Governor's Office of Policy & Budget
 Policy Coordinator
 400 S. Monroe Street 1601 Capitol
 Tallahassee FL 32399
 Phone: (850) 717-9511

Committee meeting was reported out: Wednesday, January 20, 2016 3:47:46PM

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

Committee/Subcommittee: Select Cmte on Affordable Healthcare Access
Meeting Date: 1-20-16
Place: 404 HOB
Time: 2:30 pm

Bill Number: HB 1195
Date Received: _____
Date Reported: _____
Subject: Transparency in Health Care

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 type="checkbox"/>	Brodeur, Vice-Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gaetz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hudson, Speaker Pro Tem								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jenne								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Moskowitz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nunez								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oliva, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

1/20/2016 2:30:00PM

Location: Sumner Hall (404 HOB)

PCB SCAHA 16-01 : Telehealth

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: 14		Total Nays: 0			

Appearances:

Perdue, Tammy (Lobbyist) - Waive In Support
 Associated Industries of Florida
 General Counsel
 516 N. Adams St.
 Tallahassee Florida 32301
 Phone: (850) 224-7173

Zander, Skylar (Lobbyist) - Waive In Support
 Americans for Prosperity
 Deputy State Director
 200 W College Ave
 Tallahassee FL 32301
 Phone: (850) 728-4522

Fulmer, Brenda (General Public) - Opponent
 FL Justice Association
 3148 San Michele Dr
 Palm Beach Gardens FL 33418
 Phone: (561) 686-6300

McRay, Jack (Lobbyist) - Proponent
 AARP
 200 W College Ave, Ste 304
 Tallahassee FL 32301
 Phone: (850) 577-5187

Committee meeting was reported out: Wednesday, January 20, 2016 3:47:46PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

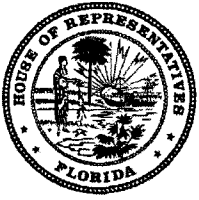
Committee/Subcommittee: Select Cmte on Affordable Healthcare Access
Meeting Date: 1-20-16
Place: 404 HOB
Time: 2:30 pm

Bill Number: PCB SC AHA 16-01
Date Received: _____
Date Reported: _____
Subject: telehealth

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 |

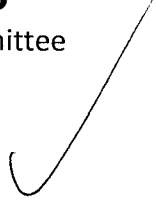
Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur, Vice-Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gaetz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hudson, Speaker Pro Tem								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jenne								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Moskowitz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nunez								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oliva, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									



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: 1175 Meeting Date: 4/20/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Bill Bell

Title: General Counsel

Address: 306 E College Ave

City: Tallah State/Zip: FL 32301

Phone Number: 222-9800

Representing: Florida Hospital Assn

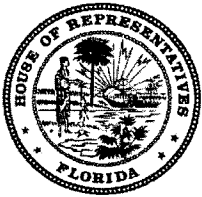
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

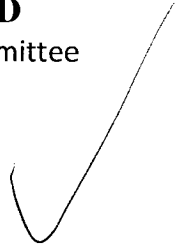
Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



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: 1175 Meeting Date: 1/20/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Select Committee on Affordable

Name: Mary Beth Vickers - Health Care Access

Title: Coordinator, HHS-EOG/OPB

Address: 400 S. Monroe Street

City: Tallahassee State/Zip: FL 32308

Phone Number: 717-9511

Representing: Governor's Office

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

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: PCB SCAHA 16-01 Meeting Date: 1-20-16

Fill in appropriate information:

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

Committee/Subcommittee: Select Committee on Health

Name: Tammy Perdue

Title: General Counsel

Address: 514 N. Adams St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 224 7173

Representing: Associated Industries of Florida

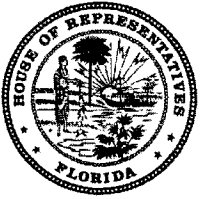
Registered Lobbyist: YES NO

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

W/S

Bill Number: SCAHA 1 Meeting Date: 1-20-16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Skylar Zander

Title: Deputy State Director

Address: 200 W College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-728-4522

Representing: Americans for Prosperity

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in Support

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



Bill Number: PCB SCANA 16-01 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Tele health

Committee/Subcommittee: Affordable Healthcare Access

Name: Brenda Fulmer

Title: _____

Address: 3148 San Michele Dr

City: Palm Beach Gardens State/Zip: FL 33418

Phone Number: 561-686-6300

Representing: Florida Justice Association

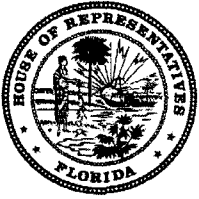
Registered Lobbyist: YES NO

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 checked="" 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: PCB SCANA 16-01 Meeting Date: 1/20/16

Fill in appropriate information:

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

Committee/Subcommittee: SELECT COMMITTEE ON APPROPRIATE HEALTHCARE POLICIES

Name: JACK MERRAT

Title: _____

Address: 200 W. COLLEGE ST., # 304

City: TLN State/Zip: FL 32301

Phone Number: 850-577-5187

Representing: AARP

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"/>	