

Select Committee on Affordable Healthcare Access

**Thursday, November 19, 2015
4:00 PM – 6:00 PM
Morris Hall**

Action Packet

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access
11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

Summary:

Select Committee on Affordable Healthcare Access

Thursday November 19, 2015 04:00 pm

HB 37	Favorable	Yeas: 13	Nays: 1
HB 85	Favorable	Yeas: 10	Nays: 4
HB 437	Favorable	Yeas: 10	Nays: 4

Committee meeting was reported out: Thursday, November 19, 2015 6:11:18PM

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access
11/19/2015 4:00:00PM

Location: Morris Hall (17 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 Sprows	X		
Alan Williams	X		
Totals:	14	0	1

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access
11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

HB 37 : Direct Primary 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 Sprows	X				
Alan Williams	X				
Jose Oliva (Chair)	X				
Total Yeas: 13		Total Nays: 1			

Appearances:

Nungesser, Tim (Lobbyist) - Proponent
National Federation of Independent Business
Legislative Director
110 E Jefferson St
Tallahassee FL 32301
Phone: (850) 445-5367

Fause, Melissa (Lobbyist) - Waive In Support
Americans for Prosperity
Policy Analyst
200 W College Ave, Ste 113
Tallahassee FL 32301
Phone: (850)408-1218

Thomas, Mary (Lobbyist) - Waive In Support
Florida Medical Association and in support for American College of Physicians
Assistant General Council
1430 Piedmont Dr. E
Tallahassee FL 32308
Phone: (850)244-6496

Committee meeting was reported out: Thursday, November 19, 2015 6:11:18PM

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

HB 37 : Direct Primary Care (continued)

Appearances: (continued)

Lambert, Paul (Lobbyist) - Waive In Support

Florida Chiropractic Association, Inc

263 Rosehill Drive North

Tallahassee FL 32312

Phone: (850) 577-9028

Committee meeting was reported out: Thursday, November 19, 2015 6:11:18PM

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

Committee/Subcommittee: Select Cmte on Affordable Healthcare Access

Bill Number: HB 37

Meeting Date: 11/19/15
 Place: Monte Hall
 Time: 4:00 p.m.

Date Received: _____
 Date Reported: _____
 Subject: Direct Primary Care

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								
	✓	Cruz								
✓		Gaetz								
✓		Grant								
✓		Hudson								
✓		Jenne								
	✓	Jones								
✓		Magar								
✓		Moskowitz								
✓		Nunez								
✓		Pigman								
✓		Renner								
✓		Sproles								
✓		Williams								
✓		Oliva, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	1									

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

HB 85 : Recovery Care Services

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: 10		Total Nays: 4			

Appearances:

Ecenia, Steve (Lobbyist) - Waive In Opposition

HCA
 PO Box 551
 Tallahassee FL 32301
 Phone: (850) 681-6788

Large, Toni (Lobbyist) - Waive In Support

Florida Orthopaedic Society
 519 E. Park Ave
 Tallahassee FL 32308
 Phone: (850) 556-1461

Fause, Melissa (Lobbyist) - Waive In Support

Americans for Prosperity
 Policy Analyst
 200 W College Ave, Ste 113
 Tallahassee FL 32301
 Phone: (850)408-1218

Madewell, Michael - Proponent

Panama City Surgery Center
 Administrator
 1800 Jenks Ave
 Panama City FL 32405
 Phone: (850) 769-3191

Committee meeting was reported out: Thursday, November 19, 2015 6:11:18PM

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access
11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

HB 85 : Recovery Care Services (continued)

Appearances: (continued)

Martin, Angela - Proponent
Alliance Surgery Center
Administrator
917 Rinehart Road
Lake Mary FL 32746
Phone: (770) 361-9482

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

HB 437 : Certificates of Need for Hospitals

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: 10		Total Nays: 4			

Appearances:

Delegal, Mark (Lobbyist) - Opponent
 Safety Net Hospital Alliance of Florida
 General Council
 315 S. Calhoun St. #600
 Tallahassee FL 32301
 Phone: (850) 224-7000

Ecenia, Steve (Lobbyist) - Proponent
 HCA
 Attorney
 PO Box 551
 Tallahassee FL 32302
 Phone: (850) 681-6788

Oeters, Phillis - Information Only
 Baptist Health South Florida
 Corporate Vice President for Government & Community Relations
 6855 Red Road, #600
 Coral Gables Fl 33143
 Phone: (305) 205-2457

Committee meeting was reported out: Thursday, November 19, 2015 6:11:18PM

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

HB 437 : Certificates of Need for Hospitals (continued)

Appearances: (continued)

Fause, Melissa (Lobbyist) - Waive In Support

Americans for Prosperity

Policy Analyst

200 W College Ave, Ste 113

Tallahassee Fl 32301

Phone: (850) 408-1218

Committee meeting was reported out: Thursday, November 19, 2015 6:11:18PM



W/S

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: 37 Meeting Date: 11/19/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Relating to Direct Primary Care

Committee/Subcommittee: Select Committee on Affordable Healthcare Access

Name: Melissa Fause

Title: Policy Analyst

Address: 200 W. College Ave, Ste. 113

City: Tallahassee State/Zip: FL / 32301

Phone Number: 850.408.1218

Representing: Americans for Prosperity

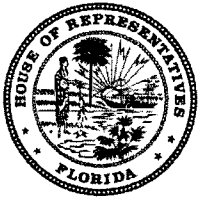
Registered Lobbyist: YES NO

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"/>	



W/S

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: HB 37 Meeting Date: 11/18/15

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

Committee/Subcommittee: _____

Name: PAUL LAMBERT

Title: _____

Address: 263 Rosehill Drive North

City: Tallahassee State/Zip: FL 32312

Phone Number: 850 577-9028

Representing: Florida Chiropractic Asso.

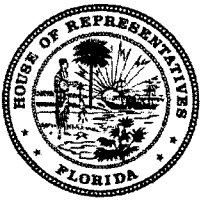
Registered Lobbyist: YES NO

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

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: AB 37 Meeting Date: 11/19/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Direct Primary Care

Committee/Subcommittee: Select Committee on Affordable Healthcare Access

Name: Tim Nungesser (Nun - Guess - Er)

Title: Legislative Director

Address: 110 E Jefferson St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-445-5367

Representing: NFIB - National Federation of Independent Business

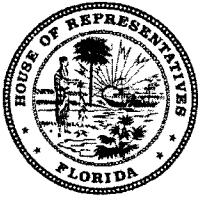
Registered Lobbyist: YES NO

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.

25

Type or Print Clearly

Bill Number: 37 Meeting Date: 11/19/15

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

Committee/Subcommittee: _____

Name: Mary Thomas

Title: Assistant General Counsel

Address: 1430 Piedmont Dr. E

City: Tallahassee State/Zip: FL 132308

Phone Number: 850 224 6496

Representing: Florida Medical Association

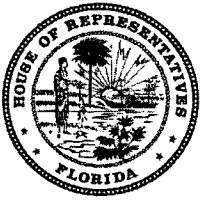
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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"/>	



W/S

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: 85 Meeting Date: Nov 19, 15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB85 - RCC

Committee/Subcommittee: Select Committee on Affordable Healthcare Access

Name: Toni Large

Title: _____

Address: ~~6000 ...~~ 519 E. Park Ave.

City: Tallahassee State/Zip: FL 32308

Phone Number: (950) 556-1461

Representing: Florida Orthopedic Society

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"/>	



W/O

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: HB 85 Meeting Date: 11/19/15

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

Committee/Subcommittee: Affordable Healthcare Access

Name: Steve Ecenia

Title: _____

Address: P.O. Box 551

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 681-6788

Representing: HCA

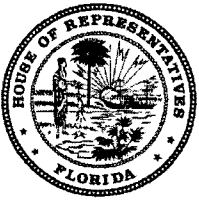
Registered Lobbyist: YES NO

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"/>	



W/S

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: HB 85 Meeting Date: 11/19/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Relating to Recovery Care Services

Committee/Subcommittee: Select Committee on Affordable Healthcare Access

Name: Melissa Fause

Title: Policy Analyst

Address: 200 W. College Ave, Ste. 113

City: Tallahassee State/Zip: FL/32308

Phone Number: 850.408.1218

Representing: Americans for Prosperity

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

Bill Number: 85 Meeting Date: 11-19-2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Michael Madewell

Title: Administrator

Address: 1800 Jenks Ave

City: Panama City State/Zip: FL 32405

Phone Number: 850-769-3191

Representing: Panama City Surgery Center

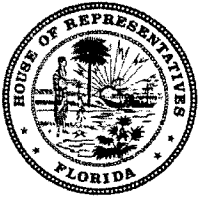
Registered Lobbyist: YES NO

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

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: HB 85 Meeting Date: 11/19/2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Angela Martin

Title: Administrator ASC

Address: 917 Pinehart Road

City: Lake Mary State/Zip: FL 32746

Phone Number: 770 361 9482

Representing: Alliance Surgery Center

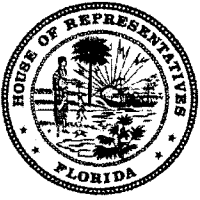
Registered Lobbyist: YES NO

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

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: HB 437 Meeting Date: Nov 19, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Certificates of Need

Committee/Subcommittee: Affordable Healthcare Access

Name: Mark Delegal

Title: General Counsel

Address: 315 S. Latham St. #600

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-7000

Representing: Safety Net Hospital Alliance of Florida

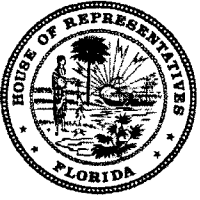
Registered Lobbyist: YES NO

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 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

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: 437 Meeting Date: 11/19/15

Fill in appropriate information:

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

Committee/Subcommittee: Affordable Healthcare Access

Name: Steve Eceniga

Title: attorney

Address: P.O. Box 551

City: Tallahassee State/Zip: FL 32302

Phone Number: (850) 681-6788

Representing: HCA

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

Bill Number: 437 Meeting Date: 11/19

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: C.O.N.

Committee/Subcommittee: select on Affordable Healthcare

Name: Phillips Oeters

Title: _____

Address: 6855 Red Road, #600

City: Coral Gables State/Zip: FL 33143

Phone Number: 305-205-2457

Representing: Baptist Health South Florida

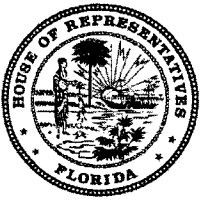
Registered Lobbyist: YES NO

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 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.

W/S

Type or Print Clearly

Bill Number: H13437 Meeting Date: 11/19/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Relating to Certificate of Need for Hospitals

Committee/Subcommittee: Select Committee on Affordable Healthcare Access

Name: Melissa Faese

Title: Policy Analyst

Address: 200 W. College Ave, Ste 113

City: Tallahassee State/Zip: FL/32301

Phone Number: 850.409.1218

Representing: Americans for Prosperity

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"/>	