

Select Committee on Affordable Healthcare Access

Tuesday, December 1, 2015 9:00 AM – 11:30 AM Morris Hall

Action Packet

COMMITTEE MEETING REPORT Select Committee on Affordable Healthcare Access 12/1/2015 9:00:00AM

Location: Morris Hall (17 HOB)

Summary: No Bills Considered

COMMITTEE MEETING REPORT

Select Committee on Affordable Healthcare Access

12/1/2015 9:00:00AM

Location: Morris Hall (17 HOB)

Attendance:

	Present	Absent	Excused
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			×
Cary Pigman	X		
Paul Renner	X		
Chris Sprowls	X		
Alan Williams			×
Totals:	11	0	4

COMMITTEE MEETING REPORT

Select Committee on Affordable Healthcare Access 12/1/2015 9:00:00AM

Location: Morris Hall (17 HOB)

Presentation/Workshop/Other Business Appearances:

Nurse Licensure Compact

Johnson, Jennifer (State Employee) (At Request Of Chair) - Information Only

OPPAGA

Staff Director, Health and Human Services

111 W. Madison St., 312 Pepper Bldg.

Tallahassee FL 32399-1400

Phone: (850) 717-0538

Nurse Licensure Compact

Scheidt, Lori (At Request Of Chair) - Information Only

Nurse Licensure Compact Administrators

Executive Director

P. O. Box 656

Jefferson City MO 65102

Phone: (573) 751-0069

Nurse Licensure Compact

Gunn, Elizabeth (At Request Of Chair) - Information Only

Baptist Health

Vice President, Patient Services, Baptist Health

14550 Old St. Augustine Rd.

Jacksonville FL 32258

Phone: (904) 271-6003

Nurse Licensure Compact

Drummond, Henry (Hank) (At Request Of Chair) - Information Only

Cross Country Healthcare

Chief Clinical Officer

1401 S. Ocean Blvd., #406

Boca Raton FL 33432

Phone: (786) 566-0598

Nurse Licensure Compact

Cooper, Dwight (At Request Of Chair) - Information Only

PPR Talent Management Group

CEO

333 1st St. N., Ste. 200

Jacksonville FL 32082

Phone: (904) 382-8899

Nurse Licensure Compact

Lapolt, Alisa (Lobbyist) - Information Only

FI Nurses Association

P. O. Box 1344

Tallahassee Fl 32302-1344

Phone: (850) 443-1319



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: 12/01/15
Fill in appropriate PCB/PCS/Amen Presentation/Wo	adment # or
Committee/Subc	committee: House Select Comm in Affordath HC Acces
Name:	Enrifer Jehnson
Title:	aff Director
Address: \	W. Malisa St. St. 312 Veger Bld.
City: Tall	le recee State/Zip: + 32399-1+00
Phone Number:	(850) 117-05 35
Representing:	CPPAGA
Registered Lobb	byist: YES NO State Employee: YES NO NO
I Wish To Speak:	YES NO Bill Amendment
I Have Been Reque	sted to Speak: YES NO Info Only Info



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:/A-/	- 40/5
Fill in appropriate PCB/PCS/Amendm Presentation/Works	ent # or	rs y answe Com	pact
Committee/Subcom	mittee: Afterdal	ore Healthrane Ac	455
Name: Lan	scholdt		
Title: Expense	ve Birector		
Address: 10 Bo	1 656		
City: Jeffer	n City	_ State/Zip:	02
Phone Number: _	873 751 00	69	
Representing:	LIFE TURNSULLE	Conjust Administ	ratas
Registered Lobbyis	t: YES NO	State Employee: YES	NO NO
I Wish To Speak: YI	ES NO	Bill	Amendment
I Have Been Requested	to Speak: YES NO	Proponent Opponent Info Only	☐ Proponent ☐ Opponent ☐ Info Only ☐



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Administrative Assistant at the meeting.

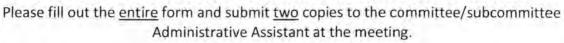
Bill Number:	Meeting Date: 1 De 2015
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Nua Ircenour Conpact
Committee/Subcommittee:	
Name: Elizabeth C	MALL
Title: View President P	ation Services Baptist Health
Address: 14556 012 5	Acoustine Rd.
City: Jacksonville	State/Zip: <u><u></u> <u> </u></u>
Phone Number: 904 - 27	1-18003
Representing: Butist	Jea 14h
Registered Lobbyist: YES NO	State Employee: YES NO
I Wish To Speak: YES NO	Bill Amendment
III D D D II W I wool	Proponent Opponent Opponent Opponent Opponent O
I Have Been Requested to Speak: YES	NO Info Only Info Only



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number:	Meeting Date: 12-1-15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	no Dicerous Confet
Committee/Subcommittee:	
Name: Henry (HOAK) Drun	nmonel
Title: Chief Clinical of	Fix!
Address: 1401 South Occun	BIUL #406
City: Boca Raton S	State/Zip: FC 33432
Phone Number: 786-566-0.	5-99
Representing: Country	Hou 14400 C
Registered Lobbyist: YES NO	State Employee: YES NO
I Wish To Speak: YES NO	Bill Amendment
I Have Been Requested to Speak: YES NO	Proponent Opponent Opponent Opponent Opponent Info Only Info Only





Bill Number:	Meeting Date: 1 Dec 2015	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Nurse Brienous Comfort	
Committee/Subcommittee:	, , , , , , , , , , , , , , , , , , ,	
Name: Dwight (Cooper	
Title: CEO		
Address: 333 5	+ Street N. Ste 200	
City: Jacksonville B	State/Zip: FL 37082	
Phone Number: 904	382-8899	
Representing:	Talest Maragnest Group	
Registered Lobbyist: YES N	State Employee: YES NO	
I Wish To Speak: YES NO	Bill Amendment	
I Have Been Requested to Speak: YE	Proponent Opponent Info Only 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:	Meeting Date: $ \bigcirc \mathcal{C} $
Fill in appropriate information. PCB/PCS/Amendment # or Presentation/Workshop Topic:	Nurse Licensure Compact
Committee/Subcommittee:	select committee - Afforduble
Name: Alisa	a Polt Health Care Acco
Title: Lobby i	
Address: VO By	1344
City: Talla hasse	State/Zip: FC 32302-1344
Phone Number: \$2	0-443-1319
Representing: \(\frac{\frac{1}{600}}{100}	la Nusses Association
Registered Lobbyist: YES	O State Employee: YES NO
I Wish To Speak: YES NO	Bill Amandmant
I Wish To Speak: YES NO	Bill Amendment Proponent D Opponent D Proponent D Opponent D
I Have Been Requested to Speak: V	