

Health & Human Services Committee

Tuesday, January 24, 2017 12:00 PM – 2:00 PM Morris Hall (17 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health & Human Services Committee 1/24/2017 12:00:00PM

Location: Morris Hall (17 HOB)

Summary: No Bills Considered

COMMITTEE MEETING REPORT

Health & Human Services Committee

1/24/2017 12:00:00PM

Location: Morris Hall (17 HOB)

Attendance:

	Present	Absent	Excused
W. Travis Cummings (Chair)	X	,	
Thad Altman			Х
Daisy Baez	Х		
Lori Berman	X		
Jason Brodeur	X		
Bobby DuBose	X		
Michael Grant	X		
Roy Hardemon	X		
Gayle Harrell	X		
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Alexandra Miller	X		
Cary Pigman	X		
Paul Renner	×		
David Santiago	×		
David Silvers	×		
Frank White	x		
Patricia Williams	X		
Totals:	17	0	1

COMMITTEE MEETING REPORT

Health & Human Services Committee

1/24/2017 12:00:00PM

Location: Morris Hall (17 HOB)

Presentation/Workshop/Other Business Appearances:

OPPAGA - Medicaid Dental Services
Brown, Audrey (Lobbyist) - Information Only
Florida Association of Health Plans, Inc
President and CEO
200 W College Ave
Tallahassee FL 32301

OPPAGA Dental Study

Phone: (850) 559-3905

Stoutamire, Casey (Lobbyist) - Information Only Florida Dental Association Director of Third Party Payer & Professional Affairs 118 E. Jefferson St. Tallahassee FL 32301

Phone: (850) 224-1089

Presentation of OPPAGA Report 16-07: Review of Medicaid Dental Services Nye, Mary Alice (State Employee) (At Request Of Chair) - Information Only OPPAGA

111 W Madison St Suite 312 Tallahassee FL 32399 Phone: (850) 717-0567

Questions on Medicaid Dental Services

Kidder, Beth (Lobbyist) (State Employee) - Information Only Agency for Health Care Administration Director of Medicaid 2727 Mahan Dr Bldg. 3, MS 2 Tallahassee FL 32308

Phone: (850) 412-3612

Questions on Medicaid Dental Services

Graham, Justin (State Employee) - Information Only OPPAGA

Chief Legislative Analyst 111 W. Madison St., Suite 312 Tallahassee FL 32399

Transparency in Health Care

Phone: (850) 717-0508

McKinstry, Molly (Lobbyist) (State Employee) (At Request Of Chair) - Information Only Agency for Health Care Administration

Deputy Secretary for Health Quality Assurance
2727 Mahan Drive

Tallahassee FL 32308 Phone: (950) 412-3612



Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment
	Bill/PCS/PCB Number: Amendment Number:
Name: Mary Min Nye Representing: OffAGA Title: Staff Director Address: M. Malisa St City: Tallahama Phone Number:	
Presentation/Workshop Topic:	Derthe NO
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online	
If you are testifying on an amendment, please also indicate your Bill: Proponent Opponent	position as a proponent or opponent on the bill as a whole.) Info only
Amendment: Proponent Opponent	Info only



Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment	
	Bill/PCS/PCB Number:	
	Amendment Number:	
Name: Beth Hicker		
Representing: <u>Packey for Health</u>	· Care Administration	
Title: Director of Medicaid		
Address: 2727 Mahan Da	Ne	
city: Talla hassee	State/Zip:	
Phone Number: 850-413-3013	Meeting Date: 12417	
Committee/Subcommittee: <u>Kalth + †</u>	lumour services	
Presentation/Workshop Topic:		
Registered Lobbyist: YES	NO 🗌	
State Employee: YES	NO 🗌	
wish to speak		
Appearing in response to an inquiry for information	n made by member, committee, or staff	
Appearing at the written request of the chair		
Judge or elected officer appearing in official capacity		
Lobbyist Appearance form submitted online		
(If you are testifying on an amendment, please also indicate your	position as a proponent or opponent on the bill as a whole.)	
Bill: Proponent Opponent	Info only	
Amendment: Proponent Opponent	Info only	



	Bill Amendment Bill/PCS/PCB Number: Amendment Number:
Name: Justin Graham	
Representing: <u>CPPAGA</u>	
Title: Chief Legislative Analy	4)
Address: 1/1 W. Madison Ave ST	
City: Tallahassee	State/Zip: F2
Phone Number: <u>\$50 - 7/7-0508</u>	Meeting Date: 1/24/17
Committee/Subcommittee: Health + H	
Presentation/Workshop Topic: Medicard	
Registered Lobbyist: YES	/
State Employee: YES	NO 🗌
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



	Bill Amendment Bill/PCS/PCB Number: Amendment Number:
Name: <u>Audrey Brown</u>	
Representing: <u>Flori'da Association of</u>	Health Plans
Title: President and CEO	
Address: 200 W. College Ave.	
City: Tallahassee	
Phone Number: 850-559-3905	Meeting Date: 1-24-17
Committee/Subcommittee: HHS	
Presentation/Workshop Topic: OPPAGA	- dental
Registered Lobbyist: YES	NO 🗌
State Employee: YES	S NO V
I wish to speak	
Appearing in response to an inquiry for information	n made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capaci	ty
Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



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				Bill/PC	Bill S/PCB Numb		endment	
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Name: _	Casey	Stoutami	re					
Represei	nting: FL	Dental	45500100	tion				_
		Third Pay	CHY Pa	ylr	+ Profe	SSION	al Affa	irs
		E. Jeffer		<u> </u>	V		· 	_
City: _	Tallah	USSE			State/Zip:_	FL	32308	<u>, </u>
Phone	e Number: 8	50-224-10	089		Meeting Da	te: 1/Q1	4/17	_
Comm	nittee/Subcomr	nittee: <u>Hea</u> H	th + Hz	mar	Servi	105		_
Preser	ntation/Worksh	nop Topic:	PAGA	Dev	ital S	tudy		
		Registered Lo	obbyist: YES [1	N	0 🗌	1		
		State Employ	ee: YES	N	o 🔟			
	<i>/</i>							
\equiv	wish to speak ppearing in resp	onse to an inquiry fo	r information n	nade by m	ember, comm	nittee, or sta	ıff	
\equiv		onse to subpoena		·				
A	ppearing at the v	written request of the	e chair					
Ju	udge or elected o	officer appearing in o	fficial capacity					
Lo	obbyist Appearai	nce form submitted o	online					
(If you are	testifying on an ar	mendment, please also	indicate your po	osition as a	proponent or o	opponent on t	the bill as a whole	e.)
В	ill:	Proponent	Opponent [Info only			
A	mendment:	Proponent	Opponent [Info only			



Bill Amendment Bill/PCS/PCB Number: Amendment Number:
On it are it
Name: Molly Mchinstn
Representing: Agency for Health care Administration
Title: Depun Secretary for Health Quality Assurance
Address: 2727 Mahan Drive
City: Talahassel State/Zip: Fl
Phone Number: 850-412-3012 Meeting Date: 104117
Committee/Subcommittee: Health of Homen Services
Presentation/Workshop Topic: Transpowency in Health Coure
Registered Lobbyist: YES NO NO
State Employee: YES NO NO
I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent Info only
Amendment: Proponent Opponent Info only