

## **Health & Human Services Committee**

Tuesday, February 14, 2017 3:30 PM – 5:30 PM Morris Hall (17 HOB)

**Action Packet** 

#### **Health & Human Services Committee**

2/14/2017 3:30:00PM

Location: Morris Hall (17 HOB)

Summary:

**Health & Human Services Committee** 

Tuesday February 14, 2017 03:30 pm

PCB HHS 17-01 Favorable

Yeas: 11

Nays: 6

#### **Health & Human Services Committee**

2/14/2017 3:30:00PM

Location: Morris Hall (17 HOB)

#### Attendance:

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

#### **Health & Human Services Committee**

2/14/2017 3:30:00PM

Location: Morris Hall (17 HOB)

PCB HHS 17-01: State Group Insurance Program

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman			X	***************************************	· · · · · · · · · · · · · · · · · · ·
Daisy Baez		X			
Lori Berman		X			
Jason Brodeur	X				
Bobby DuBose		X			
Michael Grant	X				
Roy Hardemon		X			
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massulio, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers		X			
Frank White	X				
Patricia Williams		X			
W. Travis Cummings (Chair)	X				
	Total Yeas: 11	Total Nays: 6	,		

#### **Appearances:**

State Group Health Insurance Ogletree, Marshall (Lobbyist) - Opponent United Faculty of Florida 115 N. Calhoun St., Suite 6 Tallahassee FL 32301

Phone: (850) 224-8220

State Group Health Insurance Templin, Rich (Lobbyist) - Opponent Florida AFL-CIO 135 S. Monroe Tallahassee FL 32301

Phone: (850) 224-6926

State Group Health Insurance
Puckett, Matthew (Lobbyist) - Proponent
Florida Police Benevolent Association, Inc.
300 E. Brevard St

Tallahassee FL 32301 Phone: (850) 222-3329

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

	eeting Date: T	Health & H Services 1/4/17 100000 3:30	uman Hall		Bill Nu Pate Rec ate Rep Su	eived: _	BH	HS 19	-0/  Trobe	rle
Favorab Favorab	le w/ le w/Committed	amendme		ubstitute		Reco Tem	nsidere	Postpon		
Final Vote On Bill	МЕМВЕ	RS		1						-

	Vote									
	Bill	MEMBERS	<b>X</b> 7	NT	37	NI.	<b>X</b> 7	NT	<b>X</b> 7	NT.
Yea	Nay	A 14	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
Al Territories and Printers		Altman								
	1	Baez								ļ
	i	Berman								
1/		Brodeur								
	i/	DuBose								
V		Grant								
		Hardemon								
1		Harrell								
1		Magar								
i		Massullo								
	-	Miller								
1/	-	Pigman								
		Renner								
i		Santiago								
1	1	Silvers								
نسسن		White								
	1	Williams								
1/		Cummings, Chair								
<u> </u>										
V	N	TOTALS	N/aas	Name	Vass	Nave	Vaca	None	Vees	No.
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
_	6									

#### **Health & Human Services Committee**

2/14/2017 3:30:00PM

Location: Morris Hall (17 HOB)

#### Presentation/Workshop/Other Business Appearances:

Medicaid Long Term Care
Perdue, Tamela (Lobbyist) - Information Only
Centene Corporation dba Sunshine State Health Plan
Sr. Vice President, Governmental Affairs
301 S. Bronough Street Suite 500
Tallahassee FL 32301
Phone: (850) 483-8385

Medicaid Long Term Care Program
Zeiler, Karen - Information Only
Molina Healthcare
Vice President, Government Contracts
200 W. College Ave., Suite 311-D
Tallahassee FL 32312
Phone: (850) 510-4850

Medicaid Nursing Home Billing
Parker, Thomas (Lobbyist) - Information Only
Florida Health Care Association
Director of Reimbursement
307 W. Park Ave.
Tallahassee FL 32301
Phone: (850) 224-3907

Overview of the State Employee Group Health Insurance Plan
Fillyaw, Tami (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Department of Management Services
4050 Esplanade Way
Tallahassee FL 32399
Phone: (850) 921-4658

Presentation on Medicaid nursing home billing data
Kidder, Beth (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Agency for Health Care Administration
2727 Mahan Dr. Bldg. 3, MS 2
Tallahassee FL 32308
Phone: (850) 412-3612





Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

-40 <u>1111</u>			·		
			Bill Amendment		
		Bill Number:	N/A		
		PCB/PCS/Ar	mendment #: N/A		
Name:	Fillyaw, Tami				
Representing:	Department of Manage	ment Services			
Title:					
Address:	4050 Esplanade Way				
City:	Tallahassee	State/Zip:	FL 32399-70		
Phone Number:	(850) 921-4658	Meeting Date:	Feb 14 2017 3:30PM		
Committee/Sub	committee: Health	& Human Services Commit	tee		
Presentation/Wo	orkshop Topic: Overvi	ew of the State Employee Gr	oup Health Insurance Plan		
☑ Registered L	-		Bill		
	✓ State Employee N/A				
I Wish To Speak  Amendment					
Appearing in response to subpoena  N/A					
✓ Appearing in	response to an inquiry	for information made by	member, committee or staff		
	the written request of				
	ted officer appearing in	• •			
X Lobbyist An	pearance Form Submit	ted			



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## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

		V	Bill Amendment				
		Bill Number	: N/A				
		PCB/PCS/A	mendment #: PCB HHS 17-01				
Name:	Marshall Ogletree	•					
Representing:	United Faculty of Florida	a					
Title:							
Address:	United Faculty of Florida	a, 115 N. Calhoun St., Suite	e 6				
City:	Tallahassee	State/Zip:	FL 32301				
Phone Number:	(850) 224-8220	Meeting Date:	February 14, 2017 3:30 PM				
Committee/Sub	committee: Health &	& Human Services Commit	tee				
Presentation/Wo	orkshop Topic: State Gr	oup Health Insurance					
☑ Registered L	obbyist		Bill				
☐ State Employ			( (Opponent )				
☑ I Wish To Sp	☑ I Wish To Speak  Amendment						
☐ Appearing in	response to subpoena		N/A				
☐ Appearing in	response to an inquiry	for information made by	member, committee or staff				
Appearing at	the written request of the	he chair					
	ted officer appearing in	-					
☑ Lobbyist Appearance Form Submitted							





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: PCB HHS 1  Amendment Number:
Name: Rich Templin Representing: Florida AFL - C10	
Title:	
city: Tallahassee	State/Zip:/ 32301
Phone Number: 850-229-6926  Committee/Subcommittee: Health and	Humen Services Committee
Presentation/Workshop Topic: State Company Registered Lobbyist: YES  State Employee: YES	NO D
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 capacity  Lobbyist Appearance form submitted online	
If you are testifying on an amendment, please also indicate your p  Bill: Proponent Opponent	oosition as a proponent or opponent on the bill as a whole.)  Info only
Amendment: Proponent Opponent	Info only



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment  Bill/PCS/PCB Number: <u>HHS 17-01</u> Amendment Number:
Name: <u>Matt Puckett</u> Representing: <u>Flovida Police</u> Title: <u>Lob by 14</u>	Benevolent Association
Address: 300 East Brevara	State/Zip: FC/32301
Phone Number:	Meeting Date: 2/14/2017
Presentation/Workshop Topic:	group Health Insurance
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 capace  Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate you  Bill: Proponent Opponent	
Amendment: Proponent Opponent Opponent	



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: <u>Beth</u> kidder					
Representing: Agency for Hoalth	Care Admin				
Title: Medicaid Director					
Address: <u>8787 Mahan Drive</u>					
City: Tallahassee	State/Zip:RL				
Phone Number: 850 413 - 3613	Meeting Date: 3114/17				
Committee/Subcommittee: Hase Health and Human Service					
Presentation/Workshop Topic: LTC Update					
Registered Lobbyist: YES	NO C				
State Employee: YES	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 p	position as a proponent or opponent on the bill as a whole.)				
Bill: Proponent Opponent	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	Bill Amendment  II/PCS/PCB Number:				
	Am	mendment Number:				
Name	me: Karen Eder					
Repre	presenting: Molina Healthc	iare,				
Titl	Title: VP Government (	Contracts				
Add	Address: 200 W College Ave	e Suite 311-D				
City	city: Tallahassee	State/Zip: F2/323/Z				
Pho	Phone Number: 850-510-4850	Meeting Date: 2/14/19				
Cor	Committee/Subcommittee: Health & Hu	iman Services				
Pre	Presentation/Workshop Topic: <u>Medicaid</u>	Long Term Care Program				
	Registered Lobbyist: YES	NO D				
	State Employee: YES	NO 🔀				
ΜÍ	I wish to speak					
冶	Appearing in response to an inquiry for information made to	by member, committee, or staff				
	Appearing in response to subpoena	27 member, committee, or starr				
$\overline{\Box}$	Appearing at the written request of the chair					
	Judge or elected officer appearing in official capacity					
	Lobbyist Appearance form submitted online					
(If you a	ou are testifying on an amendment, please also indicate your position	n as a proponent or opponent on the bill as a whole.)				
	Bill: Proponent Opponent	Info only				
	Amendment: Proponent Opponent	Info only				





Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment Bill/PCS/PCB Number:				
	Amendment Number:				
Name: Tom Parker					
Representing: <u>Florida Mealth</u>	Care Association				
Title: Director of Rein	bursement				
Address: 307 W. Park Ar	1e, Ste 100				
City: Tallahassee	State/Zip: <u>FC 323<i>0</i> /</u>				
Phone Number: <u>850 - 224-3907</u>	Meeting Date: 2/14/17				
Committee/Subcommittee: <u>Health</u> a	Human Services				
Presentation/Workshop Topic: <u>Medicai</u>	d Nursing Home Billing				
Registered Lobbyist: YES					
State Employee: YES	NO D				
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				





Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment
	Bill/PCS/PCB Number:
	Amendment Number:
Name: Tammy Perdue	
Representing: Sunshine Hea	1th
Title: SVP- Gov't Affairs	
Address: 301 S. Bronaugh St	+500
city: TZH	State/Zip: <u>FL</u> 32301
Phone Number: <u>850-483-8385</u>	Meeting Date:
Committee/Subcommittee: Heath &	F Human Svcs.
Presentation/Workshop Topic: Medica	id LTC
Registered Lobby	vist: YES NO
State Employee:	YES NO X
I wish to speak	
	ormation made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the cha	air
Judge or elected officer appearing in officia	
Lobbyist Appearance form submitted online	e e
(If you are testifying on an amendment, please also indic	cate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Op	pponent Info only
Amendment: Proponent Op	pponent Info only