



Health & Human Services Committee

**Tuesday, October 10, 2017
12:30 PM – 2:30 PM
Morris Hall (17 HOB)**

Action Packet

COMMITTEE MEETING REPORT
Health & Human Services Committee
10/10/2017 12:30PM

Location: Morris Hall (17 HOB)

Summary: No Bills Considered

Committee meeting was reported out: Tuesday, October 10, 2017 2:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

10/10/2017 12:30PM

Location: Morris Hall (17 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Daisy Baez	X		
Lori Berman	X		
Jason Brodeur	X		
Colleen Burton	X		
Neil Combee	X		
Tracie Davis	X		
Bobby DuBose	X		
James Grant			X
Michael Grant	X		
Roy Hardemon			X
Gayle Harrell	X		
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Cary Pigman	X		
David Santiago	X		
David Silvers	X		
Cyndi Stevenson	X		
Frank White	X		
Patricia Williams	X		
Clay Yarborough	X		
Totals:	19	0	2

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COMMITTEE MEETING REPORT
Health & Human Services Committee

10/10/2017 12:30PM

Location: Morris Hall (17 HOB)

Presentation/Workshop/Other Business Appearances:

Overview of the State Group Health Insurance Program

Fillyaw, Tami (Lobbyist) (State Employee) (At Request Of Chair) - Information Only

Department of Management Services

Director

4050 Esplanade Way

Tallahassee FL 32399-7016

Phone: (850) 921-4658

SMMC Procurement

Kidder, Beth (Lobbyist) (State Employee) (At Request Of Chair) - Information Only

Agency for Health Care Administration

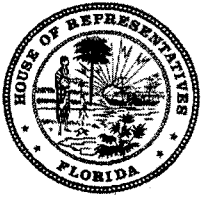
Medicaid Director

2727 Mahan Dr. MS 8

Tallahassee FL 32308

Phone: (850) 412-3626

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Tam Fillyaw

Representing: DMS Division of State Group Insurance

Title: Director

Address: 4050 Esplanade Way

City: Tallahassee State/Zip: FL / 32399

Phone Number: 850-921-4658 Meeting Date: 10/10/2017

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Overview of the State Group Health Insurance Program

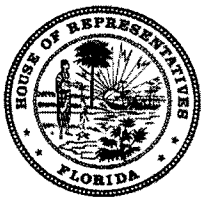
Registered Lobbyist: YES [X] NO []

State Employee: YES [X] NO []

- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
[X] 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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Form box containing checkboxes for Bill and Amendment, and fields for Bill/PCS/PCB Number and Amendment Number.

Name: Beth Kidder

Representing: Agency for Health Care Administration

Title: Medicaid Director

Address: 2727 Manan Dr.

City: Tallahassee State/Zip: FL 32308

Phone Number: 412-3826 Meeting Date: 11/10/17

Committee/Subcommittee: House HHS

Presentation/Workshop Topic: SMMC Procurement

Registered Lobbyist: YES [checked] NO []

State Employee: YES [checked] NO []

- List of checkboxes for reasons for appearance: 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 []