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# Health & Human Services Committee

Tuesday, December 5, 2017  
1:30 PM – 2:30 PM  
Morris Hall (17 HOB)

## Action Packet

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**12/5/2017 1:30PM**

**Location:** Morris Hall (17 HOB)

**Summary:**

**Health & Human Services Committee**

*Tuesday December 05, 2017 01:30 pm*

HB 27 Favorable

Yeas: 13

Nays: 6

HB 517 Favorable

Yeas: 19

Nays: 0

Committee meeting was reported out: Tuesday, December 05, 2017 3:19PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**12/5/2017 1:30PM**

**Location:** Morris Hall (17 HOB)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Lori Berman	X		
Jason Brodeur	X		
Colleen Burton	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		
<b>Totals:</b>	<b>19</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Tuesday, December 05, 2017 3:19PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**12/5/2017 1:30PM**

**Location:** Morris Hall (17 HOB)

**HB 27 : Certificates of Need for Hospitals**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman		X			
Jason Brodeur	X				
Colleen Burton	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				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 13</b>		<b>Total Nays: 6</b>			

**Appearances:**

HB 27 - Certificates of Need for Hospitals

Pitts, Brian - Proponent

Justice-2-Jesus

Trustee

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

HB 27 - Certificates of Need for Hospitals

Pike, Logan - Waive In Support

The James Madison Institute

Director of Public Affairs

100 N. Duval Street

Tallahassee FL 32301

Phone: (850) 386-3131

HB 27 - Certificates of Need for Hospitals

Shouppe, Clinton (Lobbyist) - Waive In Opposition

BayCare

State Government Relations Manager

2985 Drew St MS: 1027

Clearwater FL 33759

Phone: (727) 519-1885

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**12/5/2017 1:30PM**

**Location:** Morris Hall (17 HOB)

**HB 27 : Certificates of Need for Hospitals (continued)**

**Appearances: (continued)**

HB 27 - Certificates of Need for Hospitals

Hosek, Andrew (Lobbyist) - Proponent

Americans for Prosperity

Analyst

200 W College Ave Suite 113

Tallahassee FL 32301

Phone: (850) 378-6291

HB 27 - Certificates of Need for Hospitals

Nungesser, Tim (Lobbyist) - Waive In Support

National Federation of Independent Business

Legislative Director

110 E Jefferson St

Tallahassee FL 32301

Phone: (850) 445-5367

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Committee meeting was reported out: Tuesday, December 05, 2017 3:19PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: HB 27

Meeting Date: 12.5.14

Date Received: \_\_\_\_\_

Place: Marion Hall

Date Reported: \_\_\_\_\_

Time: 1:30 pm

Subject: Centrifuges of Need for Hospitals

**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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings, Chair								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
13	6									

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**12/5/2017 1:30PM**

**Location:** Morris Hall (17 HOB)

**HB 517 : State Employees' Prescription Drug Program**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Colleen Burton	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				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 19</b>		<b>Total Nays: 0</b>			

**Appearances:**

HB 517 - State Employees' Prescription Drug Program  
 Fillyaw, Tami (Lobbyist) (State Employee) (At Request Of Chair) - Information Only  
 Department of Management Services  
 Director, Division of State Group Insurance  
 4050 Esplanade Way  
 Tallahassee FL 32399-7016  
 Phone: (850) 921-4658

HB 517 - State Employees' Prescription Drug Program  
 Stanfield, Meredith (Lobbyist) (State Employee) - Waive In Support  
 Department of Management Services  
 Director of Legislative Affairs  
 4050 Esplanade Way Suite 280  
 Tallahassee FL 32399-7016  
 Phone: (850) 487-7001

HB 517 - State Employees' Prescription Drug Program  
 Pitts, Brian - Waive In Support  
 Justice-2-Jesus  
 Trustee  
 1119 Newton Avenue South  
 St. Petersburg Florida 33705  
 Phone: (727) 897-9291

Committee meeting was reported out: Tuesday, December 05, 2017 3:19PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: HB 517

Meeting Date: 12.5.17

Date Received: \_\_\_\_\_

Place: Monroe Hall

Date Reported: \_\_\_\_\_

Time: 1:30 P.M.

Subject: State Employees' Prescription Drug Program

**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
✓		Berman								
✓		Brodeur								
✓		Burton								
✓		Davis								
✓		DuBose								
✓		Grant, J.								
✓		Grant, M.								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
✓		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
19	0									





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>27</u>	
Amendment Number: _____	

Name: Brian Pitts

Representing: Justice-2-Jesus

Title: Trustee

Address: 1117 Newton Ave S.

City: St Petersburg State/Zip: FL / 33705

Phone Number: 727/897-9291 Meeting Date: 12-5-2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

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 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.

W/S

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB27</u>	
Amendment Number: _____	

Name: Logan Pike

Representing: The James Madison Institute

Title: Director of Public Affairs

Address: 100 N. Duval Street

City: TLH State/Zip: FL 32301

Phone Number: 850-386-3131 Meeting Date: 12/5/17

Committee/Subcommittee: House Health and Human Services

Presentation/Workshop Topic: Certificate of Need

Registered Lobbyist: YES  NO

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 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

w/o

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>27</u>	
Amendment Number: _____	

Name: Clint Shoups

Representing: BayCare

Title: State Government Relations Mgr

Address: 2985 Drew Street

City: Clearwater State/Zip: 33759

Phone Number: 727-519-1885 Meeting Date: 12/5/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Certificate of Need

Registered Lobbyist: YES  NO

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 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.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>27</u>	
Amendment Number: _____	

Name: Andrew Hasek

Representing: Americans for Prosperity

Title: Analyst

Address: 200 W College Ave

City: Tallahassee State/Zip: FL

Phone Number: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Committee/Subcommittee: \_\_\_\_\_

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

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 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

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>27</u>	
Amendment Number: _____	

Name: Tim Nungesser

Representing: National Federation of Independent Business

Title: Legislative Director

Address: 110 E. Jefferson St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-445-5367 Meeting Date: 12/5/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

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 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.

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 517
Amendment Number: [ ]

Name: Tami Pillyaw
Representing: Florida Department of Management Services
Title: Director, Division of State Group Insurance
Address:
City: State/Zip:
Phone Number: Meeting Date:
Committee/Subcommittee:
Presentation/Workshop Topic:

Registered Lobbyist: YES [checked] NO [ ]
State Employee: YES [checked] 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 [checked]
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 [checked] Opponent [ ] Info only [checked]
Amendment: Proponent [ ] Opponent [ ] Info only [ ]





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

5/17

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 517</u>	
Amendment Number: _____	

Name: Meredith Stanfield

Representing: Department of Management Services

Title: Director of Legislative Affairs

Address: 4050 Esplanade Way

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-407-7001 Meeting Date: 12-5-17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: HB 517

Registered Lobbyist: YES  NO

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 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

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: BRIAN P. HS

Representing: Justice-2-Jesus

Title: Trustee

Address: 1119 Newton Ave S

City: St. Petersburg State/Zip: FL/33705

Phone Number: 727/897-4291 Meeting Date: 12-5-2017

Committee/Subcommittee: HH5

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
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- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
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Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only