

# **Health Innovation Subcommittee**

Wednesday, January 25, 2017 3:30 PM – 6:00 PM Mashburn Hall

**Action Packet** 

### **COMMITTEE MEETING REPORT**

# Health Innovation Subcommittee 1/25/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Summary: No Bills Considered

## **COMMITTEE MEETING REPORT**

#### **Health Innovation Subcommittee**

1/25/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

#### Attendance:

	Present	Absent	Excused
MaryLynn Magar (Chair)	×	· · · · · · · · · · · · · · · · · · ·	
Daisy Baez	Х		
John Cortes	Х		
Manny Diaz, Jr.	Х		
Brad Drake	X		
Nicholas Duran	X		
Roy Hardemon	Х		
Shawn Harrison	X		
Patrick Henry	X		
Sam Killebrew	Х		,
Paul Renner	X		
Bob Rommel	X		
Jackie Toledo	X		
Jay Trumbull	X		
Frank White	Х		
Totals:	15	0	0

#### **COMMITTEE MEETING REPORT**

#### **Health Innovation Subcommittee**

1/25/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

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

**Ambulatory Surgical Centers** 

McKinstry, Molly (Lobbyist) (State Employee) (At Request Of Chair) - Information Only

Agency for Health Care Administration

Deputy Secretary of Health Quality Assurance

2727 Mahan Dr

Tallahassee FL 32303

Phone: (850) 412-3612

**Ambulatory Surgical Centers** 

Megan Smernoff (State Employee) (At Request Of Chair) - Information Only

**OPPAGA** 

Senior Legislative Analyst

111 W. Madison St. Suite 311

Tallahassee FL 32399

Phone: (850) 717-0532

**Ambulatory Surgical Centers** 

Elizabeth Munnich - via Skype (At Request Of Chair) - Information Only

University of Louisville

Assistant Professor of Economics

110 W. Brandeis Ave Rm. 155

Louisville KY 40292

Phone: (502) 852-4841

**Ambulatory Surgical Centers** 

Dr. David Shapiro (At Request Of Chair) - Information Only

**FSASC** 

1400 Village Sq Blvd Tallahassee FL 32312

Tallallassee I L 32312

Phone: (850) 508-6787



# HOUSE OF REPRESENTATIVES <u>COMMITTEE/SUBCOMMITTEE</u> <u>ATTENDANCE ROLL CALL</u>

The Committee/Subcommittee on	Health Innovation		
met at 3:30 pm o'clock on	1-25-17	with the follo	owing attendance:
Member	Present	Absent*	Excused
Magar, Chair			
Baez	<b>✓</b>		
Cortes	<b>V</b>		
Diaz			
Drake			
Duran	J		
Hardemon	<b>✓</b>		
Harrison	<b>✓</b>		
Henry	<b>✓</b>		
Killebrew	<b>✓</b>		
Renner	<b>✓</b>		
Rommel	<b>✓</b>		
Toledo	✓,		
Trumbull	<b>V</b>		
White	<b>✓</b>		
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<del></del>			<del></del>

Magar

<sup>\*</sup>A member must be excused by Chair or Speaker. A member answering roll call is presumed "present" thereafter.



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: Molly Mckinstry				
Representing: Agency for Health Core Administration				
Title: Deputy Secretary of Health Quality Assurance				
Address: <u>8727 Mahan Dive</u>				
City: Tallahassee State/Zip: 39303				
Phone Number: 850-412-343 Meeting Date: 1/2516				
Committee/Subcommittee: Heath Innovation.				
Presentation/Workshop Topic: Ambulatory Surgical Centers				
Registered Lobbyist: YES NO NO				
State Employee: YES NO NO				
<ul> <li>I wish to speak</li> <li>Appearing in response to an inquiry for information made by member, committee, or staff</li> <li>Appearing in response to subpoena</li> <li>✓ Appearing at the written request of the chair</li> <li>Judge or elected officer appearing in official capacity</li> <li>Lobbyist Appearance form submitted online</li> </ul>				
(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 <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:			
	Amendment Number:			
Name: Megan Smernoff				
Representing: OPPAGA				
Title: <u>Senior Legislative in</u>	alust			
Address: III W. Madison St. Su	•			
Address. 111 VV. 141001 SOLI SI. SI	116311			
city: Tallahassee	State/Zip: <u>FL 32399</u>			
Phone Number: (850) 717-0532 Meeting Date: 1/26/17				
Committee/Subcommittee: Health Innovation				
Presentation/Workshop Topic:Ambulaton	J Suraical Centers			
Registered Lobbyist: YES	<del></del>			
	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: Elizabeth Munnich	- Via Skype			
Representing: University of Louisvil	( ) •			
Title: Assistant Professor of E	conomics			
Address: 110 W. Brandeis Ave. Rm. 155				
city: Louisville	State/Zip: 40292			
Phone Number: (502) 852 - 4841 Meeting Date: 1-25-17				
Committee/Subcommittee: Health Typovation Sub.				
Presentation/Workshop Topic: $ASC$				
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 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 <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment  I/PCS/PCB Number:  mendment Number:
Representing: Title:	<i>P</i> -
Address: 1400 VI WAGE 39  City: TALLANASSEE  Phone Number: 9505086767  Committee/Subcommittee: H15	State/Zip: 523/2  Meeting Date: 125/17
Presentation/Workshop Topic:  Registered Lobbyist: YES  State Employee: YES	NO NO
☐ I wish to speak ☐ Appearing in response to an inquiry for information made ☐ 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	by member, committee, or staff
(If you are testifying on an amendment, please also indicate your position  Bill: Proponent Opponent Opponent Opponent	Info only