

Health Innovation Subcommittee

Wednesday, February 8, 2017 3:30 PM – 6:00 PM Mashburn Hall

Action Packet

Richard Corcoran Speaker

MaryLynn Magar Chair

Health Innovation Subcommittee

2/8/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Summary: No Bills Considered

Health Innovation Subcommittee

2/8/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Attendance:

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

Health Innovation Subcommittee

2/8/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances:

Direct Primary Care Lee S. Gross - Information Only 132 Colonial Street SW Port Charlotte FL 33952 Phone: (941) 812-6944

Direct Primary Care Josh Umbehr, MD - Information Only Physician 10500 E. Berkeley Sq Pkwy Wichita KS 67206 Phone: (316) 734-8096

Direct Primary Care Philip Eskew - via Skype - Information Only DPC Frontier CEO Cheyenne WY Phone: (304) 906-7285

Direct Primary Care Katherine Restrepo - Information Only John Locke Foundation Director of Health Care Policy 200 W. Morgan Street #200 Raleigh NC 27603 Phone: (610) 698-9653

Direct Primary Care Bill Herrle - Information Only Nat. Fed. of Independent Business Executive Director 110 E. Jefferson St. Tallahassee FL 32301 Phone: (850) 681-0416

Direct Primary Care David McKalip (General Public) - Information Only Florida Chapter-Association of American Physicians & Surgeons President 1955 1st Ave N #101 St. Pete FL 33713 Phone: (727) 822-3506

MyFloridaRX.com McKinstry, Molly (Lobbyist) (State Employee) (At Request Of Chair) - Information Only Agency for Health Care Administration Deputy Secretary of Health Quality and Assurance 2727 Mahan Drive Tallahassee FL 32308 Phone: (850) 412-4420

Health Innovation Subcommittee

2/8/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

MyFloridaRX.com Cindy Rutledge (State Employee) - Information Only Office of the Attorney General Application Development Manager PL01 The Capitol Tallahassee FL Phone: (850) 414-3527



HOUSE OF REPRESENTATIVES COMMITTEE/SUBCOMMITTEE ATTENDANCE ROLL CALL

The Committee/Subcommittee on Health Innovation

met at 3:30 pm o'clock on 2-8-17 with the following attendance:

| Member | Present | Absent* | Excused |
|--------------|----------------------------------------|---------|---------|
| Magar, Chair | | | |
| Baez | Ĵ, | | |
| Cortes | \checkmark | | |
| Diaz | \checkmark | | |
| Drake | V | | |
| Duran | \checkmark | | |
| Hardemon | | | |
| Harrison | | | |
| Henry | V | | |
| Killebrew | - V | | |
| Renner | 1 | | |
| Rommel | | | |
| Toledo | V | | |
| Trumbull | V | | |
| White | V | | |
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agar Chair

*A member must be excused by Chair or Speaker. A member answering roll call is presumed "present" thereafter.



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|------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------|-------------------|-------------------------------------|
| | | | | Bill/PCS | Bill 6/PCB Num | Amendment |
| | | | | Amend | ment Num | ber: |
| Name: | Lee | S. Gross | | | | |
| Repres | enting:S | exf | | | | |
| Title | : | | · | | | |
| Addı | ress: <u>132</u> (| oloniel Str | et Sh | | | |
| City: | Port | Charlotte | | | State/Zip | FL 33952 |
| Phor | ne Number: <u>9</u> | 41 - BIZ-691 | 14 | | Meeting I | Date: 2-9-17 |
| Com | mittee/Subcom | mittee:H | ealth . | Inno | 10trin | |
| Pres | entation/Works | nop Topic: | Direct | Pilm | ary | Car |
| | | Registered Lo | | _ | ، کر ہ | |
| | | State Employ | vee: YES | N | ○ [4] | |
| | Appearing in resp Appearing at the Judge or elected | oonse to an inquiry fo oonse to subpoena written request of th officer appearing in o nce form submitted o | e chair íficial capacit | | ember, con | nmittee, or staff |
| (If you ai | re testifying on an a | mendment, please also | o indicate your | position as a | proponent o | r opponent on the bill as a whole.) |
| | Bill: | Proponent | Opponent | | Info only | |
| | Amendment: | Proponent | Opponent | | Info only | |



| Amendment Num | Amendment ber: <u>HB240</u> ber: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Name: Josh (Imbehr MD | |
| Representing: | |
| Title: Physician | |
| Address: 10,500 E Beskeley 5g Pkwy | |
| | 67206 |
| Phone Number: 316 7321 8096 Meeting [| Date: 2/8/17 |
| Committee/Subcommittee: Health Innevation Sul | p |
| Presentation/Workshop Topic: Difect Primary Care | |
| Registered Lobbyist: YES NO | |
| State Employee: YES NO | |
| I wish to speak Appearing in response to an inquiry for information made by member, com 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 | imittee, or staff |
| (If you are testifying on an amendment, please also indicate your position as a proponent of | r 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>Philip Eskew</u> -Via Skype Representing: <u>DPC Frontier</u> Title: <u>CEO</u> |
| Address: |
| Registered Lobbyist: YES NO |
| 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 |
| Bill: Proponent Opponent Info only Amendment: Proponent Opponent Info only |



| | Bill Amendment Bill/PCS/PCB Number: HB Z 40- Amendment Number: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Name: <u>Katherine</u> <u>Restreps</u> Representing: <u>John Locke Found</u> Title: <u>Directore of Hearth Ca</u> Address: <u>200 W. Morgan Struc</u> City: <u>Raleign</u> Phone Number: <u>(UID) 698 - 9653.</u> | $\frac{10 \ Pertiny}{1 \ \#2.00}$ $\frac{10 \ Pertiny}{1 \ \#2.00}$ $\frac{10 \ Pertiny}{1 \ \text{State/Zip:}} \ NC \ 27603$ |
| Committee/Subcommittee: <u>Healty</u> In Presentation/Workshop Topic: <u>Direct</u> Registered Lobbyist: YES State Employee: YES | NO X |
| 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 | Υ |
| (If you are testifying on an amendment, please also indicate your Bill: Proponent Opponent Amendment: Proponent Opponent | position as a proponent or opponent on the bill as a whole.) Info only Info only Info only |



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: Bill Herrle | |
| Representing: Nat-Fed of I | Adependent Business |
| Title: Executive Director - | |
| Address: 110 E Jefferson St | < |
| City: Tallahassee FL. | State/Zip:32-301 |
| Phone Number: $\frac{550}{681}$ of 16 | Meeting Date: 2-8-17 |
| Committee/Subcommittee: Health I | nnovotime |
| Presentation/Workshop Topic: Direct | riman Care |
| Registered Lobbyist: YE | |
| State Employee: YE | s NO |
| | |
| I wish to speak | |
| Appearing in response to an inquiry for information Appearing in response to subpoena | on made by member, committee, or staff |
| Appearing at the written request of the chair | |
| Judge or elected officer appearing in official capac | ity |
| Lobbyist Appearance form submitted online | |
| (If you are testifying on an amendment, please also indicate you | r position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Opponen | t Info only |
| Amendment: Proponent Opponen | t 🗍 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: | |
|---------------------------------------------------------------------------------------------------------------|------|
| (McKalip) Amendment Number: | |
| Name: DAVID MCKalip, M.P. | |
| Representing: <u>Plavida chapter - ASSOC. OF AMEDICAY</u> Title: Physicians Escuplant Physicians Escuplant | |
| Title: President Physicians Escuflant | 7972 |
| Address: 1955 13 ANN #101 | |
| City: St. PETE State/Zip: FZ 73713 | |
| Phone Number: 727-822-3506 Meeting Date: 28-17- | |
| Committee/Subcommittee: <u>Health Furnation</u> | |
| Presentation/Workshop Topic: Diviet Prinary Carl | |
| Registered Lobbyist: YES NO | |
| State Employee: YES NO | |
| | |

| I wish to sp | eak |
|--------------|-----|
|--------------|-----|

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 |



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|-----------|------------------------|--------------------------|------------------|-------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | [Bill/P | Bill CS/PCB Numl | Amendment |
| | | | | Amei | ndment Num | oer: |
| Name | Mony M | CKINSTRY | | | | <u> </u> |
| Repres | senting: <u>Ag</u> a | ancy for He | atthCa | re Ad | ministra | tion |
| Title | | sncy for He Secretary | of Heal | thQ | ualityan | d'Assurance |
| Add | Iress: <u>272</u> | 7 Mahan t | r | | · · · · · · | |
| City | Tallahas | | | , | State/Zip: | FL 32308 |
| Pho | ne Number: <u>(</u> | 50)412-44 | 0 | | Meeting D | ate: February 56,2017 |
| Con | nmittee/Subcom | mittee: <u>Health</u> | Inova | tion S | Subcomm | ittee |
| Pre | sentation/Works | hop Topic: MyF1 | ordurx | .com | Preser | ter) |
| | | Registered Lo | obbyist: YES | | | |
| | | State Employ | vee: YES | \square | NO 🗌 | |
| | I wish to speak | | | | | |
| | Appearing in resp | oonse to an inquiry fo | r information | made by | member, com | nittee, or staff |
| | Appearing in resp | oonse to subpoena | | | | |
| \square | Appearing at the | written request of th | e chair | | | |
| | Judge or elected | officer appearing in o | fficial capacity | ý | | |
| | Lobbyist Appeara | nce form submitted o | online | | | |
| (If you a | ire testifying on an a | mendment, 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 | |



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|-----------|------------------------|---------------------------|------------------|------------------------------------------------------|---------|
| | | | | Bill Amendment Bill/PCS/PCB Number: | |
| | | | | Amendment Number: | ····· |
| Name | _ Cinh | 1 Putte | dje | | |
| Repres | senting: | fice of | the C | Attoney Deneral | |
| Title | : Cippl | lication (| Dovelo | yement Manager | |
| Add | ress: <u>D</u> L | 01 The | Caroi | tol | |
| City | :_Jalt | ahassee | | State/Zip:F | |
| Pho | ne Number: | 414-35 | 27 | Meeting Date: <u>218/17</u> | |
| Con | nmittee/Subcom | mittee: | lause, | Health Annovation | |
| Pres | sentation/Works | hop Topic: $\gamma\gamma$ | ly Florid | la RX, com | |
| | | Registered L | obbyist: YES | | |
| | | State Emplo | yee: YES | NO | |
| | | | | | |
| | I wish to speak | | | | |
| V | Appearing in resp | oonse to an inquiry fo | or information | a made by member, committee, or staff | |
| | Appearing in resp | oonse to subpoena | | | |
| | Appearing at the | written request of th | he chair | | |
| | Judge or elected | officer appearing in | official capacit | ty | |
| | Lobbyist Appeara | ince form submitted | online | | |
| (If you a | ire testifying on an a | imendment, please als | o indicate your | position as a proponent or opponent on the bill as a | whole.) |
| | Bill: | Proponent | Opponent | Info only | |
| | Amendment: | Proponent | Opponent | Info only | |