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# Health Innovation Subcommittee

**Tuesday, March 7, 2017  
4:00 PM – 5:00 PM  
Mashburn Hall**

## **Action Packet**

**Richard Corcoran  
Speaker**

**MaryLynn Magar  
Chair**

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

3/7/2017 4:00PM

**Location:** Mashburn Hall (306 HOB)

### Summary:

#### Health Innovation Subcommittee

*Tuesday March 07, 2017 04:00 pm*

HB 577	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 777669 Adopted Without Objection		
HB 619	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 426847 Adopted Without Objection		
HB 6021	Favorable	Yeas: 12	Nays: 0

Committee meeting was reported out: Tuesday, March 07, 2017 6:03PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

3/7/2017 4:00PM

Location: Mashburn Hall (306 HOB)

### Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
MaryLynn Magar (Chair)	X		
Daisy Baez	X		
John Cortes	X		
Manny Diaz, Jr.	X		
Brad Drake	X		
Nicholas Duran	X		
Roy Hardemon	X		
Shawn Harrison	X		
Patrick Henry	X		
Sam Killebrew	X		
Paul Renner			X
Bob Rommel	X		
Jackie Toledo	X		
Jay Trumbull			X
Frank White	X		
<b>Totals:</b>	<b>13</b>	<b>0</b>	<b>2</b>

Committee meeting was reported out: Tuesday, March 07, 2017 6:03PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

3/7/2017 4:00PM

**Location:** Mashburn Hall (306 HOB)

### HB 577 : Discount Plan Organizations

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez	X				
John Cortes	X				
Manny Diaz, Jr.	X				
Brad Drake	X				
Nicholas Duran	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Sam Killebrew	X				
Paul Renner			X		
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull			X		
Frank White	X				
MaryLynn Magar (Chair)	X				
<b>Total Yeas: 13</b>		<b>Total Nays: 0</b>			

### HB 577 Amendments

#### Amendment 777669

Adopted Without Objection

### Appearances:

Schoonover, Christopher (Lobbyist) - Waive In Support

Consumer Health Alliance  
101 E College Ave Ste 502  
Tallahassee FL 32301  
Phone: (850) 222-9075

Lambert, Paul (Lobbyist) - Waive In Support

Florida Chiropractic Association, Inc  
263 Rosehill Dr N  
Tallahassee FL 32312  
Phone: (850) 597-2696

Lambert, Paul (Lobbyist) - Waive In Support

Florida Chiropractic Association, Inc  
263 Rosehill Dr N  
Tallahassee FL 32312  
Phone: (850) 597-2696

Committee meeting was reported out: Tuesday, March 07, 2017 6:03PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

3/7/2017 4:00PM

**Location:** Mashburn Hall (306 HOB)

**HB 619 : Consolidation of Medicaid Waiver Programs**

*Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez	X				
John Cortes	X				
Manny Diaz, Jr.	X				
Brad Drake	X				
Nicholas Duran	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Sam Killebrew	X				
Paul Renner			X		
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull			X		
Frank White	X				
MaryLynn Magar (Chair)	X				
<b>Total Yeas: 13</b>		<b>Total Nays: 0</b>			

**HB 619 Amendments**

**Amendment 426847**

*Adopted Without Objection*

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

3/7/2017 4:00PM

**Location:** Mashburn Hall (306 HOB)

**HB 6021 : Home Health Agency Licensure**

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez	X				
John Cortes	X				
Manny Diaz, Jr.	X				
Brad Drake	X				
Nicholas Duran			X		
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Sam Killebrew	X				
Paul Renner			X		
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull			X		
Frank White	X				
MaryLynn Magar (Chair)	X				
<b>Total Yeas: 12</b>		<b>Total Nays: 0</b>			

**Appearances:**

Lolley, Bobby (Lobbyist) - Proponent  
 Home Care Association of Florida  
 Executive Director  
 2236 Capital Cir NE Ste 206  
 Tallahassee FL 32309  
 Phone: (850) 567-1951

Wicker, Joe (General Public) - Waive In Support  
 Home Helpers of Tampa Bay  
 Owner  
 3902 Henderson Blvd. Ste 202  
 Tampa FL 33626  
 Phone: (813) 310-0141

McKinstry, Molly (Lobbyist) (State Employee) - Information Only  
 Agency for Health Care Administration  
 Deputy Secretary Health Quality Assurance  
 2727 Mahan Dr  
 Tallahassee FL 32308  
 Phone: (850) 412-4334

Committee meeting was reported out: Tuesday, March 07, 2017 6:03PM



**HOUSE OF REPRESENTATIVES**  
**COMMITTEE/SUBCOMMITTEE**  
**ATTENDANCE ROLL CALL**

The Committee/Subcommittee on Health Innovation

met at 4:00 pm o'clock on 3-7-17 with the following attendance:

<u>Member</u>	<u>Present</u>	<u>Absent*</u>	<u>Excused</u>
Magar, Chair	✓		
Baez	✓		
Cortes	✓		
Diaz	✓		
Drake	✓		
Duran	✓		
Hardemon	✓		
Harrison	✓		
Henry	✓		
Killebrew	✓		
Renner			✓
Rommel	✓		
Toledo	✓		
Trumbull			✓
White	✓		

Magar  
Chair

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

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

Committee/Subcommittee: Health Innovation  
 Meeting Date: 3-7-17  
 Place: 306 HOB  
 Time: 4:00 pm

Bill Number: HB 577  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: \_\_\_\_\_

**Committee/Subcommittee Action:**

- |                                     |   |                          |                              |
|-------------------------------------|---|--------------------------|------------------------------|
| <input type="checkbox"/>            | Favorable                                     | <input type="checkbox"/> | Retained for Reconsideration |
| <input type="checkbox"/>            | Favorable w/ _____ amendments                 | <input type="checkbox"/> | Reconsidered                 |
| <input checked="" type="checkbox"/> | Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> | Temporarily Postponed        |
| <input type="checkbox"/>            | Other Action: _____                           | <input type="checkbox"/> | Unfavorable                  |

Final Vote On Bill		MEMBERS	777669							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Baez								
<input checked="" type="checkbox"/>		Cortes								
<input checked="" type="checkbox"/>		Diaz								
<input checked="" type="checkbox"/>		Drake								
<input checked="" type="checkbox"/>		Duran								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrison								
<input checked="" type="checkbox"/>		Henry								
<input checked="" type="checkbox"/>		Killebrew								
		Renner								
<input checked="" type="checkbox"/>		Rommel								
<input checked="" type="checkbox"/>		Toledo								
		Trumbull								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Magar, 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	0									



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

Committee/Subcommittee: Health Innovation  
Meeting Date: 3-7-17  
Place: 306 HOB  
Time: 4:00 pm

Bill Number: HB 619  
Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: \_\_\_\_\_

**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	426847							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Baez								
✓		Cortes								
✓		Diaz								
✓		Drake								
✓		Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
		Renner								
✓		Rommel								
✓		Toledo								
		Trumbull								
✓		White								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

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

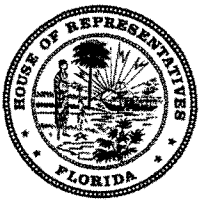
Committee/Subcommittee: Health Innovation  
 Meeting Date: 3-7-17  
 Place: 306 HoB  
 Time: 4:00 pm

Bill Number: HB 6021  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: \_\_\_\_\_

**Committee/Subcommittee Action:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Favorable                          | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments                 | <input type="checkbox"/> Reconsidered                 |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed        |
| <input type="checkbox"/> Other Action: _____                           | <input type="checkbox"/> Unfavorable                  |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Baez								
✓		Cortes								
✓		Diaz								
✓		Drake								
		Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
		Renner								
✓		Rommel								
✓		Toledo								
		Trumbull								
✓		White								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	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>577</u>	
Amendment Number: _____	

Name: Chris Schoonover

Representing: Consumer Health Alliance

Title: \_\_\_\_\_

Address: 101 E. College Ave Ste 502

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-9075 Meeting Date: 3/7/17

Committee/Subcommittee: Health Innovation

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

W/S



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>577</u>	
Amendment Number: <u>777669</u>	

Name: PAUL LAMBERT

Representing: FLORIDA CHIROPRACTIC ASSO.

Title: \_\_\_\_\_

Address: 263 ROSEHILL DR. N.

City: TALLAHASSEE State/Zip: FL 32312

Phone Number: 850 597-2696 Meeting Date: 3/7/17

Committee/Subcommittee: HEALTH INNOVATION SUB

Presentation/Workshop Topic: DISCOUNT PLANS

Registered Lobbyist: YES  NO

State Employee: YES  NO

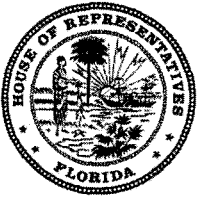
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
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- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

w/s



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>577</u>	
Amendment Number: _____	

Name: PAUL LAMBERT

Representing: FLORIDA CHIROPRACTIC ASSN.

Title: \_\_\_\_\_

Address: 263 ROSEHILL DR. N.

City: TALLAHASSEE State/Zip: FL 32312

Phone Number: 850 597-2696 Meeting Date: 3/7/17

Committee/Subcommittee: HEALTH INNOVATION SUB.

Presentation/Workshop Topic: DISCOUNT PLANS

Registered Lobbyist: YES  NO

State Employee: YES  NO

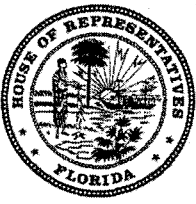
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- Appearing in response to an inquiry for information made by member, committee, or staff
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- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

W/S



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>6021</u>	
Amendment Number: _____	

Name: Bobby Colley

Representing: Home Care Association of Florida

Title: Executive Director

Address: 2236 Capital Circle NE

City: Tallahassee State/Zip: FL 32309

Phone Number: 850-567-1951 Meeting Date: \_\_\_\_\_

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

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

Registered Lobbyist: YES  NO

State Employee: YES  NO

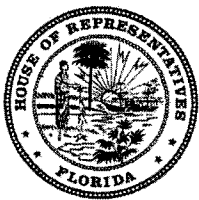
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

*Spoke*



### 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>6021</u>	
Amendment Number: _____	

Name: Joe Wicker

Representing: myself

Title: Owner Home Helpers of Tampa Bay

Address: 3902 Henderson Blvd. Suite 202

City: Tampa

State/Zip: FL/33629

Phone Number: 813-310-0141

Meeting Date: \_\_\_\_\_

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

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

Registered Lobbyist: YES  NO

State Employee: YES  NO

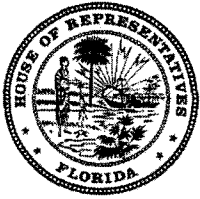
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

*W/S*



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: 6024
Amendment Number: [ ]

Name: Molly McKinstry

Representing: Agency for Health Care Admin

Title: Deputy Secretary Health Quality Assurance

Address: 2727 Mahan Dr.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-4334 Meeting Date: 3/7/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Home Health Agencies

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 [checked]
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 [checked]

Amendment: Proponent [ ] Opponent [ ] Info only [ ]