

# **Health Innovation Subcommittee**

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

**Action Packet** 

# Health Innovation Subcommittee 3/7/2017 4:00PM

Location: Mashburn Hall (306 HOB)

**Summary:** 

HB 6021

**Health Innovation Subcommittee** 

Tuesday March 07, 2017 04:00 pm

Favorable

HB 577 Favorable With Committee Substitute

Amendment 777669 Adopted Without Objection

HB 619 Favorable With Committee Substitute

Amendment 426847 Adopted Without Objection

Yeas: 13 Nays: 0

Yeas: 12

Nays: 0

#### **Health Innovation Subcommittee**

3/7/2017 4:00PM

Location: Mashburn Hall (306 HOB)

#### Attendance:

	Present	Absent	Excused
MaryLynn Magar (Chair)	×		
Daisy Baez	X		
John Cortes	X		
Manny Diaz, Jr.	×	<del></del>	
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			Х
Frank White	X		
Totals:	13	0	2

# **Health Innovation Subcommittee**

3/7/2017 4:00PM

**Location:** Mashburn Hall (306 HOB) **HB 577: Discount Plan Organizations** 

X 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				
	Total Yeas: 13	Total Nays:	0		

#### **HB 577 Amendments**

#### Amendment 777669

X 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

# Health Innovation Subcommittee

3/7/2017 4:00PM

Location: Mashburn Hall (306 HOB)

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

X 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			4	
	Total Yeas: 13	Total Nays:	0		

#### **HB 619 Amendments**

#### Amendment 426847

X Adopted Without Objection

## **Health Innovation Subcommittee**

3/7/2017 4:00PM

Location: Mashburn Hall (306 HOB)

HB 6021: Home Health Agency Licensure

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez	X			1.	•
John Cortes	X				
Manny Diaz, Jr.	X				
Brad Drake	X		·		
Nicholas Duran	<del></del>		X		
Roy Hardemon	X				
Shawn Harrison	X	•			
Patrick Henry	X				
Sam Killebrew	X				
Paul Renner			X		
Bob Rommel	X	-			
Jackie Toledo	X			1000	
Jay Trumbull			X		
Frank White	X				
MaryLynn Magar (Chair)	X				
•	Total Yeas: 12	Total Nays: 0	)		

#### **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

Deputy Secretary Health Quality Assu 2727 Mahan Dr Tallahassee FL 32308

Phone: (850) 412-4334



Renner
Rommel
Toledo
Trumbull
White

# 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 follo	owing attendance:
<u>Member</u>	Present	Absent*	Excused
Magar, Chair			
Baez	$\checkmark$		
Cortes	<i></i>		
Diaz			
Drake	$\checkmark$		
Duran	<b>/</b>		
Hardemon	<b>√</b>		
Harrison	<b>√</b>		
Henry	J		
Killebrew	./		

Magar Chair

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

# **House of Representatives**

		COMMITTEE	/SUBCOMM	ITTEE I	BILL AC	CTION V	VORKSI	HEET		
Comm	M ittee/Sul Favorab		-17 HOB DPM	_ D	ate Reco ate Repo	orted: bject: Reta	ined for	Reconsid	<del></del>	
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	Other A		ocommittee S	uvstitute			vorable	1 ostpon	cu	
					- <del></del>					
	Vote Bill	MEMBERS	7771	a						
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		Cortes		00						
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		Duran		14.	)					
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		Harrison		10/						
		Henry	Jun 1							
		Killebrew	7							
		Renner								
<u> </u>		Rommel								
		Toledo					-			
		Trumbull								
~/_		White		-						
		Magar, Chair							· · · · · · · · · · · · · · · · · · ·	
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Yeas Nays

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

		COMMITTEE/SU	JBCOMMI	ITTEE E	BILL AC	CTION V	VORKSI	IEET		
Comm	M ittee/Sul Favorab Favorab	le w/ amen le w/Committee/Subco	HOB  pM  dments	_ D _	ate Repo	Reco Tem	ined for onsidered porarily two rable	Reconsid	leration	
	Vote									
	Bill	MEMBERS	42681	+7						
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
$\sqrt{}$		Baez								<u> </u>
$\sqrt{}$		Cortes								1
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<u> </u>		Harrison		XOC						
S		Henry	:.0	<b>D'</b>						
		Killebrew	00)							
		Renner								
$\checkmark$		Rommel								
		Toledo								
		Trumbull								
	-	White								
		Magar, Chair								

Yeas

Nays

Yeas 13 Nays

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comi	mittee/Subcommittee: Meeting Date: Place:	Health Innovation 3-7-17 306 Hors	Bill Number: Date Received: Date Reported:	
	Time:	4:00 pm	Subject:	
Comi	nittee/Subcommittee A Favorable Favorable w/	amendments	☐ R	etained for Reconsideration econsidered
	Favorable w/Commit Other Action:	tee/Subcommittee Sub	<del></del>	emporarily Postponed nfavorable
		· <del></del>		

Final	Vote									
On	Bill	MEMBERS								
Yea	Nay	<u>-</u>	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<b>✓</b>		Baez							:	
$\checkmark$		Cortes								
$\sqrt{}$		Diaz								
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\		Killebrew								
		Renner								
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		Trumbull								
<u> </u>		White								
$\checkmark$		Magar, Chair								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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14				<u> </u>		L	L	L	L	L



	Bill Amendment  Bill/PCS/PCB Number:  Amendment Number:
Name: Chris Schoon	over
Representing: Consumer Hea	1th Alliance
Title:	
Address: LOI E. Collège Au.e	Ste 502
City: Tallahassee	State/Zip: FL 32301
Phone Number: <u>\$50-222-9075</u>	Meeting Date: 3/7/17
Committee/Subcommittee: Health In	novation
Presentation/Workshop Topic:	
Registered Lobbyist: YES	NO NO
State Employee: YES	NO
I wish to speak	
Appearing in response to an inquiry for information made	de 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	
<del>V.</del>	
If you are testifying on an amendment, please also indicate your posit	ion as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



	Bill Amendment
	Bill/PCS/PCB Number: 577
<u> </u>	Amendment Number: 777669
Name: PAUL L	
Representing: Florida	Chipopractic Asso.
Title:	
Address: 263 Rosehi	11 DR. N.
City: Tallahassee	State/Zip: FL 32312
Phone Number: 830 557	- 2696 Meeting Date: 3/7/17
Committee/Subcommittee:	teAlTh INNOVATION SUL
Presentation/Workshop Topic:	DISCOUNT PLANS
Register	ed Lobbyist: YES NO
State En	ployee: YES NO
I wish to speak	
<u></u>	iry for information made by member, committee, or staff
Appearing in response to subpoe	าล
Appearing at the written request	of the chair
Judge or elected officer appearing	g in official capacity
Lobbyist Appearance form submi	ted online:
(If you are testifying on an amendment, pleas	e 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 I



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

Name: PAUL AMbert	Bill Amendment  Bill/PCS/PCB Number:  Amendment Number:
Representing: Florida Chir	OFRACTIC ASSU.
Title:	
Address: 263 Rosehill DR.	N
City: TAllphassee	State/Zip: 1=L 37317
Phone Number: 850 597-2696	Meeting Date: 3 /7/17
Committee/Subcommittee: #eAITh 7	ENNOVATION Sub.
Presentation/Workshop Topic:	OUNT PLANS
Registered Lobbyist: YES	NO 🗆
State Employee: YES	NOV
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 capacit	y
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



	Bill Amendment  Bill/PCS/PCB Number: 60 7					
	Amendment Number:					
Name: 5004 6 104						
Representing: Home CASE ASSOCIATION	1010FFlorida					
Title: Locative DiROC	to					
Address: 2236 Capital Cival NE						
City: Valanassee State/Zip: FL32309						
Phone Number: 850 -567 - 1951 Meeting Date:						
Committee/Subcommittee:						
Presentation/Workshop Topic:						
Registered Lobbyist: YES	NO 🗆					
State Employee: YES						
I wish to speak						
Appearing in response to an inquiry for information	n made by member, committee, or staff					
Appearing in response to subpoena	initiae by member, committees, or stand					
Appearing at the written request of the chair						
Judge or elected officer appearing in official capacit						
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.

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	mmittee/Subcom		•			·
If you	Appearing in resp Appearing at the Judge or elected Lobbyist Appeara	oonse to subpoena written request of the officer appearing in cance form submitted	ne chair official capacit online	made by member, cor	or opponent on the bi	ill as a whole.)
	Amendment:	Proponent	Opponent	Info only		125



· · · · · · · · · · · · · · · · · · ·					
	Bill/PCS/PCB Number: 4024				
	Amendment Number:				
Name: Molly McKinstry					
Representing: Agency for Health Cou	e Admin				
Title: Deputy Secretary Hearth a	mality Assurance				
Address: 2727 Mahan DV.					
City: Tallabussee State/Zip: FZ 32308					
Phone Number: 850 - 412 - 4334	Meeting Date: 3/7/17				
Committee/Subcommittee: Health Innova	ithle-				
Presentation/Workshop Topic: Home Heath	Agencies				
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				