

Health Quality Subcommittee

Wednesday, February 8, 2017
9:00 AM – 11:00 AM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/8/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

Summary: No Bills Considered

Committee meeting was reported out: Wednesday, February 8, 2017 1:24:32PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/8/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Cary Pigman (Chair)	X		
Robert Asencio	X		
Cord Byrd	X		
Byron Donalds	X		
Randy Fine	X		
Heather Fitzenhagen	X		
Shevrin Jones	X		
Amber Mariano	X		
Ralph Massullo, MD	X		
Amy Mercado	X		
Alexandra Miller	X		
Wengay Newton, Sr.	X		
Rene Plasencia	X		
David Silvers	X		
Clay Yarborough	X		
Totals:	15	0	0

Committee meeting was reported out: Wednesday, February 8, 2017 1:24:32PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/8/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances:

Nursing Workforce

Mary Lou Brunnell (State Employee) (At Request Of Chair) - Information Only
Florida Center for Nursing
12424 Research Parkway, Suite 220
Orlando FL 32826
Phone: (407) 491-0832

Nursing Workforce Issues

Franklin, Deborah (Lobbyist) - Information Only
Florida Health Care Association
307 W. Park Ave
Tallahassee FL 32301
Phone: (850) 224-3907

Overview of health care practitioner workforce issues and market needs

Johnston, Adrienne (State Employee) (At Request Of Chair) - Information Only
Department of Economic Opportunity
107 E. Madison St.
Tallahassee FL 32399
Phone: (850) 245-7257

Physician Workforce - Telehealth

McKalip, M.D. David (General Public) - Information Only
Florida AAPS
President
1955 1st Avenue, N., #101
St. Petersburg FL 33713
Phone: (727) 822-3500

Physician Workforce Programs

Chapman, PhD, Steven F. (State Employee) (At Request Of Chair) - Information Only
Department of Health
Director, Division of Public Health Statistics and Performance Management
4052 Bald Cypress Way, Bin A05
Tallahassee FL 32399
Phone: (850) 245-4712

Presentation on its annual review of Florida's nursing education programs by the Office of Program Policy Analysis and Government Accountability

Millard, Sean (State Employee) (At Request Of Chair) - Information Only
OPPAGA
111 West Madison Street
TALLAHASSEE FL 32399
Phone: (850) 717-0504

Telehealth

Miller, Elizabeth (At Request Of Chair) - Information Only
WellCare
State President
3031 N. Rocky Point Dr.
Tampa FL 33607
Phone: (813) 206-1123

Committee meeting was reported out: Wednesday, February 8, 2017 1:24:32PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/8/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

Telehealth

Baznik, Anna (At Request Of Chair) - Information Only

IMPOWER

President/CEO

3157 N. Alafaya Trail

Orlando FL 32826

Phone: (407) 215-0095

Telehealth Utilization

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

Agency for Health Care Administration

2727 Mahan Drive

Tallahassee FL 32308

Phone: (850) 412-3612

Telemedicine

Guy, Paula (At Request Of Chair) - Information Only

Salus Telehealth

CEO

914 Memorial Drive

Waycross GA 31501

Phone: (912) 550-9025

Telemedicine in Hospitals

Faison, Lauren (At Request Of Chair) - Information Only

Tallahassee Memorial Healthcare

Administrator

1300 Miccosukee Road

Tallahassee FL 32308

Phone: (850) 431-4043

Committee meeting was reported out: Wednesday, February 8, 2017 1:24:32PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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: Paula Gay

Representing: Salus Telehealth

Title: CEO

Address: 914 Memorial Drive

City: Waycross State/Zip: Ga 31501

Phone Number: 912 550 9035 Meeting Date: 2/8/17

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Telemedicine

Registered Lobbyist: YES NO [checked]

State Employee: YES NO [checked]

- I wish to speak
[checked] Appearing in response to an inquiry for information made by member, committee, or staff
[checked] Appearing in response to subpoena
[checked] 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 Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Molly McKinstry
Representing: Agency for Health Care Administration
Title: Deputy Secretary Health Quality Assurance
Address: 2727 Mahan Drive
City: Tallahassee State/Zip: FL 32304
Phone Number: 850-412-3612 Meeting Date: 02/08/17
Committee/Subcommittee: Health Quality
Presentation/Workshop Topic: Telehealth Utilization

Registered Lobbyist: YES [checked] NO []
State Employee: YES [checked] NO []

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

Name: LAUREN FAISON

Representing: TALLAHASSEE MEMORIAL HEALTHCARE

Title: Administrator

Address: 1300 Miccosukee Rd

City: Tallahassee State/Zip: FL 32308

Phone Number: 904-4043 Meeting Date: 2/8/17

Committee/Subcommittee: House Health Quality

Presentation/Workshop Topic: Telemed in Hospitals

Registered Lobbyist: YES NO

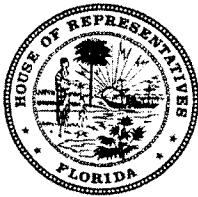
State Employee: YES NO

- 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 Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: LIZ MILLER
Representing: WELL CARE
Title: STATE PRESIDENT
Address: 3071 N Rocky Pt Drive
City: Tampa State/Zip: FL 33607
Phone Number: 813-206-1123 Meeting Date: 2/5/17
Committee/Subcommittee: HOUSE HEALTH QUALITY
Presentation/Workshop Topic: TELIEHEALTH

Registered Lobbyist: YES NO [checked]
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 type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: Anna Baznik

Representing: IMPOWER

Title: Pres/CEO

Address: 3157 N Alafaya Tr

City: Orlando 215-8095 State/Zip: FL 32826

Phone Number: 407 447-0905 Meeting Date: 2/8/16

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Telehealth

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



44759081



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: N/A PCB/PCS/Amendment #: N/A
--

Name: **Adrienne Johnston**

Representing: **Department of Economic Opportunity**

Title:

Address: **107 E Madison St**

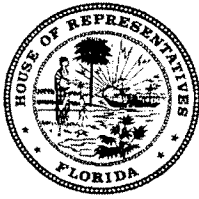
City: **Tallahassee** State/Zip: **FL 32399**

Phone Number: **850-245-7257** Meeting Date: **February 08, 2017 9:00 AM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **Overview of health care practitioner workforce issues and market needs**

<input type="checkbox"/> Registered Lobbyist <input checked="" type="checkbox"/> State Employee <input type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input checked="" type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input checked="" type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td>N/A</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table>	<u>Bill</u>	N/A	<u>Amendment</u>	N/A
<u>Bill</u>					
N/A					
<u>Amendment</u>					
N/A					



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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: Steven F. Chapman, PhD

Representing: Florida Department of Health

Title: Director, Division of Public Health Statistics and Performance Management

Address: (2585 Merchants Row) 4052 Bald Cypress Way, Bin A05

City: Tallahassee State/Zip: FL

Phone Number: (850) 824-4712 Meeting Date: 2-8-2017

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Physician Workforce Program

Registered Lobbyist: YES NO
State Employee: YES NO

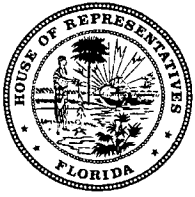
- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(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



92269911



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: N/A PCB/PCS/Amendment #: N/A
--

Name: **Mary Lou Brunell**

Representing: **Florida Center for Nursing**

Title:

Address: **12424 Research Parkway, Suite 220**

City: **Orlando** State/Zip: **FL 32826**

Phone Number: **407-491-0832** Meeting Date: **February 08, 2017 9:00 AM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **Nursing Workforce**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
N/A
<u>Amendment</u>
N/A



94916312



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: N/A PCB/PCS/Amendment #: N/A
--

Name: **Millard, Sean**

Representing: **OPPAGA**

Title: **Senior Legislative Analyst**

Address: **111 West Madison Street**

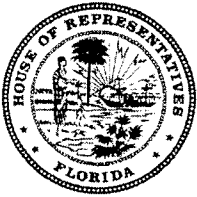
City: **TALLAHASSEE** State/Zip: **FL 32399**

Phone Number: **8507170504** Meeting Date: **Feb 8 2017 9:00AM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **Presentation on its annual review of Florida's nursing education programs by the Office of Program Policy Analysis and Government Accountability**

<input type="checkbox"/> Registered Lobbyist <input checked="" type="checkbox"/> State Employee <input type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input checked="" type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td>N/A</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table>	<u>Bill</u>	N/A	<u>Amendment</u>	N/A
<u>Bill</u>					
N/A					
<u>Amendment</u>					
N/A					



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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: Joshua Franklin

Representing: Florida Health Care Association

Title: Sr. Director of Quality Affairs

Address: 317 West Park Ave

City: FLH State/Zip: FL/32301

Phone Number: 850-224-3907 Meeting Date: 2/5/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Addressing Workforce Issues

Registered Lobbyist: YES [checked] NO []
State Employee: YES [] NO [checked]

- I wish to speak [checked]
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 Amendment

Bill/PCS/PCB Number: _____

Amendment Number: _____

Name: DAVID MCKAY, M.D.

Representing: Florida AAPs

Title: President

Address: 1955 1st Ave N. #101

City: ST. PETERS State/Zip: FL 33710

Phone Number: 727-822-5500 Meeting Date: 2-8-12

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Physician Workforce-Telehealth

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