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## **Health Quality Subcommittee**

**Wednesday, October 25, 2017  
10:30 AM - 11:30 AM  
Mashburn Hall (306 HOB)**

## **Action Packet**

# **COMMITTEE MEETING REPORT**

## **Health Quality Subcommittee**

**10/25/2017 10:30AM**

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

**Summary:** No Bills Considered

**Committee meeting was reported out: Wednesday, October 25, 2017 12:03PM**

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

10/25/2017 10:30AM

Location: Mashburn Hall (306 HOB)

### Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
James Grant (Chair)	X		
Robert Asencio	X		
Colleen Burton			X
Cord Byrd	X		
Byron Donalds	X		
Shevrin Jones	X		
Amber Mariano	X		
Ralph Massullo, MD	X		
Amy Mercado	X		
Wengay Newton	X		
Daniel Perez	X		
Cary Pigman	X		
Rene Plasencia	X		
David Silvers	X		
Cyndi Stevenson	X		
<b>Totals:</b>	<b>14</b>	<b>0</b>	<b>1</b>

Committee meeting was reported out: Wednesday, October 25, 2017 12:03PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

10/25/2017 10:30AM

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

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

#### Trauma Care System

Cindy Dick (State Employee) (At Request Of Chair) - Information Only  
Department of Health  
Assistant Deputy Secretary for Health  
4052 Bald Cypress Way  
Tallahassee FL 32399  
Phone: (850) 245-4444

#### Trauma Care System

Mark Delegal (Lobbyist) - Information Only  
Safety Net Hospital Alliance of Florida  
General Counsel  
315 S. Calhoun St., Ste. 600  
Tallahassee FL 32301  
Phone: (850) 224-7000

Committee meeting was reported out: Wednesday, October 25, 2017 12:03PM



### 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: Cindy Dick

Representing: Department of Health

Title: Assistant Deputy Secretary for Health

Address: 4052 Bald Cypress Way

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-4444 Meeting Date: 10/25/17

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Trauma

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.

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

Name: Mark Delegal

Representing: Safety Net Hospital Alliance

Title: General Counsel

Address: 315 S. Calhoun St. #600

City: TLH State/Zip: FL

Phone Number: 850 224-7000 Meeting Date: 10/25/2017

Committee/Subcommittee: Health Innovation Sub

Presentation/Workshop Topic: Trauma

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
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