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# **Health & Human Services Committee**

**Tuesday, September 17, 2019  
10:30 AM – 11:30 AM  
Morris Hall (17 HOB)**

**Action Packet**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**9/17/2019 10:30AM**

**Location:** Morris Hall (17 HOB)

**Summary:** No Bills Considered

**Committee meeting was reported out: Tuesday, September 17, 2019 11:43AM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**9/17/2019 10:30AM**

**Location:** Morris Hall (17 HOB)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Ray Rodrigues (Chair)	X		
Kamia Brown	X		
Colleen Burton	X		
John Cortes	X		
Nick DiCeglie	X		
Nicholas Duran	X		
Joy Goff-Marcil	X		
Michael Grant	X		
Shevrin Jones	X		
Thomas Leek	X		
MaryLynn Magar	X		
Cary Pigman	X		
Scott Plakon	X		
Mel Ponder	X		
Spencer Roach	X		
Emily Slosberg	X		
Cyndi Stevenson	X		
Clay Yarborough	X		
<b>Totals:</b>	<b>18</b>	<b>0</b>	<b>0</b>

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**9/17/2019 10:30AM**

**Location:** Morris Hall (17 HOB)

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

Wright, Craig (Lobbyist) (State Employee) (At Request Of Chair) - Information Only  
Office of Insurance Regulation  
Deputy Insurance Commissioner  
200 E. Gaines Street  
Tallahassee FL 32399-0326  
Phone: (850) 413-2409

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## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

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

Name: Craig Wright

Representing: Office of Insurance Regulation

Title: Deputy Commissioner for Life and Health

Address: 200 East Gaines Street

City: Tallahassee State/Zip: FL

Phone Number: 850-413-2409 Meeting Date: 9-17-2019

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: State of the Health Insurance Market

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 ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐