

Select Committee on Health Innovation

Monday, October 16, 2023 3:30 PM Morris Hall (17 HOB)

Action Packet

Committee Meeting Notice HOUSE OF REPRESENTATIVES

Select Committee on Health Innovation

Start Date and Time: Monday, October 16, 2023 03:30 pm

End Date and Time: Monday, October 16, 2023 05:30 pm

Location: Morris Hall (17 HOB)

Duration: 2.00 hrs

Legislation implementation briefing by the Agency for Health Care Administration:

- -HB 967 (2023) Medicaid Coverage of Continuous Glucose Monitors
- -HB 121 (2023) Florida Kidcare Program Eligibility
- -SB 2510 (2023) Health/Pilot Program for Individuals with Developmental Disabilities
- -HB 763 (2020) Patient Safety Culture Surveys
- -Statewide Medicaid Managed Care procurement process update

To submit an electronic appearance form, and for information about attending or testifying at a committee meeting, please see the "Visiting the House" tab at www.myfloridahouse.gov.

NOTICE FINALIZED on 10/09/2023 3:05PM by Arnold.Sabrina

COMMITTEE MEETING REPORT

Select Committee on Health Innovation 10/16/2023 3:30PM

Location: Morris Hall (17 HOB)

Summary: No Bills Considered

COMMITTEE MEETING REPORT

Select Committee on Health Innovation

10/16/2023 3:30PM

Location: Morris Hall (17 HOB)

Attendance:

	Present	Absent	Excused
Kaylee Tuck (Chair)	X		
Daniel Alvarez	X		
Robert Andrade	X		
David Borrero	X		
Joe Casello	X		
Ryan Chamberlin	X		
Karen Gonzalez Pittman	X		
Johanna López	X		
Vicki Lopez	X		
Michele Rayner	X		
Alex Rizo	X		
David Silvers	X		
Kevin Steele	X		
Chase Tramont	X	·	
Patricia Williams	X		
Totals:	15	0	0

COMMITTEE MEETING REPORT

Select Committee on Health Innovation

10/16/2023 3:30PM

Location: Morris Hall (17 HOB)

Presentation/Workshop/Other Business Appearances:

Carr, Ashley (At Request of Member, Committee or Staff) - Information Only Florida Healthy Kids Corp.
Chief Marketing Officer
1203 Governors Sq BLVD
Tallahassee FL 32301

Phone: 850-529-4614

Noll, Austin (State Employee) (At Request Of Chair) - Information Only Agency for Health Care Administration Deputy Secretary 2727 Mahan Dr. Tallahassee FL 32301

Smoak, Kim (State Employee) (At Request Of Chair) - Information Only Agency for Health Care Administration Deputy Secretary 2727 Mahan Dr. Tallahassee FL 32301

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

LORIDA	. P			
	Bill Amendment Bill/PCS/PCB Number:			
	Amendment Barcode Number:			
Name: ASNIEM Car				
Representing: Plovida Healthy Kids Corp.				
Title: Chief marketing Officer				
Address: 1203 Govern	nors Sq Blvd			
City: Th	State/Zip: 32-3 0 1			
Phone Number: <u>450</u> -539 - 4414 Meeting Date:				
Committee/Subcommittee: Select Conte on Health Innovation				
Presentation/Workshop Topic: 48 101				
Regist	ered Lobbyist: YES NO NO			
State	Employee: YES NO			
I wish to speak Appearing in response to an incomplete Appearing in response to subperference Appearing at the written reques Judge or elected officer appear Lobbyist Appearance form substitution.	est of the chair ring in official capacity			
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)			
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only			
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only			

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Absistant at the meeting.
Bill/PCS/PCB Number:
Billy 1 cs/1 cs 1 turnser.
Amendment Barcode Number:
Name: Austin Noll
Representing: AHCA
Title: Depty Secretary
Address: 2727 Mahin Dr
City: State/Zip:
Phone Number: Meeting Date:
Committee/Subcommittee: H. Select on He-Ith Care Innovation
Presentation/Workshop Topic:
Registered Lobbyist: YES NO NO
State Employee: YES NO 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
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Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

Bill Amendment Bill/PCS/PCB Number:
Amendment Barcode Number:
1/ (
Name: Kin Sucal
Representing:
Title: Deputy Secretary
Address: 2727 Mihan Dr.
City: State/Zip: 3230
Phone Number: Meeting Date:
Committee/Subcommittee: H. Select on Health Core Janov fia
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
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