



Health Care Appropriations Subcommittee

**Tuesday, January 28, 2020
12:00 pm – 3:00 pm
Sumner Hall (404 HOB)**

ACTION PACKET

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

Summary:

Health Care Appropriations Subcommittee

Tuesday January 28, 2020 12:00 pm

CS/HB 577	Favorable	Yeas: 9	Nays: 0
CS/HB 713	Favorable With Committee Substitute	Yeas: 10	Nays: 0
	Amendment 193055	Adopted Without Objection	
	Amendment 502881	Adopted Without Objection	
HB 743	Favorable	Yeas: 11	Nays: 0
HB 827	Favorable	Yeas: 10	Nays: 0
HB 959	Favorable	Yeas: 11	Nays: 0
HB 1147	Favorable	Yeas: 8	Nays: 3
HB 6059	Favorable With Committee Substitute	Yeas: 7	Nays: 4
	Amendment 876785	Adopted Without Objection	
HB 7021	Favorable	Yeas: 10	Nays: 0
PCB HCA 20-01	Favorable With Amendment(s) (2)	Yeas: 8	Nays: 4
	Amendment PCB HCA 20-01 a1	Adopted Without Objection	
	Amendment PCB HCA 20-01 a2	Adopted Without Objection	

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
MaryLynn Magar (Chair)	X		
Loranne Ausley	X		
Colleen Burton	X		
Nicholas Duran	X		
James Grant	X		
Michael Grieco	X		
Shevrin Jones	X		
Cary Pigman	X		
Spencer Roach	X		
Ana Maria Rodriguez	X		
Bob Rommel	X		
Cyndi Stevenson	X		
Totals:	12	0	0

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

CS/HB 577 : Coordinated Specialty Care Programs

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton			X		
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones			X		
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 9		Total Nays: 0			

Appearances:

Messer, Shane (Lobbyist) - Waive In Support
 FL Behavioral Health Assoc.
 Gov. Affairs Director
 316 E Park Ave
 Tallahassee FL 32301
 Phone: (850) 224-6048

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

W/S



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: 577

Amendment Barcode Number: _____

Name: Shane Messer

Representing: Florida Behavioral Health Association

Title: Gov. Affairs Director

Address: 316 E Park

City: Tallah State/Zip: FL 32301

Phone Number: 850/224-6048 Meeting Date: 1/28/20

Committee/Subcommittee: House Health Care Approp

Presentation/Workshop Topic: Coordinated Specialty Care

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

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

CS/HB 713 : Department of Health

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones			X		
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 10		Total Nays: 0			

CS/HB 713 Amendments

Amendment 193055

Adopted Without Objection

Amendment 502881

Adopted Without Objection

Appearances:

Parker, Thomas (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Florida Health Care Association
 307 W Park Ave
 Tallahassee FL
 Phone: (850) 224-3907

Hart, Joe Ann (Lobbyist) - Waive In Support
 Florida Dental Association
 118 E. Jefferson St.
 Tallahassee FL 32301
 Phone: (850)224-1089

Colburn, Ray (General Public) - Waive In Support
 Florida Fire Chiefs Assoc.
 Executive Director
 880 Airport Rd. Suite 110
 Ormand beach FL 32174
 Phone: 407-468-6622

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

CS/HB 713 : Department of Health (continued)

Appearances: (continued)

Willis, Jared (Lobbyist) - Waive In Support
Florida Osteopathic Medical Association
Director of Gov't Relations
2544 Blairstone Pines Dr.
Tallahassee FL 32301-5925
Phone: (850) 284-1996

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 713 (2020)

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee
 3 Representative Rodriguez, A. M. offered the following:

Amendment (with title amendment)

Remove lines 299-401

T I T L E A M E N D M E N T

Remove lines 24-29 and insert:
amending s. 456.013,

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
2 Subcommittee
3 Representative Rodriguez, A. M. offered the following:
4

5 **Amendment (with title amendment)**

6 Between lines 1012 and 1013, insert:

7 Section 22. The amendments and reenactments made by this
8 act to sections 466.0067, 466.00671, and 466.00672, Florida
9 Statutes, are remedial in nature and apply retroactively to
10 January 1, 2020.

11 -----
12 **T I T L E A M E N D M E N T**

13 Remove line 69 and insert:
14 license; providing for retroactive applicability; amending s.
15 466.007, F.S.; revising



21928622



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 713 : Department of Health Amendment Barcode Number: N/A

Name: **Parker, Thomas**

Representing: **Florida Health Care Association**

Title: **Director of Reimbursement**

Address: **307 W Park Ave**

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

Phone Number: **(850) 224-3907** Meeting Date: **January 28, 2020 12:00 PM**

Committee/Subcommittee: **Health Care Appropriations Subcommittee**

Presentation/Workshop Topic: **N/A**

<input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input 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 checked="" type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td>Waive In Support</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table>	<u>Bill</u>	Waive In Support	<u>Amendment</u>	N/A
<u>Bill</u>					
Waive In Support					
<u>Amendment</u>					
N/A					

w/s



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: HB 713
 Amendment Barcode Number: _____

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Chief Legislative Officer

Address: 118 E. Jefferson Street

City: Tallahassee State/Zip: FL / 32301

Phone Number: 950.224.1089 Meeting Date: 1/28/20

Committee/Subcommittee: Health Care Appropriations Subcommittee

Presentation/Workshop Topic: Dept of Health

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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- 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

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	HB 713		
Amendment Barcode Number:	_____		

Name: Chief Ray Colburn

Representing: FLORIDA Fire Chiefs Association

Title: Executive Director

Address: 5289 Palm Dr

City: MELbourne BEACH State/Zip: FL 32951

Phone Number: 407-468-6622 Meeting Date: JAN 28, 2020

Committee/Subcommittee: Health Care Appropriations

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
- 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

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Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>713</u>	
Amendment Barcode Number: _____	

Name: Jared Willis

Representing: Florida Osteopathic Medical Association

Title: Director of Gov't Relations

Address: 2544 Blairstone Pines Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 450-284-1996 Meeting Date: 1/28/20

Committee/Subcommittee: Health Care Appropriations

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
- Appearing in response to subpoena
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Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 743 : Nonopioid Alternatives

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones	X				
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Appearances:

Harper, Eugene (General Public) - Proponent

Myself

Dr. Internal Medicine

8680 Bay Meadows Rd. E #1731

Jacksonville FL 32256

Phone: 281-309-2522

Ledford, Paul (Lobbyist) - Waive In Support

Florida Hospice & Palliative Care Association, Inc

President and CEO

2000 Apalachee Pkwy Ste 200

Tallahassee FL 32301

Phone: (850) 878-2632

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		HB 743	
Amendment Barcode Number: _____			

Name: DR. EVGENE HARPER

Representing: myself

Title: DOCTOR, INTERNAL MEDICINE

Address: 8680 BAY MEADOWS RD E #1731

City: JACKSONVILLE State/Zip: FL 32256

Phone Number: 281.309.2522 Meeting Date: 01/28/2020

Committee/Subcommittee: HHS

Presentation/Workshop Topic: NONOPIOID ALTERNATIVES

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

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Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>743</u>	
Amendment Barcode Number: _____	

Name: Paul Ledford

Representing: Florida Hospice and Palliative Care Association

Title: President and CEO

Address: 2000 Apalachee Parkway Ste 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850.321.4617 Meeting Date: 6-28-2019

Committee/Subcommittee: Health Care Approps Sub

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak Available for information
- 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

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 827 : Recovery Care Services

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones			X		
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 10		Total Nays: 0			

Appearances:

Nuland, Chris (Lobbyist) - Waive In Support
 Florida Chapter, American College of Physicians
 1000 Riverside Avenue
 Jacksonville Florida 32204
 Phone: 904-355-1555

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/s

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

Bill Amendment

Bill/PCS/PCB Number: 827

Amendment Barcode Number: _____

Name: Chris Noland

Representing: Florida Chapter, American College of Surgeons

Title: _____

Address: 4427 Herrschel St

City: Jacksonville State/Zip: FL 32210

Phone Number: 904-233-3051 Meeting Date: 1/28/20

Committee/Subcommittee: Health Appropriations

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
- 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

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 959 : Medical Billing

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones	X				
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 1147 : Patient Access to Records

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley		X			
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco		X			
Shevrin Jones		X			
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 8		Total Nays: 3			

Appearances:

Renn, Linda (General Public) - Opponent
 Florida Health Information Management Association (FHIMA)
 2407 Winona Avenue
 Leesburg FL 34748
 Phone: 3527879590

Starling, Lee - Opponent
 FL Health Inf. Mgt. Assoc.
 President
 P. O. Box 133
 Graham

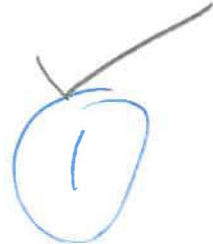
Thompson, Colenneta - Opponent
 FL Health Inf. Mgt. Assoc.
 Member
 11760 NE 109TH PL
 Archer FL 32618
 Phone: 352-339-6719

Whritenour, Lauren (Lobbyist) - Waive In Opposition
 CIOX Health, LLC on behalf of MultiState Associates, Inc.
 108 E Jefferson St Suite A
 Tallahassee FL 32301-1540
 Phone: (850) 509-3610

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM



01171805



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 1147 : Patient Access to Records Amendment Barcode Number: N/A
--

Name: **Renn, Linda**

Representing: **Florida Health Information Management Association (FHIMA)**

Title: **Florida Health Information Management Association (FHIMA) Advocacy & Public Policy Committee Chair**

Address: **2407 Winona Avenue**

City: **Leesburg** State/Zip: **FL 34748**

Phone Number: **3527879590** Meeting Date: **January 28, 2020 12:00 PM**

Committee/Subcommittee: **Health Care Appropriations Subcommittee**

Presentation/Workshop Topic: **N/A**

<input type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input checked="" type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input 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>Opponent</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table>	<u>Bill</u>	Opponent	<u>Amendment</u>	N/A
<u>Bill</u>					
Opponent					
<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 <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1947</u>	
Amendment Barcode Number: _____	



Name: LEE STARLING

Representing: FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION

Title: FLORIDA HEALTH INFORMATION MANAGEMENT PRESIDENT

Address: P.O. Box 133

City: GRAHAM State/Zip: FL

Phone Number: (352) 494-7706 Meeting Date: 1/28/2020

Committee/Subcommittee: HEALTHCARE

Presentation/Workshop Topic: N/A

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



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: 1147

Amendment Barcode Number: _____

3

Name: GLENNETA "NITA" THOMPSON

Representing: FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION

Title: FHIMF Florida Health Information Management Advocacy Committee member

Address: 11750 NE 109th PL

City: Archer State/Zip: FL 32618

Phone Number: 352-339-6719 Meeting Date: 1/28/2020

Committee/Subcommittee: HEALTHCARE

Presentation/Workshop Topic: N/A

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
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- Lobbyist Appearance form submitted online

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Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/O

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1147</u>			
Amendment Barcode Number: _____			

Name: Lauren Whritenour

Representing: CIOX

Title: _____

Address: 108 E. Jefferson St. Suite A

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 559 0855 Meeting Date: 1/28/20

Committee/Subcommittee: Health Care Appropriations Sub.

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
- 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

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Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 6059 : Specialty Hospitals

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley		X			
Colleen Burton	X				
Nicholas Duran		X			
James Grant			X		
Michael Grieco		X			
Shevrin Jones		X			
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 7		Total Nays: 4			

HB 6059 Amendments

Amendment 876785

Adopted Without Objection

Appearances:

Nuzzo, Sal (General Public) - Waive In Support
 The James Madison Institute
 VP Policy
 100 N Duval
 Tallahassee FL 32301
 Phone: (850) 322-9941

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 6059 (2020)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee
 3 Representative Fitzenhagen offered the following:
 4

Amendment (with title amendment)

Between lines 60 and 61, insert:

7 For the 2020-2021 fiscal year, 2.0 full-time equivalent
 8 positions, with associated salary rate of 128,000, are
 9 authorized and the sums of \$211,290 in recurring and \$18,294 in
 10 nonrecurring funds from the Health Care Trust Fund are
 11 appropriated to the Agency for Health Care Administration for
 12 the purpose of implementing this act.

13
 14
 15 -----
 16 **T I T L E A M E N D M E N T**

876785 - h6059 line60 by Fitzenhagen.docx

Published On: 1/27/2020 6:16:15 PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

Bill Amendment
 Bill/PCS/PCB Number: 6059
 Amendment Barcode Number: _____

Name: SAC NUZZO

Representing: THE JAMES MADISON INSTITUTE

Title: VP POLICY

Address: 100 N DUVAL

City: TALL. State/Zip: FL 32301

Phone Number: _____ Meeting Date: 1-28-20

Committee/Subcommittee: HC APPROP

Presentation/Workshop Topic: SPECIALTY 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 Waive in Support Waive in Opposition Info only

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

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 7021 : Recovery Care Center Fees

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones			X		
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 10		Total Nays: 0			

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2020 12:00PM

Location: Sumner Hall (404 HOB)

PCB HCA 20-01 : Health Care

Favorable With Amendment(s) (2)

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley		X			
Colleen Burton	X				
Nicholas Duran		X			
James Grant	X				
Michael Grieco		X			
Shevrin Jones		X			
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 8		Total Nays: 4			

PCB HCA 20-01 Amendments

Amendment PCB HCA 20-01 a1

Adopted Without Objection

Amendment PCB HCA 20-01 a2

Adopted Without Objection

Committee meeting was reported out: Tuesday, January 28, 2020 5:12PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. PCB HCA 20-01 (2020)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
2 Subcommittee
3 Representative Magar offered the following:
4

5 **Amendment (with title amendment)**

6 Remove line 399 and insert:

7 an alternative plan is specifically approved by the agency. To be
8 eligible for low-income pool funding or other forms of supplemental
9 payments funded by intergovernmental transfers, and in addition to
10 any other applicable requirements, providers determined by the
11 agency to be essential providers pursuant to section 409.975(1)(a),
12 and essential providers under section 409.975(1)(b)2. and 4. must
13 contract with each managed care plan in its region. To be eligible
14 for low-income pool funding or other forms of supplemental payments
15 funded by intergovernmental transfers, and in addition to any other
16 applicable requirements, essential providers pursuant to section

PCB HCA 20-01 a1

Published On: 1/27/2020 7:55:58 PM

Amendment No. 1

17 409.975(1)(b)1. and 3. must contract with each managed care plan in
18 the state.

19

20

21

T I T L E A M E N D M E N T

22

Remove line 34 and insert:

23

entities to make Low Income Pool Program payments; requiring

24

certain providers to contract with Medicaid managed care plans as a

25

condition of receiving certain funding;

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. PCB HCA 20-01 (2020)

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
2 Subcommittee

3 Representative Magar offered the following:

4
5 **Amendment (with title amendment)**

6 Between lines 476 and 477, insert:

7 Section 1. Subsection (5) is added to section 409.966,
8 Florida Statutes, to read:

9 409.966 Eligible plans; selection.—

10 (5) Before executing a contract for a plan to operate in a
11 specific region, the Secretary shall certify to the Governor,
12 the President of the Senate, and the Speaker of the House of
13 Representatives, that the plan has sufficiently documented its
14 capability of providing quality services to Medicaid enrollees
15 consistent with agency's requirements. The Secretary shall
16 further certify that the agency's plan selection decisions and

PCB HCA 20-01 a2

Published On: 1/27/2020 7:57:42 PM

Amendment No. 2

17 automatic assignment procedures will not systematically prevent
18 the plan from achieving the minimum enrollment level identified
19 in the plan's pro forma financial statement as necessary for
20 sustainable operations. This certification does not guarantee
21 assignment of enrollees to any plan that fails to meet quality
22 standards.

23 Section 2. Subsection (1) of section 409.977, Florida
24 Statutes, is amended to read:

25 409.977 Enrollment.—

26 (1) The agency shall automatically enroll into a managed
27 care plan those Medicaid recipients who do not voluntarily
28 choose a plan pursuant to s. 409.969. The agency shall
29 automatically enroll recipients in plans that meet or exceed the
30 performance or quality standards established pursuant to s.
31 409.967 and may not automatically enroll recipients in a plan
32 that is deficient in those performance or quality standards.
33 When a specialty plan is available to accommodate a specific
34 condition or diagnosis of a recipient, the agency shall assign
35 the recipient to that plan. In the first year of the first
36 contract term only, if a recipient was previously enrolled in a
37 plan that is still available in the region, the agency shall
38 automatically enroll the recipient in that plan unless an
39 applicable specialty plan is available. Except as otherwise
40 provided in this part, the agency may not engage in practices
41 that are designed to favor one managed care plan over another

PCB HCA 20-01 a2

Published On: 1/27/2020 7:57:42 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. PCB HCA 20-01 (2020)

Amendment No. 2

42 except when temporarily necessary to enable a new plan in a
43 region to attain a sustainable enrollment level and accommodate
44 the certification by the agency under subsection 409.966(5).

45 Section 3. Subsection (1) of section 409.984, Florida
46 Statutes, is amended to read:

47 409.984 Enrollment in a long-term care managed care plan.—

48 (1) The agency shall automatically enroll into a long-term
49 care managed care plan those Medicaid recipients who do not
50 voluntarily choose a plan pursuant to s. 409.969. The agency
51 shall automatically enroll recipients in plans that meet or
52 exceed the performance or quality standards established pursuant
53 to s. 409.967 and may not automatically enroll recipients in a
54 plan that is deficient in those performance or quality
55 standards. If a recipient is deemed dually eligible for Medicaid
56 and Medicare services and is currently receiving Medicare
57 services from an entity qualified under 42 C.F.R. part 422 as a
58 Medicare Advantage Preferred Provider Organization, Medicare
59 Advantage Provider-sponsored Organization, or Medicare Advantage
60 Special Needs Plan, the agency shall automatically enroll the
61 recipient in such plan for Medicaid services if the plan is
62 currently participating in the long-term care managed care
63 program. Except as otherwise provided in this part, the agency
64 may not engage in practices that are designed to favor one
65 managed care plan over another except when temporarily necessary
66 to enable a new plan in a region to attain a sustainable

PCB HCA 20-01 a2

Published On: 1/27/2020 7:57:42 PM

Amendment No. 2

67 enrollment level and accommodate the certification by the agency
68 under subsection 409.966(5).

69

70

71

T I T L E A M E N D M E N T

72

Remove line 47 and insert:

73

s. 409.966, F.S.; requiring the secretary of the Agency for

74

Health Care Administration to make certain certifications

75

regarding prospective Medicaid managed care plans; amending s.

76

409.977, F.S.; authorizing certain temporary enrollment

77

assignment actions in the managed medical assistance program;

78

amending s. 409.984, F.S.; authorizing certain temporary

79

enrollment assignment actions in the managed long term care

80

program; amending s. 624.91, F.S.; requiring an insurer or any

81

provider of