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# Health Care Appropriations Subcommittee

Wednesday, October 16, 2019  
12:30 pm – 2:30 pm  
Sumner Hall (404 HOB)

## ACTION PACKET

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**10/16/2019 12:30PM**

**Location:** Sumner Hall (404 HOB)

**Summary:** No Bills Considered

**Committee meeting was reported out: Wednesday, October 16, 2019 5:36PM**

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**10/16/2019 12:30PM**

**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		
<b>Totals:</b>	<b>12</b>	<b>0</b>	<b>0</b>

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**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**10/16/2019 12:30PM**

**Location:** Sumner Hall (404 HOB)

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

Moore, Rodney (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Department of Children and Families  
Assistant Secretary for Substance Abuse  
1317 Winewood Blvd  
Tallahassee FL 32399  
Phone: 850-488-9410

Zepp, Victoria (Lobbyist) (General Public) - Information Only  
Florida Coalition for Children  
Chief Policy Officer  
411 E College Ave 9007  
Tallahassee FL 32301  
Phone: (850) 561-1102

Medlock, Patricia (State Employee) (At Request of Member, Committee or Staff) - Information Only  
Department of Children and Families  
Assistant Secretary for Child Welfare  
1317 Winewood Blvd  
Tallahassee FL 32399  
Phone: 850-488-9410

**DCF LBR**

Poppell, Chad (State Employee) - Information Only  
Department of Children and Families  
Secretary  
1317 Winewood Blvd  
Tallahassee Florida 32399  
Phone: 8504889410

**DCF LBR**

Kidder, Beth (Lobbyist) (State Employee) (Subpoenaed) - Information Only  
Agency for Health Care Administration  
Deputy Secretary  
2727 Mahan Dr Bldg. 3, MS 2  
Tallahassee FL 32308  
Phone: (850) 412-4189

**Committee meeting was reported out: Wednesday, October 16, 2019 5:36PM**



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 Barcode Number: \_\_\_\_\_

Name: Rodney Moore

Representing: Department of children + Families

Title: Assistant Secretary for Substance Abuse + mental Health

Address: 1317 Winewood Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: (850) 488-9410 Meeting Date: 10-15-19

Committee/Subcommittee: Health Care Approps.

Presentation/Workshop Topic: LBR presentation

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

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Bill  Amendment

Bill/PCS/PCB Number: \_\_\_\_\_

Amendment Barcode Number: \_\_\_\_\_

Name: Victoria Zapp

Representing: FL Coalition for Children

Title: Chief Policy Officer

Address: 411 E. College Ave.

City: TLH State/Zip: 32301

Phone Number: 800/561-1102 Meeting Date: 10/16/19

Committee/Subcommittee: HHS Approps

Presentation/Workshop Topic: Fed. Title IV-E Update

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak *- very short (2)*
- 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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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: \_\_\_\_\_

Amendment Barcode Number: \_\_\_\_\_

Name: Patricia medlock

Representing: Assistant secretary for child welfare

Title: Department of children and families

Address: 1317 winewood Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: (850)488-9410 Meeting Date: 10-15-19

Committee/Subcommittee: Health Care Approps.

Presentation/Workshop Topic: LBR Presentation

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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- 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



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### 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 Amendment Barcode Number: N/A
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Name: **Poppell, Chad**

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Representing: **Department of Children and Families**

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Title: **Secretary**

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Address: **1317 Winewood Blvd**

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

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Phone Number: **8504889410** Meeting Date: **October 16, 2019 12:30 PM**

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

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Presentation/Workshop Topic: **Other Business : DCF LBR**

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<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 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>Info Only</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table>	<u>Bill</u>	Info Only	<u>Amendment</u>	N/A
<u>Bill</u>					
Info Only					
<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 Barcode Number: \_\_\_\_\_

Name: BETH KIDDER

Representing: AGENCY FOR HEALTH CARE ADMINISTRATION

Title: DEPUTY SECRETARY, DIVISION OF MEDICAID

Address: 2727 MANHATTAN BLVD

City: TALLAHASSEE State/Zip: FLORIDA

Phone Number: 850-412-3600 Meeting Date: 10-16-19

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Presentation/Workshop Topic: FLORIDA KID CARE

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak
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