



---

# Health & Human Services Committee

Tuesday, January 10, 2017

3:30 PM – 5:30 PM

Morris Hall (17 HOB)

## Action Packet

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

**1/10/2017 3:30:00PM**

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

**Summary:** No Bills Considered

**Committee meeting was reported out: Tuesday, January 10, 2017 6:11:47PM**

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

**1/10/2017 3:30:00PM**

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

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Thad Altman	X		
Daisy Baez	X		
Lori Berman			X
Jason Brodeur	X		
Bobby DuBose	X		
Michael Grant	X		
Roy Hardemon	X		
Gayle Harrell	X		
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Alexandra Miller	X		
Cary Pigman	X		
Paul Renner	X		
David Santiago	X		
David Silvers	X		
Frank White	X		
Patricia Williams	X		
<b>Totals:</b>	<b>17</b>	<b>0</b>	<b>1</b>

Committee meeting was reported out: Tuesday, January 10, 2017 6:11:47PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**1/10/2017 3:30:00PM**

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

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

Medicaid Managed Care Program Update

Senior, Justin (Lobbyist) (State Employee) - Information Only  
Agency for Health Care Administration  
2727 Mahan Dr  
Tallahassee FL 32308  
Phone: (850) 590-7340

Medicaid Managed Care Program Update

Kidder, Beth (Lobbyist) (State Employee) - Information Only  
Agency for Health Care Administration  
Interim Deputy Secretary for Medicaid  
2727 Mahan Dr. MS 8  
Tallahassee FL 32308  
Phone: (850) 412-4006

Medicaid Managed Care Program Update

Franklin, Deborah (General Public) - Information Only  
FL Health Care Assoc.  
307 Park Avenue  
Tallahassee FL 32301  
Phone: (813) 679-7533

Medicaid Managed Care Program Update

Jackson, Michael (Lobbyist) - Information Only  
Florida Pharmacy Association  
Executive Vice President and CFO  
610 N Adams St  
Tallahassee FL 32301  
Phone: (850) 222-2400

Medicaid Managed Care Program Update

Brown, Audrey (Lobbyist) - Information Only  
Florida Association of Health Plans, Inc  
President and CEO  
200 W College Ave  
Tallahassee FL 32301  
Phone: (850) 386-2904

Committee meeting was reported out: Tuesday, January 10, 2017 6:11:47PM



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 Number:

Name: Justin Senior
Representing: The Agency for Health Care Administration
Title: Secretary of Agency
Address: 2727 Mahan Dr. Bldg. #3
City: Tallahassee State/Zip: FL 32308
Phone Number: (850) 590-7340 Meeting Date: 1/10/17
Committee/Subcommittee: HAS
Presentation/Workshop Topic: AHCA Medicaid Presentation

Registered Lobbyist: YES [checked] NO [ ]
State Employee: YES [checked] NO [ ]

- I wish to speak
[checked] 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: Beth Kiddler

Representing: Agency for Health Care Administration

Title: Interim Deputy Secretary for Medicaid

Address: 2727 Mahan Dr.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-4006 Meeting Date: 1/10/17

Committee/Subcommittee: House HHS

Presentation/Workshop Topic: Medicaid Managed 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  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: Deborah Franklin

Representing: Florida Healthcare Assoc

Title: Dr. Director of Quality Affairs

Address: 307 Park Ave

City: Tallahassee State/Zip: FL

Phone Number: 813-679-7533 Meeting Date: 1/10/17

Committee/Subcommittee: House Health Human Services Committee

Presentation/Workshop Topic: Statewide Medicaid Managed Care Program

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: MICHAEL JACKSON

Representing: FLORIDA PHARMACY ASSOCIATION

Title: EXECUTIVE VICE PRESIDENT & CEO

Address: 610 N. ADAMS ST

City: TALLAHASSEE FL State/Zip: 32301

Phone Number: 850 222 2400 Meeting Date: 1/10/2017

Committee/Subcommittee: HHS COMMITTEE

Presentation/Workshop Topic: MEDICAID MANAGED CARE

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [ ] NO [X]

- 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 [X]

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: Andrey Brown  
Andrey Brown

Representing: Florida Association of Health Plans

Title: President & C.E.O

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Committee/Subcommittee: HHS

Presentation/Workshop Topic: MMA program

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