



Health Innovation Subcommittee

Wednesday, January 11, 2017
3:30 PM – 5:30 PM
Mashburn Hall

Action Packet

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/11/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Summary: No Bills Considered

Committee meeting was reported out: Thursday, January 12, 2017 12:28:32PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/11/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
MaryLynn Magar (Chair)	X		
Daisy Baez	X		
John Cortes	X		
Manny Diaz, Jr.	X		
Brad Drake	X		
Nicholas Duran	X		
Roy Hardemon	X		
Shawn Harrison	X		
Patrick Henry	X		
Sam Killebrew	X		
Paul Renner	X		
Bob Rommel	X		
Jackie Toledo	X		
Jay Trumbull	X		
Frank White	X		
Totals:	15	0	0

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COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/11/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances:

Certificate of Need

Matthew Mitchell (At Request Of Chair) - Information Only
The Mercatus Center at George Mason University
Senior Research Fellow
3434 Washington Blvd.
Arlington VA 22201
Phone: (202) 631-3744

Certificate of Need

Marshall Kapp (At Request Of Chair) - Information Only
Center of Innovative Collaboration, FSU College of Medicine and Law
Professor
1115 W. Call St.
Tallahassee FL 32306
Phone: (850) 645-9260

Certificate of Need

John Couris (At Request Of Chair) - Information Only
Jupiter Medical Center
CEO
1210 South Old Dixie Hwy.
Jupiter FL 33478
Phone: (561) 263-2020

Certificate of Need

Daniel Yip, MD (At Request Of Chair) - Information Only
Mayo Clinic, Jacksonville
Medical Director, Heart Failure and Transplantation
4500 San Pablo Rd.
Jacksonville FL 32224
Phone: (904) 956-3272

Certificate of Need

Chuck Lee (General Public) - Information Only
Florida Hospice & Palliative Care Association
Chair, Board of Directors
2000 Apalachee Parkway
Tallahassee FL 32301
Phone: (352) 348-3823

Certificate of Need - Appearing by Skype

James Bailey (At Request Of Chair) - Information Only
Creighton University
Assistant Professor
2500 California Plaza
Omaha NE 68178
Phone: (402) 280-4804

Committee meeting was reported out: Thursday, January 12, 2017 12:28:32PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/11/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

Certificate of Need - Appearing by Skype

Richard Thomas (At Request Of Chair) - Information Only

American Health Planning Association

3040 Williams Drive, Suite 200

Fairfax VA 22031

Phone: (703) 573-3101

Overview of Certificate of Need Program

Justin Senior (At Request Of Chair) - Information Only

Agency for Health Care Administration

Secretary

2727 Mahan Dr.

Tallahassee FL 32208

Phone: (850) 412-3603

Overview of the Certificate of Need Program

Molly McKinstry (At Request Of Chair) - Information Only

Agency for Health Care Administration

Deputy Secretary for Health Quality Assurance

2727 Mahan Dr., Bldg. 3

Tallahassee FL 32308

Phone: (850) 412-3600

Committee meeting was reported out: Thursday, January 12, 2017 12:28:32PM



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: Matthew Mitchell

Representing: Self / Mercatus Ctr. at G.M.U.

Title: Sr. Research Fellow

Address: 3434 Washington Blvd., 4th Fl.

City: Arlington State/Zip: VA 22201

Phone Number: 202.631.3744 Meeting Date: 1.11.17

Committee/Subcommittee: Health Innovations

Presentation/Workshop Topic: Certificate of Need

Registered Lobbyist: YES NO [X]

State Employee: YES NO [X]

- I wish to speak
[X] Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
[X] 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.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: MARSHALL KAPP

Representing:

Title: PROFESSOR FSU COLLEGES OF MEDICINE + LAW

Address: 1115 W. CALL ST.

City: TALLAHASSEE State/Zip: FL 32306

Phone Number: 850-645-9260 Meeting Date: 1/11/17

Committee/Subcommittee: HEALTH INNOVATION

Presentation/Workshop Topic: CON

Registered Lobbyist: YES NO [checked]

State Employee: YES [checked] NO

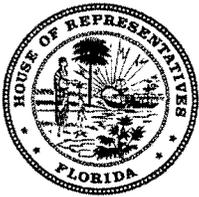
FSU

- 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: John Couris

Representing: Jupiter medicine center

Title: CEO

Address: 1210 South Okeechobee Highway

City: Jupiter State/Zip: FL 33478

Phone Number: 561 263-2020 Meeting Date: 01-11-17

Committee/Subcommittee: Health Innovations

Presentation/Workshop Topic: CON

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.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Daniel Yip, MD

Representing: Mayo Clinic

(MD) Title: Medical Director, Heart Failure and Transplantation

Address: 4500 San Pablo Rd

City: Jacksonville State/Zip: FL, 32224

Phone Number: (904) 956-3272 Meeting Date: January 14, 2016

Committee/Subcommittee: House Health Innovation Subcommittee

Presentation/Workshop Topic: Certificate of Need (CON)

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.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: CHUCK LEE
Representing: FLORIDA HOSPICE & PALIATIVE CARE ASSOCIATION
Title: CHAIR, BOARD OF DIRECTORS
Address: 2000 APALACHEE PARKWAY
City: TALLAHASSEE State/Zip: 32301
Phone Number: 352-348-3823 Meeting Date: 4/11/17
Committee/Subcommittee: HEALTH INNOVATION SUBCOMMITTEE
Presentation/Workshop Topic: AHCA / CON

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

- 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

Via
Skype

The Effect of Certificate of Need Laws on Healthcare Quality and Spending

James Bailey

Assistant Professor

Department of Economics and Finance

Creighton University

2500 California Plaza
Omaha, NE
(402) 280-4804

Via
Skype



AHPA Perspective Certificate of Need Regulation

Richard K. Thomas, Ph.D.

January 11, 2016

AHPA Perspective: Additional Information

**American Health Planning Association
3040 Williams Drive, Suite 200
Fairfax, Virginia 22031
703-573-3101
info@ahpanet.org**



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: Justin Senior

Representing: Agency for Health Care Administration

Title: Secretary of the Agency

Address: 2727 Malvan Dr.

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 412-3603 Meeting Date: 1/11/17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Certificate of Need (Introducing Presenter)

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.

Form with checkboxes for Bill and Amendment, and fields for Bill/PCS/PCB Number and Amendment Number.

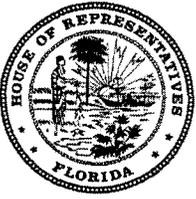
Name: Molly McKinstry
Representing: Agency for Health Care Administration
Title: Deputy Secretary for Health Quality Assurance
Address: 2727 Mahan Dr. Bldg. 3
City: Tallahassee State/Zip: FL 32308
Phone Number: 904-3600 Meeting Date: 1/11/17
Committee/Subcommittee: Health Innovation Subcommittee
Presentation/Workshop Topic: Certificate of Need

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

Representing: Florida Health Care Association

Title: Director of Reimbursement

Address: 307 W. Park Ave Ste 100

City: Tallahassee State/Zip: FL/32301

Phone Number: (850)224-3907 Meeting Date: 1/11/17

Committee/Subcommittee: Health Innovations

Presentation/Workshop Topic: Certificate of Need

Registered Lobbyist: YES NO

State Employee: YES NO

Waived time

- 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