



Health Care Appropriations Subcommittee

Wednesday, September 18, 2019
12:30 pm – 02:30 pm
Sumner Hall (404 HOB)

ACTION PACKET

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
9/18/2019 12:30PM

Location: Sumner Hall (404 HOB)

Summary: No Bills Considered

Committee meeting was reported out: Wednesday, September 18, 2019 6:05PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
9/18/2019 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		
Totals:	12	0	0

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
9/18/2019 12:30PM

Location: Sumner Hall (404 HOB)

Presentation/Workshop/Other Business Appearances:

Prudom, Richard (Lobbyist) - Information Only
Department of Elder Affairs
Secretary
4040 Esplanade Way 4040 Esplanade Way Ste 325A
Tallahassee FL 32311
Phone: (850) 414-2393

LBR

Lloyd, Tony (General Public) (At Request of Member, Committee or Staff) - Information Only
Department of Children and Families
1317 Winewood Blvd
Tallahassee Florida 32399
Phone: 8504889410

LBR

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

LBR

Mayhew, Mary (Lobbyist) - Information Only
Agency for Health Care Administration
Secretary
2727 Mahan Drive Building #3
Tallahassee FL 32308
Phone: (850) 412-4335

LBR

BURGESS, DANIEL (Lobbyist) - Information Only
Department of Veterans' Affairs
Director
11351 Ulmerton Rd
Largo FL 33778-1634
Phone: (727) 518-3202 x5528

LBR

Palmer, Barbara (Lobbyist) (State Employee) - Information Only
Agency for Persons with Disabilities
Director
4030 Esplanade Way Suite 380
Tallahassee FL 32399-0700
Phone: (850)488-1558

Committee meeting was reported out: Wednesday, September 18, 2019 6:05PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
9/18/2019 12:30PM

Location: Sumner Hall (404 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

LBR

Rivkees, Scott (Lobbyist) - Information Only
Department of Health
Surgeon General
4052 Bald Cypress Way, Bin A-01
Tallahassee FL 32399-0001
Phone: (850) 617-1431

LBR

Dobbs, David (Lobbyist) - Information Only
Agency for Persons with Disabilities
Chief of Staff
4030 Esplanade Way Suite 335P
Tallahassee F 32399-0950
Phone: (850) 414-6058

LBR

Knapp, Maria (General Public) - Information Only
Florida Sheriffs Youth Ranches
VP Donor Relations FL Sheriffs Youth Ranches
PO Box 2000
Boys Ranch FL 32064
Phone: (386) 842-5501

Committee meeting was reported out: Wednesday, September 18, 2019 6:05PM



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: Secretary Richard Prudom

Representing: Department of Elder Affairs

Title: Secretary

Address: 4040 Esplanade Way

City: Tallahassee 32311 State/Zip: _____

Phone Number: 850-494-2000 Meeting Date: _____

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

(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



59656859



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

Name: **Lloyd, Tony**

Representing: **Department of Children and Families**

Title: **Assistant Secretary of Administration**

Address: **1317 Winewood Blvd**

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

Phone Number: **8504889410** Meeting Date: **September 18, 2019 12:30 PM**

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

Presentation/Workshop Topic: **Other Business**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Info Only
<u>Amendment</u>
N/A



80170219



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

Name: **Poppell, Chad**

Representing: **Florida Department of Children and Families**

Title: **Secretary**

Address: **1317 Winewood Blvd**

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

Phone Number: **8504889410** Meeting Date: **September 18, 2019 12:30 PM**

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

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

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

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

Name: Mary C. Mahan ^{May Hew}

Representing: AHCA

Title: SECRETARY

Address: 2727 Mahan Dr.

City: TLH State/Zip: FL 32308

Phone Number: 412-3600 Meeting Date: 9.18.14

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: Agency LBR

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: _____
Amendment Barcode Number: _____

Name: Daniel Burgess

Representing: Department of Veterans Affairs

Title: Director

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: FY 20-21 LBR

Registered Lobbyist: YES [x] NO []

State Employee: YES [x] NO []

- I wish to speak
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 [] 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: _____
Amendment Number: _____

Name: BARBARA PALMER

Representing: AGENCY FOR PERSONS WITH DISABILITIES

Title: DIRECTOR

Address: 4030 ESPLANADE WAY

City: TALLAHASSEE State/Zip: FL, 32399

Phone Number: 850 - 488 - 1559 Meeting Date: 9/18/19

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Presentation/Workshop Topic: PRESENTATION ON LEGISLATIVE BUDGET REQUESTS

Registered Lobbyist: YES [x] NO []

State Employee: YES [x] NO []

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

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Bill [] Amendment []
Bill/PCS/PCB Number: _____
Amendment Barcode Number: _____

Name: Scott Rivkees MD

Representing: Department of Health

Title: Surgeon General

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: FY 20-21 CBR

Registered Lobbyist: YES [x] NO []

State Employee: YES [x] NO []

- I wish to speak
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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

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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.

Bill Amendment

Bill/PCS/PCB Number: _____

Amendment Barcode Number: _____

Name: David Dobbs

Representing: APD

Title: Chief of Staff

Address: 4030 Esplanade Way

City: Tallahassee State/Zip: FL/32311

Phone Number: _____ Meeting Date: 9/18/19

Committee/Subcommittee: House Healthcare Appropriations Subcommittee

Presentation/Workshop Topic: LBRs

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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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: LBR DCF

Amendment Barcode Number: _____

Name: Maria Knapp Florida Sheriffs Youth Ranches

Representing: Florida Coalition for Children

Title: Co Chair of the Legislative Committee

Address: PO Box 7002

City: Boys Ranch State/Zip: FL 32084

Phone Number: 386 364-9149 Meeting Date: 9/18/19

Committee/Subcommittee: HCA Subcommittee

Presentation/Workshop Topic: DCF LBR

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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