The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
Senator Negron, Chair
Senator Rich, Vice Chair

MEETING DATE: Thursday, December 8, 2011
TIME: 1:00 —3:00 p.m.
PLACE: *Toni Jennings Committee Room,* 110 Senate Office Building

MEMBERS: Senator Negron, Chair; Senator Rich, Vice Chair; Senators Gaetz, Garcia, Oelrich, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
	Opening Remarks by Chairman		
1	Governor's Budget Recommendations		Discussed
2	Reimbursement for Patient Visits at Federally Qualified Health Centers		Discussed
3	Mental Health and Substance Abuse Contracting Interim Project		Discussed
	Public Testimony		
	Other Related Meeting Documents		

GOVERNOR RICK SCOTT
Fiscal Year 2012-2013

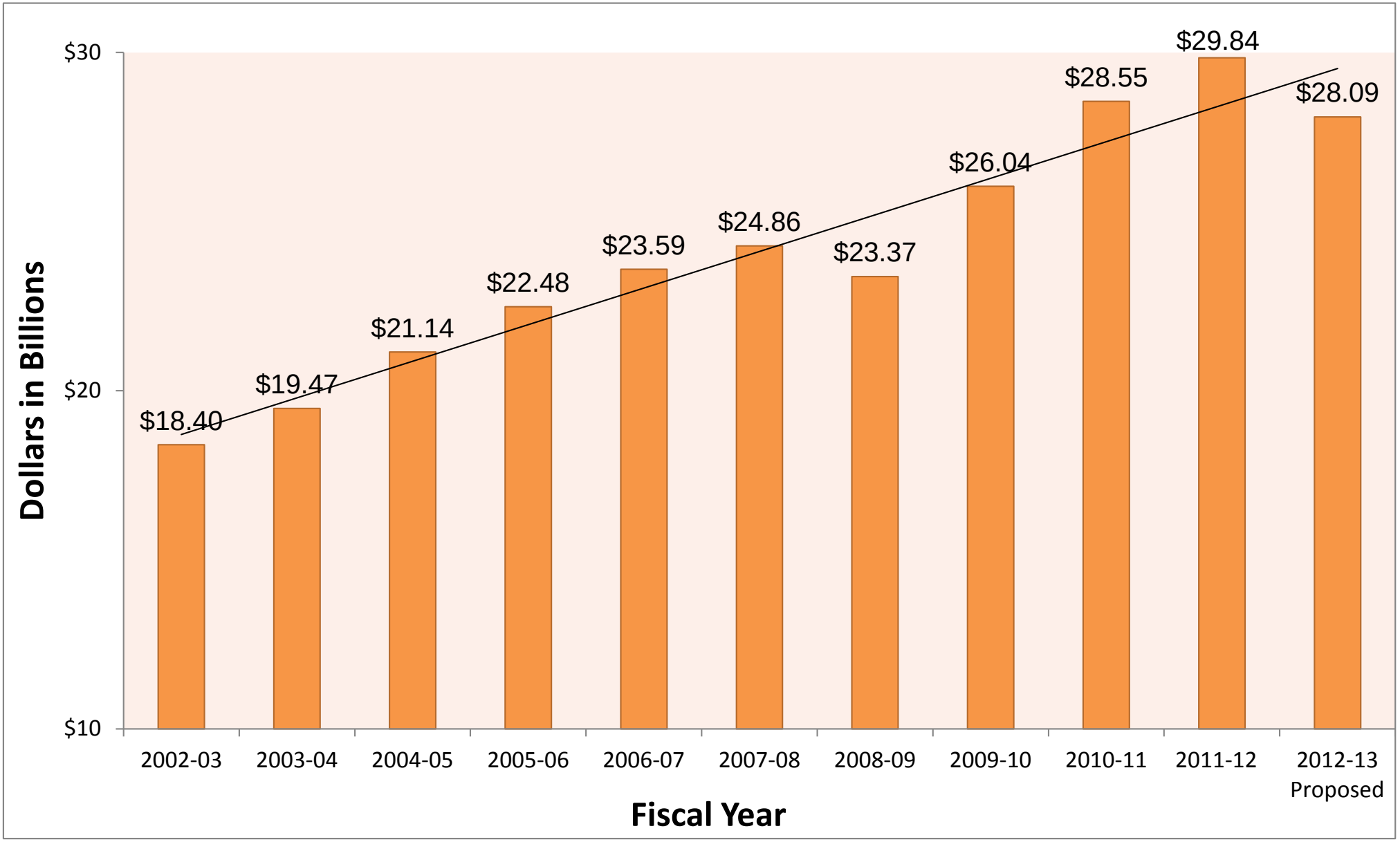
"By focusing our commitment on education, we can ensure Floridians have the ability to work"

"By helping Florida businesses have a competitive advantage over those in other states, we can put more Floridians to work"

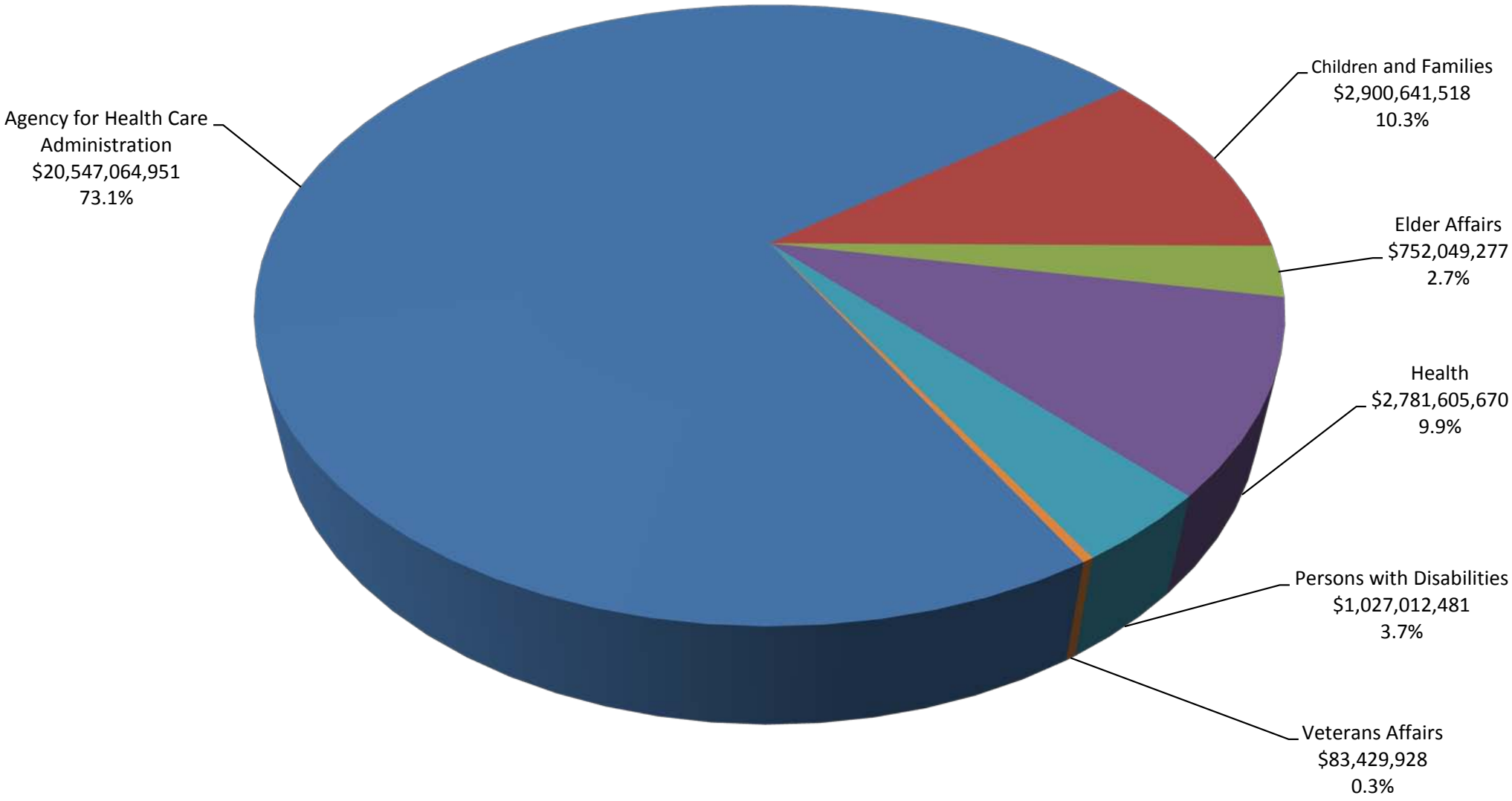
"Through free market and limited government, we can keep the cost of living low for Floridians"

Policy and Budget Recommendations

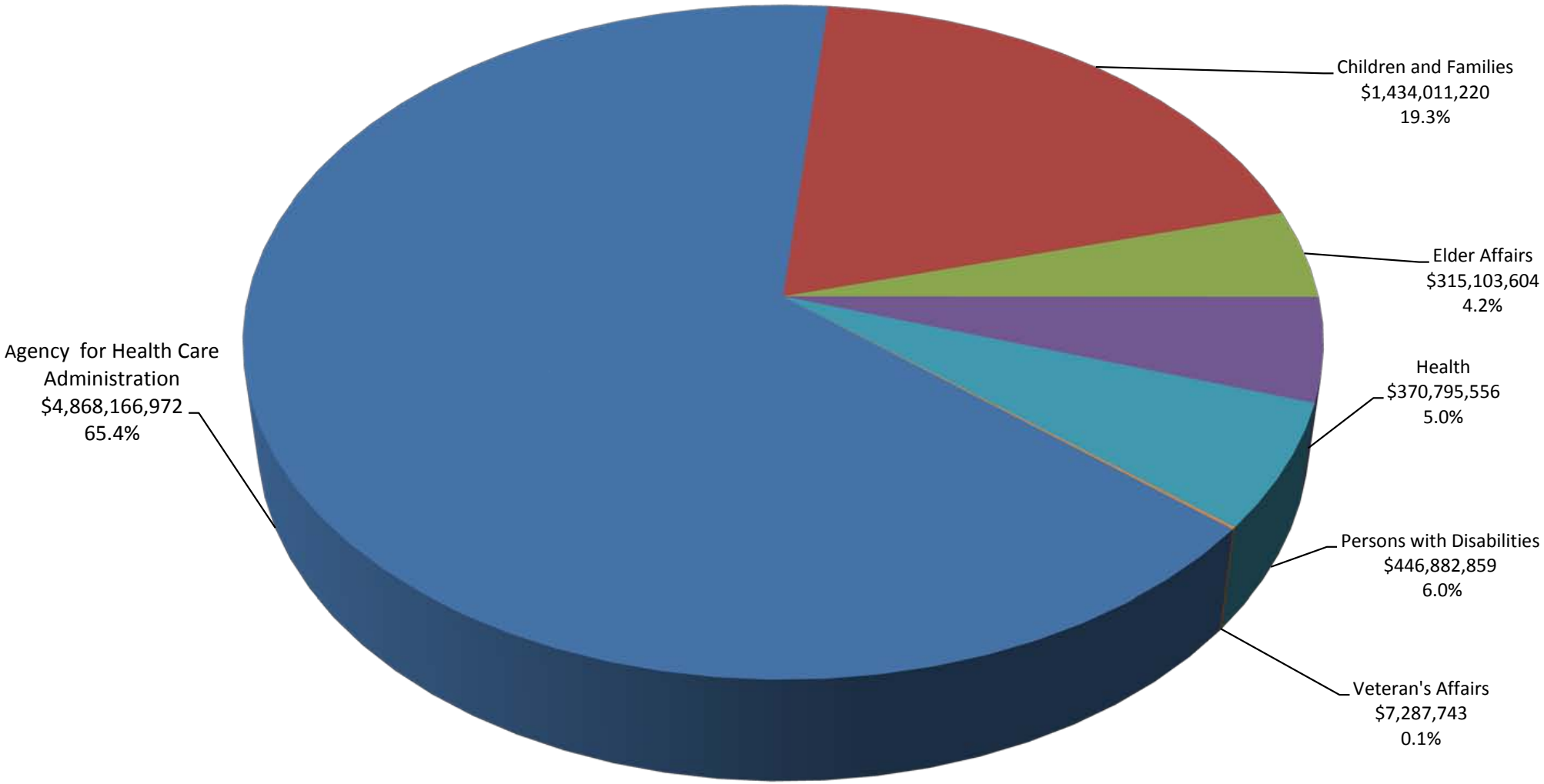
History of HHS Appropriations



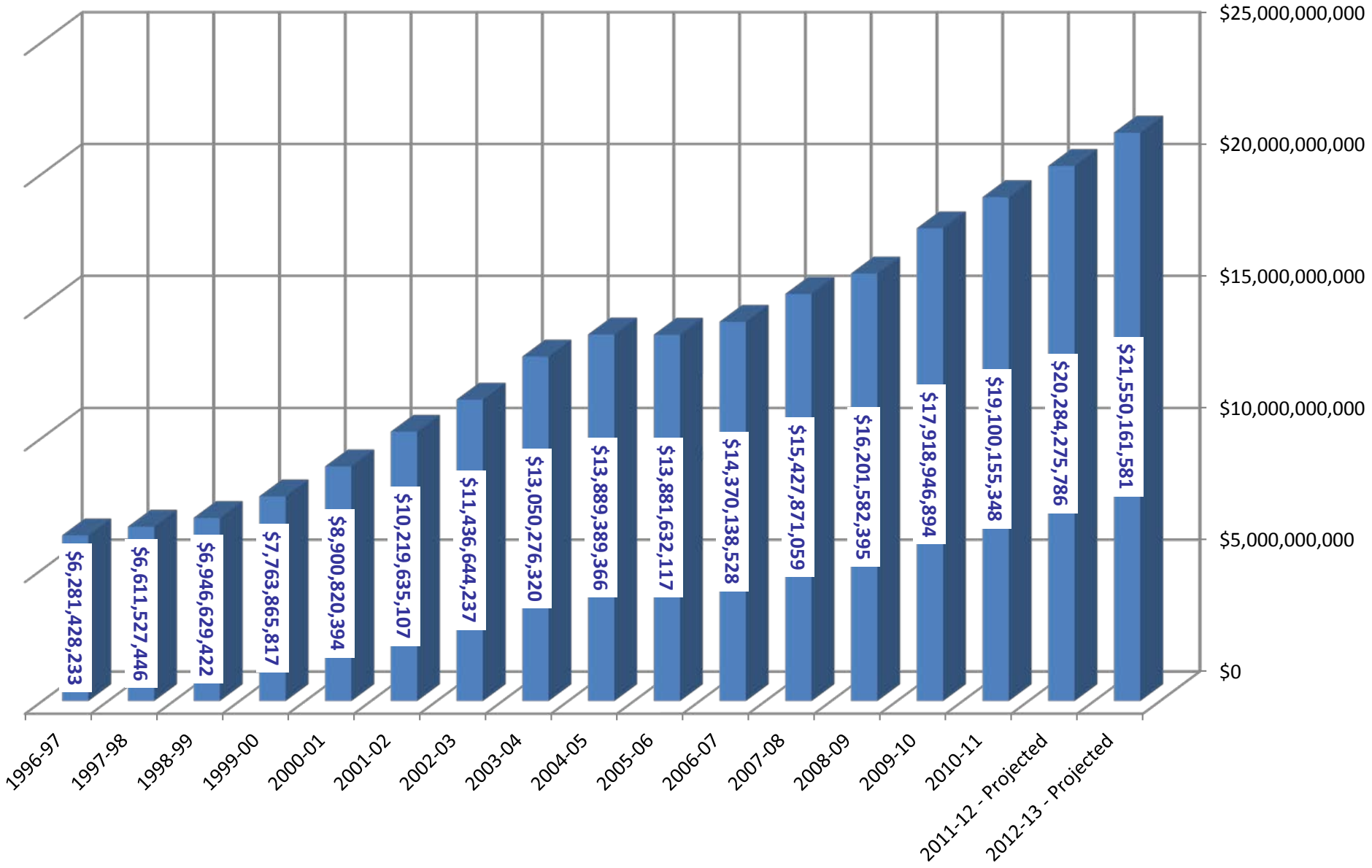
Total Proposed Budget By Agency - $28.1 Billion



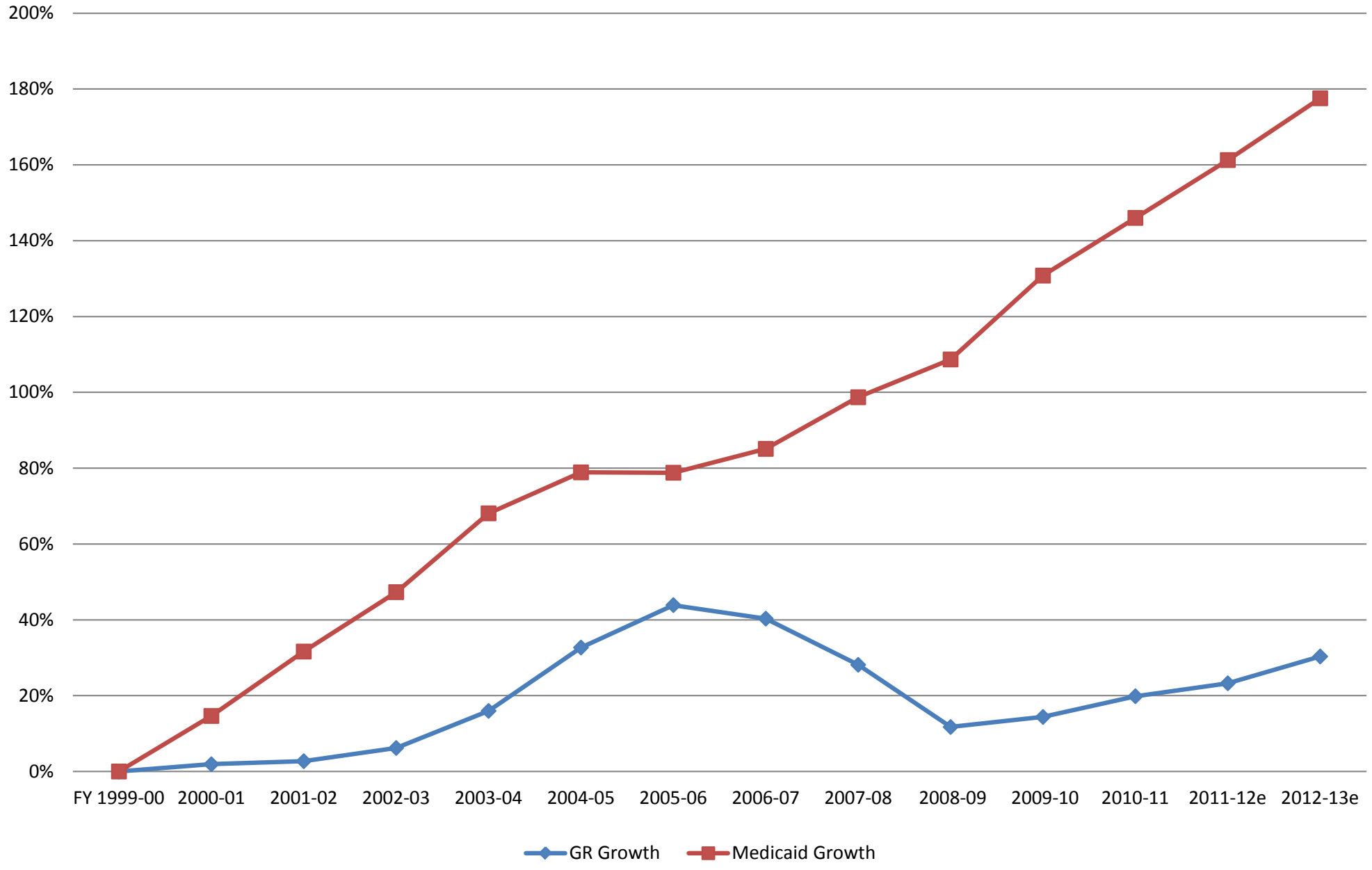
Total Proposed General Revenue Budget By Agency - $7.4 Billion



Medicaid Services Expenditures



Medicaid Growth vs. General Revenue Growth - FY 2000 - FY 2013



Comparison of Budget Between Fiscal Years

Agency / Department	Fiscal Year 2011-12	Governor's Recommendations Fiscal Year 2012-13	Percent % Change
Agency for Health Care Administration	$22,329,247,334	$20,547,064,951	(7.98)%
Agency for Persons with Disabilities	$1,092,826,590	$1,027,012,481	(6.02)%
Department of Children and Families	$2,831,025,709	$2,900,641,518	2.46%
Department of Elder Affairs	$754,907,967	$752,049,277	(0.38)%
Department of Health	$2,852,265,548	$2,781,605,670	(2.48)%
Department of Veteran's Affairs	$87,490,614	$83,429,928	(4.64)%
Total	$29,947,763,762	$28,091,803,825	(6.20)%

Agency for Health Care Administration Highlights

Major Issues	General Revenue	Trust Funds	Total
Medicaid Program - Projected Workload and Price Level	$932,875,358	$(528,742,330)	$404,133,028
New Rate-Band Reimbursement Methodology	$(384,066,958)	$(1,468,997,295)	$(1,853,064,253)
Limit Hospital Inpatient Days for Non-Pregnant Adults	$(32,167,143)	$(124,420,295)	$(156,587,438)
Limit Services in the Medically Needy Program	$(20,170,866)	$(28,360,325)	$(48,531,191)
Limit Emergency Room Visits for Non-Pregnant Adults	$(5,154,542)	$(7,062,254)	$(12,216,796)

Agency for Persons with Disabilities Highlights

Major Issues	FTE	General Revenue	Trust Funds	Total
Waiver Restructuring	-	$10,000,000	$13,657,440	$23,657,440
Agency and Solo Rate Consolidation	-	$(3,613,859)	$(4,935,606)	$(8,549,465)
Consolidate and Simplify Residential Habilitation Levels	-	$(2,817,039)	$(3,847,354)	$(6,664,393)
Area Office Consolidation	(67.00)	$(2,823,395)	$(2,467,895)	$(5,291,290)
Consolidate In-Home Supports and Personal Care Assistance	-	$(1,443,204)	$(1,971,047)	$(3,414,251)
Roll back Exceptions to the Total Per Client Annual Expenditures Limit for Tier One	-	$(965,307)	$(1,318,362)	$(2,283,669
Geographic Differential Realignment	-	$(723,736)	$(988,438)	$(1,712,174)
Prohibit Behavior Assistance	-	$(710,317)	$(1,230,412)	$(1,698,141)
Statewide Contract for Medical Equipment	-	$(383,710)	$(524,050)	$(907,760)
In-Home Supports Quarter Hour Rate Collapse	-	$(362,244)	$(494,733)	$(856,977)
Limited Support Coordination	-	$(717,736)	$(988,438)	$(1,712,174)

Department of Children and Families

Highlights

Major Issues	FTE	General Revenue	Trust Funds	Total
Restore Substance Abuse and Mental Health Services	-	$46,000,000	-	$46,000,000
Restore Maintenance Adoption Subsidies Funding	-	$15,665,024	$331,374	$15,996,398
New Technology Solution for Florida's Public Assistance Eligibility System	-	$16,829,775	$49,355,340	$66,185,115
Child Abuse Coordination and Child Protection Redesign	20.00	$9,865,390	-	$9,865,390
Mental Health and Substance Abuse Financial Accounting System			$18,584,298	$18,584,298
Superior Achievement Bonus for Access Employees	-	-	$3,876,042	$3,876,042
Child Dependency System Redesign	-	$17,490,000	$22,470,000	$39,960,000
Prescription Drug Abuse Treatment Initiative	2.00	$5,004,614	-	$5,004,614

Department of Children and Families Highlights

Major Issues	FTE	General Revenue	Trust Funds	Total
General Revenue/TANF Fund Shift	-	$(20,339,256)	$20,339,256	-
Administrative Reduction-District Administration	(41.00)	$(500,000)	-	$(500,000)
Civil and Forensic Commitment Florida State Hospital Outsourcing of Environmental Services Housekeeping and Maintenance/Operations	(226.00)	$(1,700,000)	-	$(1,700,000)
Reduction to ACCESS Related to Enhanced Technology	(60.00)	$(1,200,000)	$(1,186,963)	$(2,386,963)
Benefit Recovery Staff	(50.00)	$(1,504,978)	$(1,504,978)	$(3,009,956)
Reduce Community Based Care Lead Agency Carry Forward	-	$(7,462,444)	-	$(7,462,444)
Reduce Electronic Benefit Transfer Contract	-	$(1,500,000)	$(1,500,000)	$(3,000,000)
Reductions Due to the Managing Entity	(11.00)	$(12,000,000)	-	$(12,000,000)

Department of Elder Affairs Highlights

Major Issues	General Revenue	Trust Funds	Total
Eliminate Surplus From Medicaid Channeling Waiver	$(2,625,976)	$(3,334,025)	$(5,960,001)

Department of Health Highlights

Major Issues	General Revenue	Trust Funds	Total
Restore Funding for Cancer Research	-	$29,500,000	$29,500,000
Minority Health Initiatives	-	$12,000,000	$12,000,000
Restore Nonrecurring Funding	$5,645,231	$3,200,000	$8,845,231
Healthy Start	$5,400,000	-	$5,400,000
Restore TANF Funding for Early Steps	-	$3,600,000	$3,600,000
Restore TANF Funding for Ounce of Prevention	-	$1,900,000	$1,900,000
Elimination of Special Projects	$(5,776,709)	-	$(5,776,709)

Department of Veterans' Affairs Highlights

Major Issues	FTE	General Revenue	Trust Funds	Total
Increase Budget For Critical Positions In Veterans Nursing Homes	-	-	$4,017,317	$4,017,317
Maintenance and Repair of State-Owned Residential Facilities for Veterans	-	-	$1,444,400	$1,444,400
Health Information Technology Systems Upgrade	-	-	$840,600	$840,600
Benefits and Assistance Increase Staffing	-	$447,780	-	$447,780
State Nursing Home Replacement Equipment	-	-	$390,010	$390,010
Increase In Budget For Veterans Training	-	-	$233,523	$233,523
Executive Direction and Support Services Reductions	(1.50)	$(213,484)	-	$(213,484)

No material available

Follow-Up Information on the SAMH Contracting Project for the Senate Budget Committee

Outreach Services Available Through the Department of Children and Families' Substance Abuse and Mental Health Program

The Department of Children and Families purchases outreach services through its Mental Health and Substance Abuse Program. The department's rule defines outreach services as follows:

> Outreach services are provided through a formal program to both individuals and the community. Community services include education, identification, and linkage with high-risk groups. Outreach services for individuals are designed to: encourage, educate, and engage prospective clients who show an indication of substance abuse and mental health problems or needs. Client enrollment is not included in outreach services.[1]

Program directors of outreach services explained that outreach is for individuals who have not been evaluated or admitted for services as clients. An individual either comes into a provider's office or comes into contact with the provider's outreach worker in the field. Using the outreach cost center, programs screen and educate the individual so the individual can decide whether to seek treatment. Individuals also are typically provided with written materials on available services.

The department provided examples of outreach services in the following areas:

1. *Adult Substance Abuse.* Outreach services are provided by staff who meet with individuals, their caregivers, or others (e.g., physician practice managers) to provide service-specific information using a prepared PowerPoint presentation. The purpose is to engage and link potential clients in the high-risk older adult population to health care that provides screening, brief intervention, referral, and treatment services.
2. *Adult Mental Health.* Outreach services are by provided by support case managers working with individuals with mental illnesses in Limited Mental Health Assisted Living Facilities. The purpose is to answer questions from individuals who may need services but may be unaware of what is available. The case managers may use written materials to describe services, how to access them, and the times that services are provided.
3. *Clients with HIV/AIDS.* Outreach services include participation in community or social organization events (e.g., provider fairs and church functions). The purpose is to answer questions and provide information about existing funded substance abuse and mental health services.
4. *Disaster Relief.* Outreach services for events such as hurricanes include door-to-door outreach as a required grant function and the use of written materials in multiple languages. The purpose is to inform individuals who may be in need of substance abuse or mental health treatment of available services.

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[1] Rule 65E-14.021(7)(u), *F.A.C.*

Florida statutes specify the populations upon which vendors of outreach services should focus their activities. It identifies factors for children at risk of emotional disturbance, which include

- being homeless;
- having a family history of mental illness;
- being physically or sexually abused or neglected;
- abusing alcohol or other substances;
- being infected with human immunodeficiency virus (HIV);
- having a chronic and serious physical illness;
- having been exposed to domestic violence; and
- having multiple out-of-home placements.[2]

Florida statutes also characterizes two groups of children at risk of substance abuse problems.[3]

- Children who are at risk due to regular or periodic exposure to negative factors related to family, community, school, self, or peers.
- Children who are at risk due to experimental and social use of substances.

In addition, the department identifies other at-risk groups that it targets for substance abuse and mental health outreach services, including

- older adults who may need substance abuse and mental health services;
- intravenous drug users and other substance abusers (risk of HIV/STD transmission);
- lesbian, gay, bisexual, transgender, and questioning (persons who are uncertain about their sexual orientation);
- returning military personnel from Operation Iraqi Freedom and Operation Enduring Freedom (not otherwise qualified for benefits from the U.S. Department of Veterans Affairs);
- homeless individuals; and
- individuals with incidence of trauma (e.g., natural disasters, catastrophic events such as the earthquake in Haiti).

Units of Service

OPPAGA reviewed a sample of 87 contracts from the Departments of Children and Families, Corrections, and Juvenile Justice, and identified the categories of services provided under each contract and the unit prices that the agency paid for the categories. Exhibit 1 shows the service category, agency, units of services, mean unit price, and maximum and minimum unit price. The units within each service category are the standard on which the unit prices are based. For example, all unit prices in the Department of Juvenile Justice contracts for mental health and substance abuse treatment services are based on an hour of service. However, the units vary among the services categories. For example, evaluations and screenings are based on a per-report or per-screening basis. Other services such as counseling or residential services, are based on a specific time frame (e.g., 45 minutes or 24-hour day). The Department of Children and Families sets its units of service in its administrative rules, while the Departments of Corrections and Juvenile Justice set their units of service in their contracts.

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[2] Section 394.492(4), *F.S.*

[3] Section 397.93, *F.S.*

Exhibit 1
Unit Prices for Substance Abuse and Mental Health Services

Service Category	Agency	Unit	Mean	Minimum	Maximum
Comprehensive Evaluations Level II	DJJ	Per report	$450	$350	$550
Comprehensive Evaluations Level III	DJJ	Per report	717	550	750
Mental Health and Substance Abuse Treatment Services	DJJ	Per hour	57	25	200
Residential Level II (Intensive Mental Health and Substance Abuse Care)	DCF	Per 24-hour day	156	83	213
Comprehensive Evaluations Level I	DJJ	Per report	267	250	350
Outpatient (Individual or Group Therapy)	DCF	Per hour (per person)	53	12	84
Individual Counseling (Community-Based Outpatient Substance Abuse)	DOC	Per 45 minutes	41	11	56
Community-Based Residential Program (Short-Term/Non secure)	DOC	Per day	40	19	53
Treatment Plan Review (Community-Based Outpatient Substance Abuse)	DOC	Per 30 minutes	28	10	42
Intake-Screening (Community-Based Outpatient Substance Abuse)	DOC	Per screening	50	42	53
Group Counseling (Community-Based Outpatient Substance Abuse)	DOC	Per hour	20	14	24
Substance Abuse Education and Life Skills Training	DOC	Per hour	19	14	24
Aftercare Groups (Counseling After Completing a Treatment Program)	DOC	Per hour	19	14	24
Outreach (Education and Engagement of At-Risk Groups)	DCF	Per hour	44	42	46

Group Counseling

According to providers responding to a November 2011 Department of Correction's survey, offenders on community supervision typically participate in group counseling once per week. This service is provided on an hourly basis. Of the 21 programs surveyed that provided information on clients' length of stay in group counseling, 17 reported durations of six months or less. All of these programs last a minimum of six weeks and may last as long as two years.

Escalation Clauses

The Departments of Children and Families and Corrections manage 84 contracts that include escalator clauses that stipulate that the value of a contract will increase each year, typically by a percentage between 2% and 5%. In reviewing 16 contracts with escalation clauses, we found that none of the contracts used the word "automatic" to characterize the price increase. However, this appears to be the effect of the contract language because the contracts extend over several years and set an increasing unit rate for each year the contracts are in effect.

The Department of Corrections has 15 contracts with active Fiscal Year 2011-12 escalators: 1 of these contracts is for providing mental health services to inmates in state-operated facilities, 3 are for providing services to inmates in privately operated facilities, and 11 are for providing services to offenders on community supervision. Six of the 15 contracts are with vendors that have a tax status of not-for-profit; the tax status of the remaining 9 providers is unknown.

Medicaid Pays for Some Department of Juvenile Justice Services

Medicaid eligibility of youth in Department of Juvenile Justice programs depends on whether the youth is confined in a secure facility. Youth in low- and moderate-risk programs that are not confined to a secure facility are eligible for Medicaid services. Medicaid pays for youth who receive behavioral health overlay services, which are supplementary services provided in non-secure residential facilities where providers receive an additional fee over the contracted per diem rate. Medicaid also pays for youth who receive services in the community. The Agency for Health Care Administration designates these program providers as Medicaid providers. Youth in detention centers and secure high- and maximum-risk programs are not eligible for Medicaid.

Vendors with Multiple Contracts

In Fiscal Year 2010-11, a total of 369 vendors held 641 substance abuse and mental health contracts with the five agencies (an average of 1.7 contracts per vendor).[4] Most vendors (68%) have only one contract, while 10% of vendors have four or more contracts. Within individual agencies, the average number of contracts per vendor ranged from 1 for the Department of Health to 2.1 for the Department of Juvenile Justice.

Vendors with more contracts are not more likely to charge higher unit prices than other vendors. We analyzed data from our sample of contracts to determine if vendors with more contracts charge higher or lower unit prices than other vendors. Vendors who charged the highest unit prices typically held three contracts. Similarly, vendors who charged the lowest unit prices also held three contracts. While this analysis implies that there is not a relationship between unit prices and the number of contracts a vendor holds, it is important to note that we sampled 87 contracts in order to conduct our unit price analysis. In order to provide complete information on all prices charged by vendors, we would need to examine all substance abuse and mental health contracts.

Statutes Related to Agency Contract Procurement

Our review of statutes relating to the Agency for Health Care Administration and the Departments of Children and Families, Corrections, Health, and Juvenile Justice found specific provisions for contract procurement. These provisions mostly related to competitively procuring contracts for specific services, many of which would otherwise be exempt under Chapter 287, *Florida Statutes*. For example, the Department of Children and Families is required to competitively bid projects the agency intends to award to a university. Examples of agency-specific contracting authority are presented in Exhibit 2 below. None of the five agencies reported having authority to conduct exempt purchases beyond the exceptions in state statute.

[4] The Florida Accounting and Information Resource (FLAIR) System included the tax status for 262 of the vendors in this study. Of these, 178 (68%) have a status of not-for-profit.

Exhibit 2
Statutory Provisions Relating to Agency Contract Procurement

Agency	Summary of Statute
Agency for Health Care Administration	Section 409.906(8), *F.S.* – Community mental health providers for Medicaid recipients will be selected through a competitive procurement or selective contracting process. Section 409.908(9), *F.S.* – A Medicaid provider of home health care services or of medical supplies and appliances shall be reimbursed on the basis of competitive bidding or for the lesser of the amount billed by the provider of the agency's established maximum amount. Section 409.91188, *F.S.* – Specialty prepaid health plans for Medicaid recipients with HIV or AIDS shall be procured competitively. Section 409.912 (3)(b), *F.S.* – The agency shall competitively procure prepaid comprehensive behavioral health plans.
Department of Children and Families	Section 394.457, *F.S.* – Notwithstanding the provisions of s. 287.057(3)(f), *F.S.,* contracts for community-based Baker Act services for inpatient, crisis stabilization, short-term residential treatment, and screening provided under this part, other than those with other units of government, to be provided for the department must be awarded using competitive sealed bids when the county commission of the county receiving the services makes a request to the department's district office by January 15 of the contracting year. The district shall not enter into a competitively bid contract under this provision if such action will result in increases of state or local expenditures for Baker Act services within the district. Section 402.7305(2)(a), *F.S.* – Notwithstanding s. 287.057(3)(f)12, *F.S.*, whenever the department intends to contract with a public postsecondary institution to provide a service, the department must allow all public postsecondary institutions in this state that are accredited by the Southern Association of Colleges and Schools to bid on the contract. Thereafter, notwithstanding any other provision to the contrary, if a public postsecondary institution intends to subcontract for any service awarded in the contract, the subcontracted service must be procured by competitive procedures. Section 409.1671, *F.S.* – It is the intent of the Legislature that the department must outsource its foster care and related services. This must be done through a competitive process.
Department of Corrections	Section. 945.6033, *F.S.* – The Department of Corrections may enter into continuing contracts with licensed health care providers, including hospitals and health maintenance organizations, for the provision of inmate health care services which the department is unable to provide in its facilities. Section 945.6041, *F.S.* – This section limits payments to hospitals and providers that do not have a contract to provide inmate medical services or a contract to provide emergency medical transportation services with the Department of Corrections.
Department of Health	The department reports it does not have authority beyond Ch. 287, *F.S.*

Agency	Summary of Statute
Department of Juvenile Justice	Section 985.682(15)(b), *F.S.* – The department may enter into such lease agreements to provide juvenile justice facilities with private corporations and other governmental entities. However, notwithstanding the provisions of s. 255.25(3)(a), *F.S.*, no such lease agreement may be entered into except upon advertisement for the receipt of competitive bids and award to the lowest and best bidder except when contracting with other governmental entities. Section 985.632 (4)(f), *F.S.* – This section authorizes the department to evaluate a provider under a contract with the department and establish minimum thresholds for each program component. If a provider fails to meet the established minimum thresholds, such failure shall cause the department to cancel the provider's contract unless the provider achieves compliance with minimum thresholds within six months or unless there are documented extenuating circumstances.

CourtSmart Tag Report

Room: EL 110 **Case:** **Type:**
Caption: Budget Subcommittee on Health and Human Services Appropriations **Judge:**

Started: 12/8/2011 1:03:55 PM
Ends: 12/8/2011 3:00:02 PM **Length: 01:56:08**

1:03:59 PM	Meeting called to order
1:04:01 PM	Roll call
1:04:29 PM	Opening Remarks by Chairman
1:07:32 PM	Tab 1 - Governor's Budget Recommendations
1:08:29 PM	Jane Johnson, Policy Coordinator, Governor's Office of Planning and Budgeting
2:25:52 PM	Karen Zeiler, Chief of Staff, AHCA
2:45:28 PM	Tab 2 - Reimbursement for Patient Visits at Federally Qualified Health Centers
2:46:07 PM	Karen Zeiler, Chief of Staff, AHCA
2:51:44 PM	Tab 3 - Mental Health and Substance Abuse Contracting Interim Project
2:52:01 PM	Jennifer Johnson, Staff Director, OPPAGA
2:54:02 PM	Public Testimony
2:55:03 PM	Paul Belcher, Senior Vice President, Florida Hospital Association
2:57:31 PM	Tony Carvalho, President, Safety Net Hospital Alliance of Florida
2:58:56 PM	Adjourned

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Health Regulation, *Vice Chair*
Banking and Insurance
Budget
Budget - Subcommittee on Health and Human Services Appropriations
Budget - Subcommittee on Transportation, Tourism, and Economic Development Appropriations
Environmental Preservation and Conservation
Reapportionment
Rules - Subcommittee on Ethics and Elections

SENATOR ELEANOR SOBEL
31st District

December 7, 2011

Senator Joe Negron
Budget Subcommittee on Health and Human Services Appropriations
201 The Capitol
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Negron:

Please accept this letter as my request for an excused absence from the Budget Subcommittee on Health and Human Services Appropriations meeting on December 8, 2011. I have personal family obligations that require my attention out of state.

Thank you for understanding.

With Best Regards,

Eleanor Sobel
State Senator
District 31

SENATE APPROPRIATIONS
11 DEC -8 PM 12:16
STAFF DIR. ____ STAFF ____

REPLY TO:
☐ The "Old" Library, First Floor, 2600 Hollywood Boulevard, Hollywood, Florida 33020 (954) 924-3693
☐ 222 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5097

Senate's Website: *www.flsenate.gov*

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/08/11
Meeting Date

Topic: Gov's Budget Recommendations

Bill Number: _____ (if applicable)

Name: Jane Johnson

Amendment Barcode: _____ (if applicable)

Job Title: Policy Coordinator

Address: EOG / The Capitol
Street

City _____ State _____ Zip _____

Phone: 922-5070

E-mail: jane.johnson@laopbs.state.fl.us

Speaking: ☐ For ☐ Against ☒ Information

Representing: _____

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

_____
Meeting Date

Topic: FQHC Rates

Bill Number: _____ (if applicable)

Name: Karen Zeiler

Amendment Barcode: _____ (if applicable)

Job Title: Chief of Staff

Address: 2727 Mahan Drive
Street

Tallahassee FL 32308
City State Zip

Phone: 412-3600

E-mail: _____

Speaking: ☐ For ☐ Against ☒ Information

Representing: Agency for Health Care Administration

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-08-11
Meeting Date

Topic: Substance Abuse and Mental Health

Bill Number: _____ *(if applicable)*

Name: Jennifer Johnson

Amendment Barcode: _____ *(if applicable)*

Job Title: ~~Substance Abuse~~ Staff Director

Address: _____ *Street*

_____ *City* *State* *Zip*

Phone: _____

E-mail: _____

Speaking: ☐ For ☐ Against ☑ Information

Representing: OPPAGA

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/8/11
Meeting Date

Topic: GOVERNOR'S BUDGET RECOMMENDATIONS

Bill Number: _____ *(if applicable)*

Name: PAUL BELCHER

Amendment Barcode: _____ *(if applicable)*

Job Title: SR. VICE PRESIDENT

Address: 306 EAST COLLEGE AVE *Street*

TALLAHASSEE, FLA. 32301 *City* *State* *Zip*

Phone: 850-222-9800

E-mail: PAUL@FHA.ORG

Speaking: ☐ For ☒ Against ☐ Information

Representing: FLORIDA HOSPITAL ASSOCIATION

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/8/11
Meeting Date

Topic: Hospital Rate Banding

Bill Number: Gov Budget Rec (if applicable)

Name: Tony Carvalho

Amendment Barcode: (if applicable)

Job Title: President / Safety Net Hospital Alliance

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Speaking: ☐ For ☑ Against ☐ Information

Representing: Safety Net Hospital Alliance of Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)