

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, February 2, 2012

TIME: 8:00 —9:45 a.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
1	Review and Discussion of Fiscal Year 2012-2013 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Family Services Department of Elder Affairs Department of Health Department of Veterans' Affairs		Discussed
	Public Testimony		Discussed
	Other Related Meeting Documents		

No material available

THE FLORIDA SENATE

APPEARANCE RECORD

2-2-12

Meeting Date

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

Topic Senate Budget RecommendationBill Number 5
(if applicable)Name Judy GriffinAmendment Barcode _____
(if applicable)Job Title AFNPAddress 1300 Miccosukee Rd

Street

TallahasseeState FLZip 32308

City

Speaking: For Against InformationRepresenting Tallahassee Memorial HospitalAppearing at request of Chair: Yes NoLobbyist 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)

Feb 2

Meeting Date

Topic Medicaid cuts in a Burn Unit

Bill Number _____
(if applicable)

Name ASHLEE ALLEN

Amendment Barcode _____
(if applicable)

Job Title RN

Address 4030 NW 20th Drive
Street

Phone 801-473-3345

Gainesville
City

FL
State

32605
Zip

E-mail ashallen24@yahoo.com

Speaking: For Against Information

Representing University of Florida Shands Burn ICU

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)

Meeting Date

Topic Senate Budget Bill Number _____
(if applicable)

Name Annmarie J. FARRO RN Amendment Barcode _____
(if applicable)

Job Title Florida Nurses Assoc. Director of Large

Address 16250 SE 27 Ave Phone 352-816-4117
Street

Summerfield Fla 34491 E-mail Memabeaches@zob.com
City State Zip

Speaking: For Against Information

Representing F.H.A / FNA

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)

Meeting Date

2/2/12

Topic Medicaid funding

Bill Number _____
(if applicable)

Name Kathy Powell

Amendment Barcode _____
(if applicable)

Job Title Nurse Manager

Address 1515 SW Archer Rd

Phone 265-0111 x 29446

Street

Gainesville, FL 32610

City

State

Zip

E-mail powell@shands.fl.edu

Speaking: For Against Information

Representing Shands Hospital - Gainesville

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

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2/2/12
Meeting Date

Topic Medicaid funding

Bill Number _____
(if applicable)

Name Jennifer Rackley

Amendment Barcode _____
(if applicable)

Job Title FL - Shands

Address 1600 SW Archer Rd

Phone 352-265-1004

Street

Gainesville

FL

32608

City

State

Zip

E-mail rackj@shands.ufl.edu

Speaking: For Against Information

Representing _____

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)

2/2/2010

Meeting Date

Topic Health care / Medicaid funding Bill Number _____
(if applicable)

Name Suzanne Conrad Amendment Barcode _____
(if applicable)

Job Title Nurse Practitioner

Address 5401 SW 8th Dr. Phone 352-494-9967
Street

Gainesville FL 32608 E-mail Conras@shands.
City State Zip UFL.edu

Speaking: For Against Information

Representing low income families / Shands

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)

2-2-2012

Meeting Date

Topic Medicaid Funding of County Health Department Dental Clinics
Bill Number _____
(if applicable)

Name Dr. Laban Bontrager Amendment Barcode _____
(if applicable)

Job Title Private Dentist

Address 12799 NW Pea Ridge Rd Phone 850-643-5417

Street

Bristol

FL

32321

City

State

Zip

E-mail drb@gtcom.net

Speaking: For Against Information

Representing Self

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)

2/2/12
Meeting Date

Topic Adult Community Mental Health

Bill Number _____
(if applicable)

Name Chiquita Ivory

Amendment Barcode _____
(if applicable)

Job Title Member-Vincent

Address 4200 62nd Ave N. Apt 295

Phone 727-623-7776

Street

Pinellas Park

State

FL Zip

City

Zip

E-mail _____

Speaking: For Against Information

Representing Vincent House

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)

2/2/12
Meeting Date

Topic Adult Community Mental Health Bill Number _____
(if applicable)

Name Dianne Steele Amendment Barcode _____
(if applicable)

Job Title Assistant Director

Address 4801 78th Avenue Phone 727-543-5022
^{Street}
Pinellas Park FL 33781

City _____ State _____ Zip _____

Speaking: For Against Information

Representing Vincent House

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

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S-001 (10/20/11)

CourtSmart Tag Report

Room: EL 110

Case:

Caption: Senate Budget Subcommittee on Health and Human Services Appropriations

Type:

Judge:

Started: 2/2/2012 8:04:02 AM

Ends: 2/2/2012 9:04:35 AM **Length:** 01:00:34

8:04:07 AM Meeting called to order
8:04:08 AM Roll call
8:04:29 AM Opening remarks - Chairman
8:07:23 AM Tab 1 - Review and Discussion of Fiscal Year 2012-2013 Budget Issues Relating to:
8:10:36 AM Public Testimony:
8:10:45 AM Judy Griffin, ARNP, Tallahassee Memorial Hospital
8:13:33 AM Ashlee Allen, RN, UF Shand Burn Unit
8:17:24 AM AnnMarie Farro, RN
8:23:13 AM Kathy Powell, Nurse Manager, Shands Hospital
8:25:48 AM Jennifer Rackley, RN, Shands
8:29:15 AM Suzanne Conrad, Nurse Practitioner, Shands
8:32:26 AM Dr. Laban Bontrager, Dentist, Liberty County
8:52:38 AM Chiquita Ivory, Vincent House
8:54:28 AM Dianne Steele, Assistant Director, Vincent House
9:03:32 AM Closing Remarks
9:03:39 AM Adjourned