The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY Senator Burton, Chair Senator Harrell, Vice Chair

MEETING DATE: Tuesday, October 7, 2025

TIME: 9:00—10:30 a.m.

PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Burton, Chair; Senator Harrell, Vice Chair; Senators Berman, Calatayud, Davis, Gaetz,

Leek, Osgood, Passidomo, and Trumbull

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Presentations on Implementation of Recently-Enacted Health Care Laws: Agency for Health Presented Care Administration and Department of Health		
	Other Related Meeting Documents		



Senate Health Policy

Implementation Updates

Brian Meyer, Deputy Secretary Division of Medicaid

Kimberly Smoak, Deputy Secretary Division of Health Quality Assurance

October 7, 2025

Outline

01

CS/SB 644 (2024)

• Rural Emergency Hospitals

02

CS/SB 7016 (2024) Live Healthy

- Non-Emergent Care Access Plans
- Training, Education, and Clinicals in Health (TEACH)

03

HB 121 (2023)

• Florida KidCare Program Eligibility









Rural Emergency Hospitals

- Directed the Agency to create a new hospital license classification in response to the Centers for Medicare and Medicaid Services (CMS) new Medicare certification option referred to as Rural Emergency Hospitals (REHs).
- This bill authorizes the Agency to designate qualifying hospitals as rural emergency hospitals. The Agency will license these facilities and ensure they meet the established criteria.
- This allows hospitals in rural communities to provide emergency and outpatient services for a higher rate of reimbursement without having to meet the current requirements of a full-service hospital.





Rural Emergency Hospitals

- Allows hospitals to participate in the Medicare program as an REH.
- REHs will provide rural emergency services and other care that do not require treatment beyond 24 hours.
- The Agency may designate a hospital as an REH if it demonstrates that it meets the following criteria:
 - Meets the requirements of the Consolidated Appropriations Act of 2021, Pub. L. No. 116-260.
 - Has no more than 50 beds.
 - Can adequately provide rural emergency services in the facility 24 hours a day and seven days a week.
 - Is sufficiently staffed and equipped to provide rural emergency services.
 - Has a current transfer agreement with a Level I or Level II trauma center.





Rule Revision

- Rules 59A-3.066 and 59A-3.252, F.A.C., were revised to include language specific to a hospital's classification as a Class V REH.
- These sections provide definition and detail for the designation and allow the Agency to classify the hospital pursuant to 395.607, F.S., and as described in 42 USC Chapter 7, Subchapter XVIII, Part E, (kkk).





Implementation

The Agency initiated rulemaking to amend Rules 59A-3.066, 59A-3.252, and 59A-3.273, F.A.C., These rules address Licensure Procedures, Classification of Hospitals, and Management and Administration.



The changes to the rule included:

 Incorporating requirements for a hospital to convert its current classification to a Class V REH by submitting a licensure application. The hospital must remove inpatient beds from its bed inventory, have a transfer agreement with a Level I or Level II trauma center, submit a plan outlining the hospital's actions for conversion to and operation as an REH and submit an attestation of compliance stating the hospital is currently enrolled in Medicare as a rural hospital.

The rule was adopted and became effective June 1, 2025.





Implementation

The Agency initiated rulemaking to amend Rule 59A-35.060, F.A.C., which is the core rule addressing Licensure Applications.



The rule changes pertained to updates to the licensure application to include:

- Adding REH to the Classification section of the application.
- Adding the REH action plan and attestation as a required supporting document for an application to change to a Class V Specialty Hospital.

The rule was adopted and became effective June 1, 2025.





CS/SB 7016 (2024) Live Healthy





Nonemergent Care Access Plan (NCAP)

- Requires all hospitals with emergency departments (EDs), including offcampus EDs, to submit a Nonemergent Care Access Plan (NCAP) to the Agency.
- The plan must assist patients with nonemergent health care needs or those lacking regular access to primary care in accessing appropriate care settings.
- The Agency must approve a hospital's NCAP before Initial licensure or licensure renewal starting July 1, 2025.





Nonemergent Care Access Plan (NCAP)

The Nonemergent Care Access Plan (NCAP) must include:

- Procedures that ensure the actions will not conflict with s. 395.1041, F.S., (emergency access to care) or 42 U.S.C., s. 1395dd (Emergency Medical Treatment and Labor Act).
- Procedures to educate patients on the appropriate setting for their health care needs.
- Be capable of providing services directly or by contract to meet the patient's needs, such as an urgent care center or primary care office (which may be Medicare certified as a federally qualified health center).





Nonemergent Care Access Plan (NCAP)

Plan Submission

PRule 59A-3.066, F.A.C., requires each hospital offering emergency services and care to submit a non-emergent care access plan **effective July 1, 2025**, as part of the hospital's initial, renewal, or change of ownership application.

Plan Updates

- For subsequent renewal applications, the hospital shall update the plan as needed and provide a narrative that demonstrates its implementation and results.
- The plan must meet the criteria as outlined in section 395.1055(1)(j), F.S.





System Updates

Nonemergent Care Access Plan System Updates	Status
Conducted discussion sessions with the hospital industry to gather input regarding NCAPs from May to July of 2024.	Completed
Implement system changes to the licensure database and online hospital licensing in October of 2024.	Completed
As of September 22, 2025, the Agency has received a total of 78 applications that require the approval of NCAPs. Currently 42 applications have been approved and 36 are pending completion.	Ongoing





Implementation

The Agency initiated rulemaking to amend Rules 59A-3.066, 59A-3.252, and 59A-3.273, F.A.C., These rules address Licensure Procedures, Classification of Hospitals, and Management and Administration.

The changes to the rule included:



- Adding a requirement for providers that submit an initial, renewal, and change of ownership
 application to also submit the nonemergent care access plan as part of the application and update
 as needed.
- Requiring a narrative description demonstrating the implementation and results of the plan to
 include the number of patients presenting to the emergency department indicating lack of regular
 access to primary care and activities as it pertains to those patients for the last 18 months.

The rule was adopted and became effective June 1, 2025.





Implementation

The Agency initiated rulemaking to amend Rule 59A-35.060, F.A.C., licensure applications.



The rule changes pertained to updates to the licensure application to include:

- The NCAP as required supporting document for initial, renewal, and change of ownership applications.
- A note in the Hospital Emergency Services section that informs hospitals that provide emergency services via an emergency department that there is a requirement to attach an NCAP compliant with statute.

The rule was adopted and became effective June 1, 2025.





Nonemergent Care Access Plan (NCAP)

Managed Care Coordination

For patients who are enrolled in the Medicaid program and members of a Medicaid managed care plan, the hospital's NCAP must include outreach to the patient's Medicaid managed care plan establishing a relationship between the patient and primary care setting as appropriate.





Implementation

Implementation Steps	Status
On May 27, 2025, created informational material on how the Florida Health Information Exchange (HIE) Program can assist hospitals and Medicaid managed care plans in meeting NCAP requirements for the purpose of supporting public health data registries and patient care coordination.	Completed
Hosted a webinar on June 3, 2025, for Medicaid managed care plans explaining the process of receiving updated contact information from hospitals so they can assist enrollees with primary care provider engagement and care coordination.	Completed
Hosted a webinar on June 5, 2025, for hospitals explaining the process of receiving and sharing updated contact information for the patient with the patient's managed care plan.	Completed





Challenges/Solutions

 The Florida Health Information Exchange (HIE) is not the only service that can assist hospitals with meeting the NCAP requirements of supporting public health data registries and patient care coordination.

Solution: Hospitals continue to identify alternative methods and workflows for complying with these requirements.

 Opportunity for increased awareness of all the benefits of the Florida HIE at some hospital executive levels.

Solution: The Florida HIE continues to provide education and outreach to hospitals and other health care providers on how the Florida HIE can assist with care coordination.

 Due to the high demand, the previous Florida HIE vendor does not have the capacity to assist all hospitals needing to enhance their connections at the same time.

Solution: Hospitals continue to identify alternative methods and workflows for complying with these requirements.





Training, Education, and Clinicals in Health (TEACH) Funding Program

\$25M

- Appropriated \$25M in recurring General Revenue (GR) funds to offset the costs of clinical training and education of 10 unique student types at eligible:
 - Federally Qualified Health Centers (FQHC)
 - Community Mental Health Centers (CMHC)
 - Rural Health Clinics (RHC)
 - Certified Community Behavioral Health Clinics (CCBHC)

\$2M

- SB 330 (2024) Behavioral Health Teaching Hospitals (BHTHs)
- Appropriated \$2M in recurring GR funds to be equally distributed to the 4 newly designated BHTHs¹

1. Tampa General Hospital, UF Health Shands Hospital, UF Health Jacksonville Hospital, and Jackson Memorial Hospital





Eligibility

- Participating organizations are capped at \$75,000 per facility per fiscal year.
- Providers holding ACGME¹ or CODA² accreditation(s) are capped at \$100,000 per facility per fiscal year.
- To receive funding, providers must:
 - 1. Meet and maintain all applicable accreditation(s).
 - 2. Ensure clinical preceptors meet Agency standards.
 - 3. Enter into an agreement with the Agency.
 - 4. Submit quarterly reports to the Agency by the first day of the second month following the end of a quarter.



- The Agency-developed standardized reporting form allows facilities to track the number of participating students, their specialties, and the number of hours worked.
- The document is submitted along with an attestation form signed by the provider.
- 1. Accreditation Council for Graduate Medical Education
- 2. Commission on Dental Accreditation





Reimbursements

First year reimbursable student types and hourly rates:



Student Type	Hourly Rate
Medical or Dental Resident	\$50
First-Year Medical Student	\$27
Second Year Medical Student	\$27
Third-Year Medical Student	\$29
Fourth-Year Medical Student	\$29
Dental Student	\$22
Advanced Practice Registered Nurse Student	\$22
Physician Assistant Student	\$22
Behavioral Health Student	\$15
Dental Hygiene Student	\$15





Reimbursements

- In Fiscal Year 2024-2025, the Agency reimbursed \$6,805,917 to 59 Parent Organizations.
- Of the 59 Parent Organizations:

Provider Type	# Participating	Amount Reimbursed
Community Behavioral Health Centers	31	\$1,440,088 (21.1%)
Federally Qualified Health Centers	28	\$5,365,828 (78.89%)

In aggregate, the two quarterly data submissions captured:



1819 unique students



378,966 clinical hours

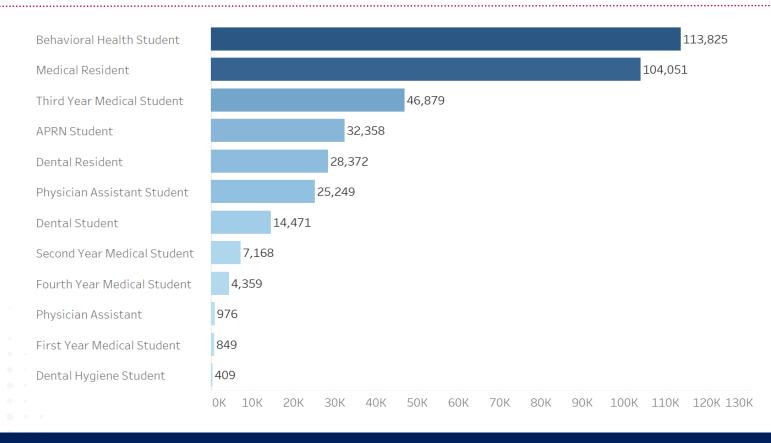




Hours

First year hours reported by student type:









Top 10

Top 10 parent organizations reimbursed:



Parent Organization	Total R	eimbursement	Students	Facilities
Tampa Family Health Centers	\$	694,452.00	146	14
Borinquen Healthcare Center	\$	377,932.00	34	7
Evara Health	\$	324,906.80	99	10
Suncoast Community Health Centers	\$	306,612.00	49	8
North Broward Hospital District	\$	305,059.00	134	5
Miami Beach Community Health Center	\$	302,584.00	117	10
Aspire Health Partners	\$	300,450.00	88	8
Citrus Health Network	\$	294,316.00	71	8
BayCare Health System	\$	288,792.60	38	9
Community Health of South Florida	\$	276,940.00	76	8

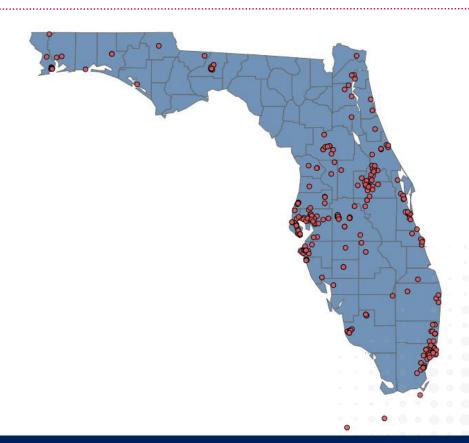




Geographic Distribution

Geographic distribution of first year facilities:









Rulemaking

Rulemaking Steps for Rule 59G-6.009, F.A.C., Training, Education, and Clinicals in Health Funding Program	Status
Held Rule Workshop	June 11, 2025
Posted Notice of Proposed Rule	September 3, 2025
Finalization and Adoption of Rule	October 2025





TEACH Updates for Fiscal Year 2025-2026

For Fiscal Year 2025-2026, the TEACH section was amended to:



Add a distinct Nursing Student category, separate from APRN¹, at \$22 per hour.



Expand the Qualified Facility definition to include: publicly funded nonprofit organizations serving Medicaid recipients or other low-income patients in an area designated as a health professional shortage area and approved by the Agency.

Both changes were implemented in the 2025-2026 application materials

1. Advanced Practice Registered Nurse Student





TEACH Updates for Fiscal Year 2025-2026

Performance Measures



As directed by the Legislature, the Agency collects evaluation forms from the student participants.

In FY 2024-2025, the survey consisted of 12 Likert-scale questions and three free-response questions.



541 students submitted the survey in FY 2024-2025.







Student Evaluation Summary Statistics

Average scores on the 2024-2025 student evaluation survey, in which:

Strongly Agree = 5 Agree = 4 Neither Agree Nor Disagree = 3 Disagree = 2 Strongly Disagree = 1

	Question/Statement	Mean Score	Standard Deviation
1.	Clinical cases were diverse	4.67	0.56
2.	Sufficient opportunities to interact with patients	4.62	0.68
3.	Clinical cases increased primary care interest	4.39	0.87
4.	Preceptors were clear and helpful	4.67	0.63
5.	Regular and constructive feedback was received	4.59	0.72
6.	The clinical environment was safe and supportive	4.68	0.64
7.	Clinical resources were adequate and available	4.52	0.80
8.	The experience improved clinical decision-making	4.66	0.61
9.	Students were able to communicate with patients	4.71	0.61
10.	The experience contributed meaningfully	4.72	0.58
11.	The experience increased interest in Medicaid	4.47	0.80
12.	The experience increased interest in underserved	4.40	0.88
	areas		
	Average:	4.59	0.70

n = 5/11





Next Steps



First Annual TEACH Program report due to the Legislature and the Governor.

Due December 1, 2025



Finalize preceptor training modules.

Pending contract completion



Submit the Evaluation Study to the Legislature and the Governor.

Due January 1, 2030

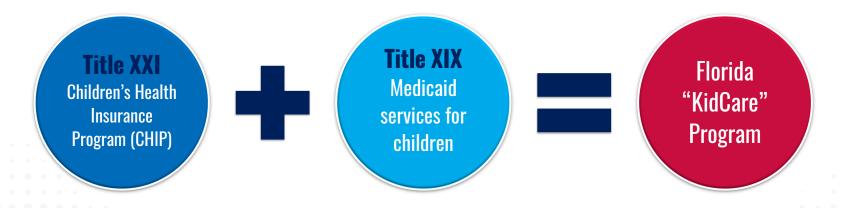








Florida KidCare is the umbrella name for both CHIP and Medicaid for children in Florida.



Together, currently the two programs provide free or low-cost health insurance to children in families with incomes below 200% of the federal poverty level.





Enhancement

With the passage of HB 121 in 2023, the Florida Legislature recognized that changes could be made to Florida's CHIP program that would create a bridge for Floridians to close the gap between the cost of the premiums for subsidized CHIP coverage for those with incomes under 200% FPL and the cost of insurance premiums available in the marketplace. HB 121 made the following change:

CHIP Component	Current	Change after HB 121 Implementation
Income Limit for Subsidized Coverage	200% FPL*	300% FPL
Monthly Premiums	Monthly premium payment is required to receive services.	Monthly premium payment is required to receive services.
		The Agency is directed to establish new premium tiers for
	Families pay a monthly premium of \$15 per family (for family income between 133% to 150% FPL) or	families with incomes above 150% FPL.
	\$20 per family (for family income above 150% up to 200% FPL).	The Corporation is directed to establish at least 3 but no more then 6 tiers of premiums.
	If the family income is reduced during the year they are placed into a lower tier.	If the family income is reduced during the year they are placed into a lower tier.

*Income limits after disregards are 206 - 210%





Federal Approval Timeline





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Litigation Timeline







CONTACT US



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FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



Jim Browne, Deputy Chief of Staff Legislative Affairs

(850) 567-2133 Jim.Browne@AHCA.myflorida.com

APPEARANCE RECORD

Agency Implementation

Bill Number or Topic

Meeting Date

October 7, 2025

Healt	h Policy		er both copies of this for ssional staff conducting				
	Committee				Amendment Barcode (if applicable)		
Name	Kim Smoak, AHCA Dep	outy Secretary of Health Care C	tuality & Assurance	Phone (85	50) 412-3611		
Address	2727 Mahan D	rive, Building 3, Roo	om 3132	Email Le	gAffairs@AHCA.MyFlorida.com		
	Tallahassee	FL	32308	_			
	City	State	Zip				
	Speaking: For	Against Information	on OR Wa	nive Speaking	:		
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While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules pdf (flsenate.gov)

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

APPEARANCE RECORD

Agency Implementation

Health Policy		Deliver both copies of this form to Senate professional staff conducting the meeting		Bill Number or Topic	
-	Committee			_	Amendment Barcode (if applicable)
Name	Brian Meyer, Al-	HCA Deputy Secreta	ary of Medicaio	Phone (850) 412	2-3611
Address		rive, Building 3, Ro	oom 3132	Email LegAffair	rs@AHCA.MyFlorida.com
	Tallahassee	FL	32308	_	
	City	State	Zip		
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October 7, 2025

10/7/	APPEARANCE	RECORD	
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	"community tha	thank	
Address 37912 CHURI	I fre	Email	
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Dave City	33525 State Zip		
Speaking: For Aga	ainst Information OR	Waive Speaking:	In Support
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Committee	11 11	Amendment Barcode (if applicable)				
Name Elodie Dorso, CE	EVARA Health Phone	727,924.8181				
Address 107 Druld Rd	Email _4	Edorsof Henetwick, org				
City State Zip						
Speaking: For Against	Information OR Waive Speaki	ng:				
	PLEASE CHECK ONE OF THE FOLLOWIN	G:				
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	Altr		Hecel	LCer	HER			
Address	(FADSDED	ST.			Email			
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The Florida Senate AHCA Presentation APPEARANCE RECORD Meeting Date Bill Number or Topic Deliver both copies of this form to Senate professional staff conducting the meeting Amendment Barcode (if applicable) allahassa State Zip OR Against Information Speaking: Waive Speaking: In Support Against PLEASE CHECK ONE OF THE FOLLOWING:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

I am a registered lobbyist,

representing:

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

I am appearing without

compensation or sponsorship.

5-001 (08/10/2021)

I am not a lobbyist, but received

(travel, meals, lodging, etc.),

sponsored by:

something of value for my appearance

The Florida Senate APPEARANCE RECORD Bill Number or Topic Deliver both copies of this form to Senate professional staff conducting the meeting Amendment Barcode (if applicable) Email Williams @Floridaheathjustice org Address Street City State Zip Against Waive Speaking: Speaking: In Support Against PLEASE CHECK ONE OF THE FOLLOWING: I am appearing without I am a registered lobbyist, I am not a lobbyist, but received compensation or sponsorship. something of value for my appearance (travel, meals, lodging, etc.),

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

sponsored by:



Senate Health Policy Committee

Implementation Update

Florida Department of Health

October 7, 2025



Presenter



Melissa Jordan, MS, MPH

Assistant Deputy Secretary for Health Florida Department of Health



SB 7016 Health Care

FRAME Reimbursement Loan Programs

Outcomes

- Volunteer service form published and adopted April 2025
- FRAME: 5-year partnership established with independent third party for FRAME evaluation processing; data collection began in 2025

FRAME Dental 2024–25 Awards

Program made payments for 78 dentists and 15 dental hygienists

FRAME Awards (additional \$30 million)

- 1,157 in FY 2023-24
- 1,298 in FY 2024-25
- MDs and DOs comprise the largest number of applicants and awardees





SB 7016 Health Care

Cinotti Grant Program

Screening and Services Grant Program and Portal

- 24 awards to non-profits for 11 different screening types, services in 42 counties
- Health care screening portal displays screenings or services that are at no or reduced cost (HealthCareScreenings.FloridaHealth.gov)
- Licensed health care practitioners can use the website to identify volunteer opportunities
- Portal link is prominently placed on the Department of Health website, used and promoted by county health departments





Health Care Innovation

Council Launch

- Held orientation meeting of Council, October 25, 2024
- First full Council meeting, November 19, 2024
- Second Council meeting, June 26, 2025

Loan Program

- Finalized mission, vision, and success criteria (strategic framework)
- Created four priority focus areas: patient care innovations, cost reduction strategies, health care workforce, and technology integration
- Agreement with fiscal third-party administrator executed
- Emergency rulemaking in progress
- Website created and ready to launch
- · Assessment of alternative funding sources complete
- Loan application portal developed and ready to launch





Health Care Innovation

Launch the Health Care Innovation Loan Portal and Website

- Anticipated October 2025
- Open loan application portal and accept submissions
- Begin Council reviews and make initial determinations

Expanding Operations

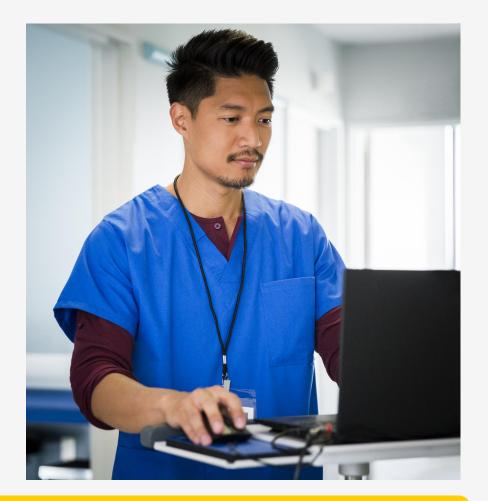
- Anticipated January 2026
- Disburse funds for approved loans
- Expand outreach to innovators
- Additional loan application cycles, program monitoring, and evaluation

Conduct Forums for Health Care Innovators

December 2025 and March/April 2026

Permanent Rulemaking

Anticipate completion by June 2026

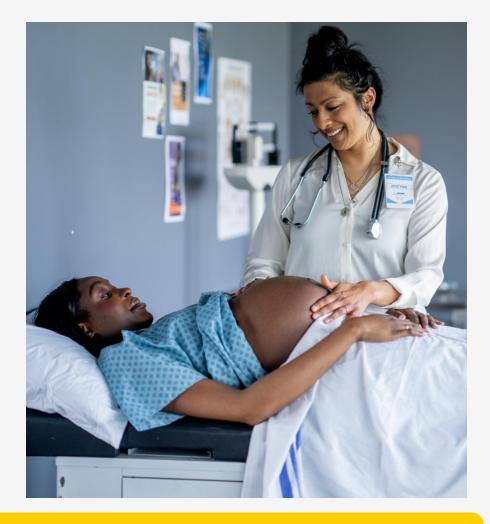




Health Care

Telehealth Maternity Care Program

- Section 383.2163, F.S., expanded the Telehealth Maternity Care Program statewide.
- Program uses telehealth to assess the service needs and gaps of pregnant and postpartum women who are at increased risk for severe maternal morbidities.





SB 7016 Health Care

Telehealth Maternity Care Program Implementation

During FY 2024–25, 9,945 women enrolled in the program:

High-Risk Health Conditions Identified

Gestational diabetes: 426

Pre-existing diabetes: 117

Hypertension: 1,962

Devices Provided During FY 2024-25

Scales: 2,539

Blood pressure cuffs: 3,939

• Glucometers: 323

The program has seen an improvement in postpartum visit attendance with an increase from 37% of women attending their postpartum visit in FY 2023-24 to 52% of women attending their postpartum visit in FY 2024-25.



8

Swimming Lesson Voucher Program

FREE Swimming Lessons for:

- Children aged 4 years and younger
- · Florida residents
- Family income of no more than 200% of the federal poverty level

Participants receive a \$200 voucher, good for eight, 30-minute swimming lessons.





Swimming Lesson Voucher Program

Implementation

FY 2024-25

• Application Period: September 2024–June 2025

Total Applications Submitted: 18,207

Total Vouchers Awarded: 4,945

FY 2025-26

 Application Period: August 1-31, 2025; subsequent windows will resume after initial vouchers awarded

• Applications to Date: 6,801

Legislative Report

• Due December 31, 2025





HB 159

Infection Prevention Drugs

House Bill 159 allows certified pharmacists to order and dispense HIV post-exposure prophylaxis drugs under written collaborative practice agreements with a licensed physician.

It also requires participating pharmacies to submit an annual access to care plan to the Department and the Board of Pharmacy to ensure patients have access to primary care services.

The Board of Pharmacy is required to collaborate with the Boards of Medicine and Osteopathic Medicine regarding certification course content.





Contact Information



JP Bell

Director
Office of Legislative Planning

850-245-4006 John.Bell@FLHealth.gov



	The Florida Senate	NOTO
10-7-25	APPEARANCE RECORD) Presentation
Meeting Date	Deliver both copies of this form to	Bill Number or Topic
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Address 4025 esplanda	Email _	John. Bell @ FLheolth.gol
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	PLEASE CHECK ONE OF THE FOLLOWING	5:
I am appearing without compensation or sponsorship.	I am a registered lobbyist, representing:	I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022JointRules.pdf (flsenate.gov)

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The Florida Senate Presentation APPEARANCE RECORD Bill Number or Topic Deliver both copies of this form to Senate professional staff conducting the meeting Amendment Barcode (if applicable) Phone Waive Speaking: In Support PLEASE CHECK ONE OF THE FOLLOWING: I am appearing without I am not a lobbyist, but received I am a registered lobbyist, something of value for my appearance compensation or sponsorship. representing: (travel, meals, lodging, etc.), sponsored by:

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10-	-7-25	APPEA	RANCE R	ECORD	011	0 10
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	Committee	,			Amendment Barcode	(if applicable)
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10-7-25	APPEARANCE REC	CORD DUT Presentation
Health	Deliver both copies of this form to Senate professional staff conducting the	
Name Or, Ema	Spencer	Amendment Barcode (if applicable)
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	PLEASE CHECK ONE OF THE FOL	LOWING:
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CourtSmart Tag Report

Room: KB 412 Case No.: Type: Caption: Senate Health Policy Committee Judge:

Started: 10/7/2025 9:01:33 AM

Ends: 10/7/2025 10:56:57 AM Length: 01:55:25

9:01:38 AM Roll call

9:01:58 AM Quorum present

9:07:38 AM tab 1 - implementation presentations

9:08:08 AM Presentation by Kimberly Smoak, AHCA's Dep'y Sec'y, Div. of Health Quality Assurance

9:14:53 AM Sen. Harrell recognized for questions

9:16:19 AM follow up from Sen. Harrell

9:17:21 AM Pres. Gaetz recognized for questions

9:19:12 AM follow up from Pres. Gaetz

9:20:17 AM Sen. Berman recognized for a question **9:21:54 AM** Ms. Smoak continues presentation

9:36:35 AM Sen. Harrell recognized for a question at end of presentation

9:37:37 AM Pres. Gaetz recognized for a question

9:40:13 AM Chair Burton clarifies question

9:41:13 AM Sen. Davis recognized for a question

9:42:04 AM follow up from Sen. Davis

9:43:22 AM further questioning from Sen. Davis **9:44:32 AM** Sen. Osgood recognized for questions

9:45:58 AM follow up from Sen. Osgood

9:46:41 AM Sen. Berman recognized for questions

9:47:30 AM follow up from Sen. Berman

9:48:23 AM Presentation by Brian Meyer, AHCA's Dep'y Sec'y for Medicaid

9:59:27 AM
 10:03:58 AM
 10:05:25 AM
 10:06:30 AM
 Sen. Harrell recognized for questions
 Sen. Osgood recognized for questions
 Sen. Berman recognized for questions
 Sen. Davis recognized for questions

10:15:31 AM Sen. Osgood has questions regarding this part of presentation (HB 121 from 2023)

10:17:01 AM follow up from Sen. Osgood **10:17:34 AM** question from Sen. Osgood

10:18:50 AM Sen. Harrell recognized for questions

10:20:34 AM follow up from Sen. Harrell

10:22:24 AM Sen. Berman recognized for questions
 10:23:23 AM Sen. Calatayud recognized for comments
 10:24:39 AM Sen. Berman recognized for one more question
 10:25:57 AM Joseph Resnick, CEO Premier Community Healthcare

10:26:11 AM Elodie Dorso, CEO Evara Health, testifies

10:27:30 AM Dr. Temple Robinson, CEO of Bond Community Health Center in Tallahassee, testifies

10:29:18 AM Ms. Jossie Barroso with Healthy Fla., testifies

10:31:42 AM Melanie Andrade Williams with Fla. Health Justice Project, testifies

10:33:31 AM next presentation from Melissa Jordan, Asst. Dep'y Sec'y for Dept. of Health

10:43:07 AM Sen. Calatayud recognized for questions

10:44:01 AM Jennifer Whenhold w/ Dept. of Health, helps to answer question

10:44:57 AM Sen. Davis recognized for guestions

10:46:33 AM follow up from Sen. Davis

10:47:09 AM Dr. Emma Spencer w/ DOH, helps answer question

10:49:01 AM final follow up from Sen. Davis

10:49:19 AM Dr. Spencer responds 10:49:47 AM question from Sen. Davis

10:50:55 AM Sen. Harrell recognized for questions

10:52:41 AM follow up from Sen. Harrell **10:54:18 AM** follow up from Sen. Harrell

10:55:04 AM Sen. Berman recognized for questions

10:56:07 AM follow up from Sen. Berman

10:56:42 AM Sen. Harrell moves to adjourn