The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

APPROPRIATIONS
Senator Lee, Chair
Senator Benacquisto, Vice Chair

MEETING DATE: Thursday, October 8, 2015
TIME: 1:00—3:00 p.m.
PLACE: *Pat Thomas Committee Room,* 412 Knott Building

MEMBERS: Senator Lee, Chair; Senator Benacquisto, Vice Chair; Senators Altman, Flores, Gaetz, Galvano, Garcia, Grimsley, Hays, Hukill, Joyner, Latvala, Margolis, Montford, Negron, Richter, Ring, Simmons, and Smith

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1		Presentation on the Economics of Health Care Spending	Presented
2		Presentation on Key Factors Influencing the Price of Health Insurance	Presented
		Other Related Meeting Documents	

Economics of Health Care Spending

October 8, 2015

Presented by:

The Florida Legislature
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Health Care Market is Unique

- The field of health economics is a growing research field, but it largely draws on the more general field of applied microeconomics, focusing on issues of demand and supply in the marketplace.

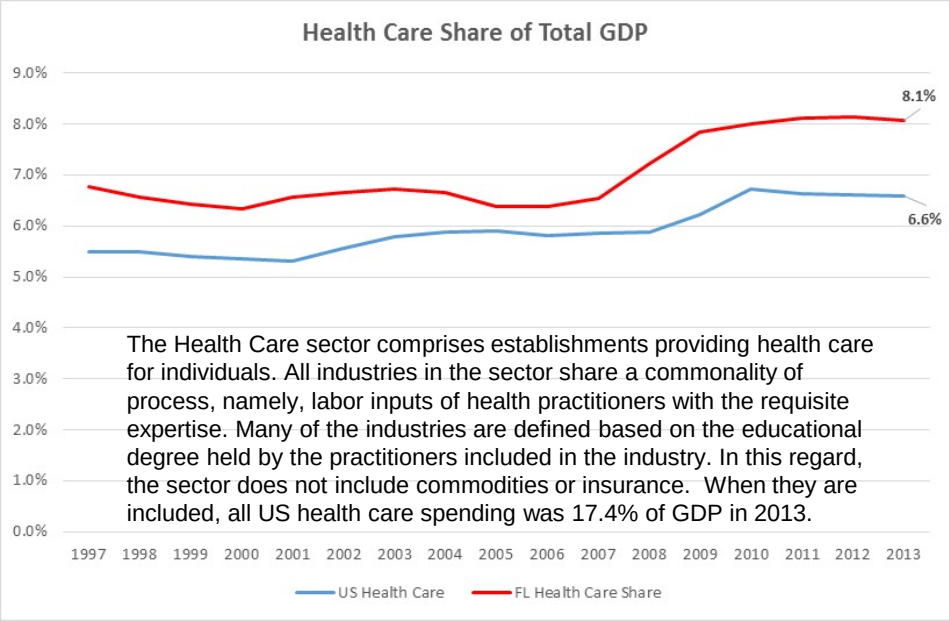
- The health care product is ill-defined (a broad range of goods and services), the need for care is random and unpredictable for most events, and the outcome of care is sometimes uncertain.

- Institutionally, health care is an atypical market. It not only has consumers and producers—it also has large segments of payers (private health insurance in all forms and government) that are separated from the consumers. This institutional structure leads to unique problems.

    - The purpose of private insurers is to protect people against the risk of high out-of-pocket expenditures on personal health services. They do this by essentially financing personal health care services.

    - In general, governments do not play an active role in resource allocation; however, direct government intervention is common in the health care sector. Collectively, government is also the largest payer.

Health Care Services as a GDP Component

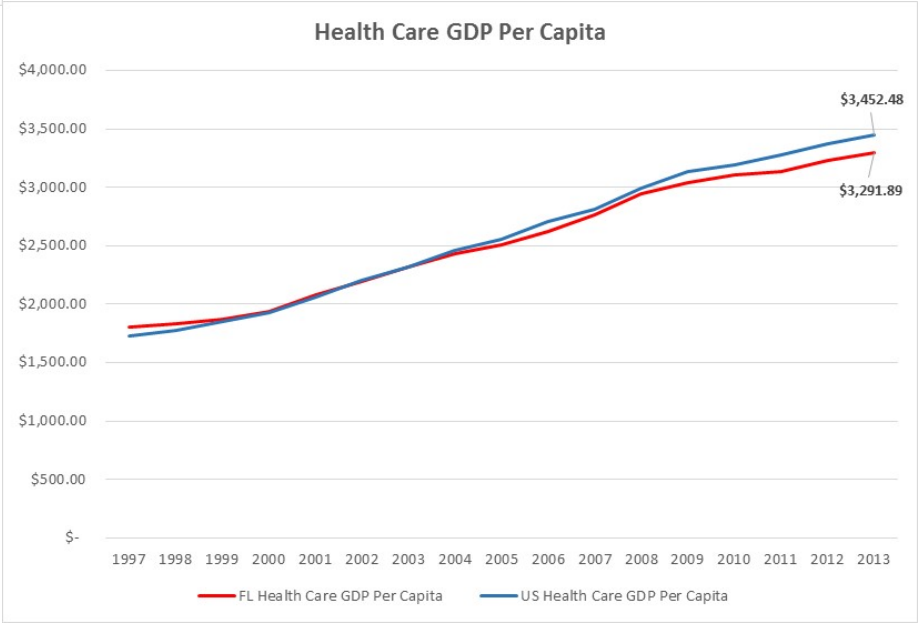


The Health Care sector comprises establishments providing health care for individuals. All industries in the sector share a commonality of process, namely, labor inputs of health practitioners with the requisite expertise. Many of the industries are defined based on the educational degree held by the practitioners included in the industry. In this regard, the sector does not include commodities or insurance. When they are included, all US health care spending was 17.4% of GDP in 2013.

The US share of health care services is slightly above its 17-year average share of 6.0 percent; Florida is strongly above its 17-year average share of 7.0 percent. The gap between the US and Florida existed throughout this period, but began to widen in 2008. This means that the health care sector is a more important—and increasing—component of Florida's economy.

However, Florida's share of US Health Care Services GDP is slightly less than the state's population share of the US—and—Florida's per capita health care level is 4.9% less than the US as a whole.

Together, these metrics indicate that health care is an increasingly dominant force in Florida's economy, but the recent strengthening is not out of line with Florida's population growth over the same period.



Economic Problems and Market Imperfections...

- **Asymmetric Information**...A situation where some participants in an economic transaction have access to more, or better, information pertinent to the transaction than other participants. The existence of asymmetric information is a market failure.
  - Adverse Selection...Essentially, the worst risks are the most likely to present, and this information is only known to the individual. In regard to health care and insurance, the sickest people have the greatest incentive to seek coverage.
  - Moral Hazard...A contract which promises people a benefit on the occurrence of certain events will cause a change in behavior to make these events more likely. In regard to health care, the existence of insurance distorts consumption decisions (due to the lower perceived costs and financial risk) to make the use of health care services more likely (in terms of frequency and degree) than it otherwise would have been.

- **Externalities**...a cost or benefit arising from any activity which does not accrue to the person or organization carrying out the activity, but rather to other people.
  - Public Health…vaccinations and control of contagions; focusing only on personal benefits and costs leads to suboptimal (too low) consumption of health care services from a societal perspective.
  - Health Behaviors & Cost-Shifting to Others…individual choices and the presence of insurance risk-pooling or publicly provided health care (Medicaid and Medicare); this leads to over-consumption of health care services.
  - Public Goods…research and development; the potential for free riders leads to sub-optimal production.

Unique Features of Suppliers...

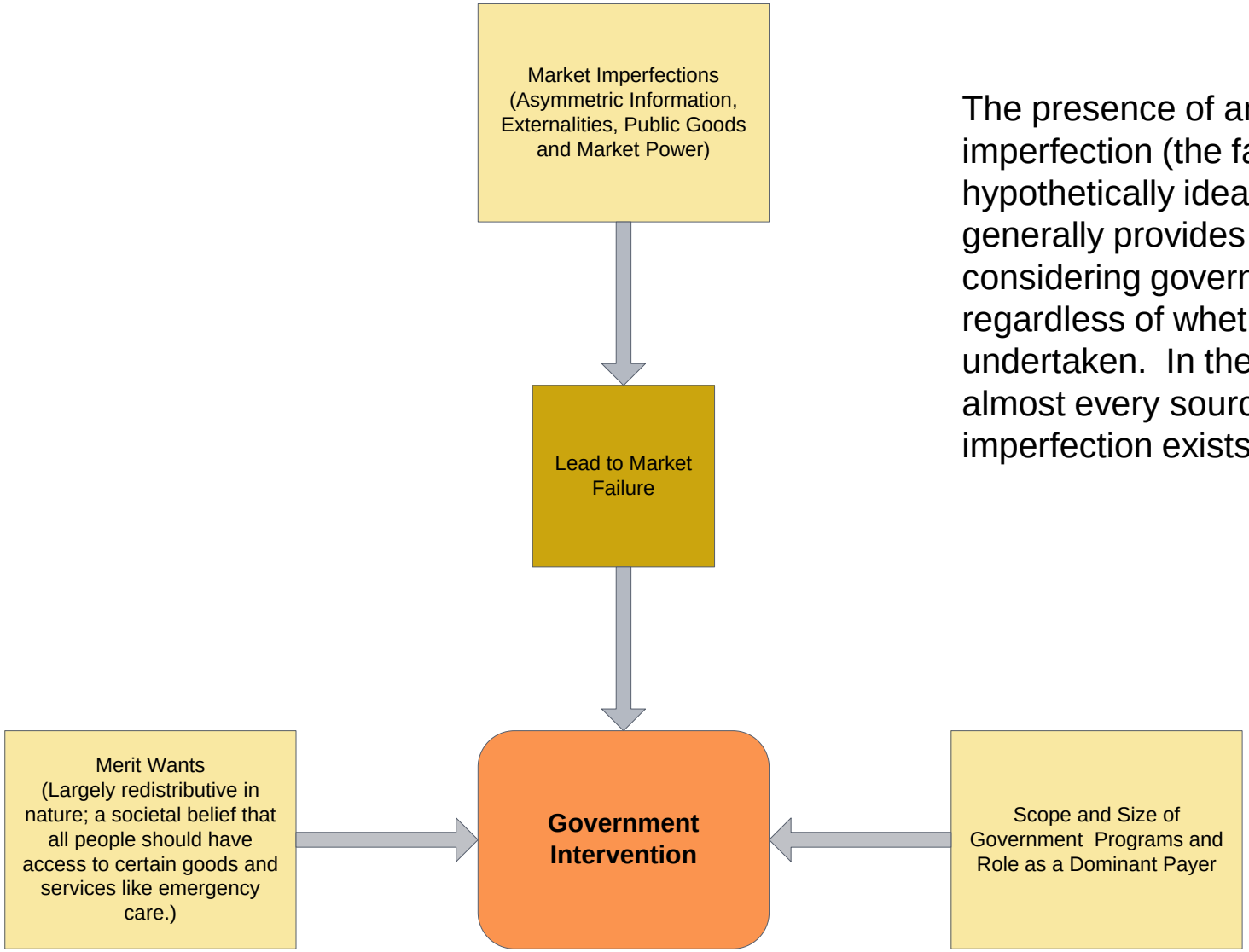
- **Key Suppliers**
  - Physicians (*principal-agent issue* or *agency problem*: physicians advise on care they provide for profit, while consumers have imperfect knowledge; physicians largely determine the quantity and quality of health care services)
  - Nurses (*monopsony* in nurse labor markets caused by an effective single buyer for their input services to health care—particularly occurs when there is only one local hospital or limited competition; deliberately fewer hires = lower prices)
  - Hospitals (patients are largely insulated from the cost of hospital care, and competition is primarily on non-price issues such as the deployment of new technology)

FLORIDA MARKET	Hospitals	Beds
Private/Not-for-Profit	44%	48%
Private/Investor-Owned	43%	37%
Public	13%	16%

  - Pharmaceutical Manufacturers (some products and R&D activities are *public goods*; new prescription drugs are a major source of advances in health care technologies; companies are allowed to set the prices of their new products, and they usually do so based on the perceived value to the consumer rather than production costs)

- **Potential Sources of Market Power Leading to Higher Prices and Market Failure**
  - Consumer's lack of knowledge regarding treatment and quality can be exploited
  - Barriers to entry and entry regulation (such as licensure and CONs which reduce competition)
  - Imperfect government intervention in the free market

Market Imperfections Lead to Government Intervention...



The presence of any source of market imperfection (the failure to reach a hypothetically ideal free market solution) generally provides a prima facie case for considering government intervention, regardless of whether it is ultimately undertaken. In the case of health care, almost every source of market imperfection exists in some fashion.

Key Determinants of Pricing...

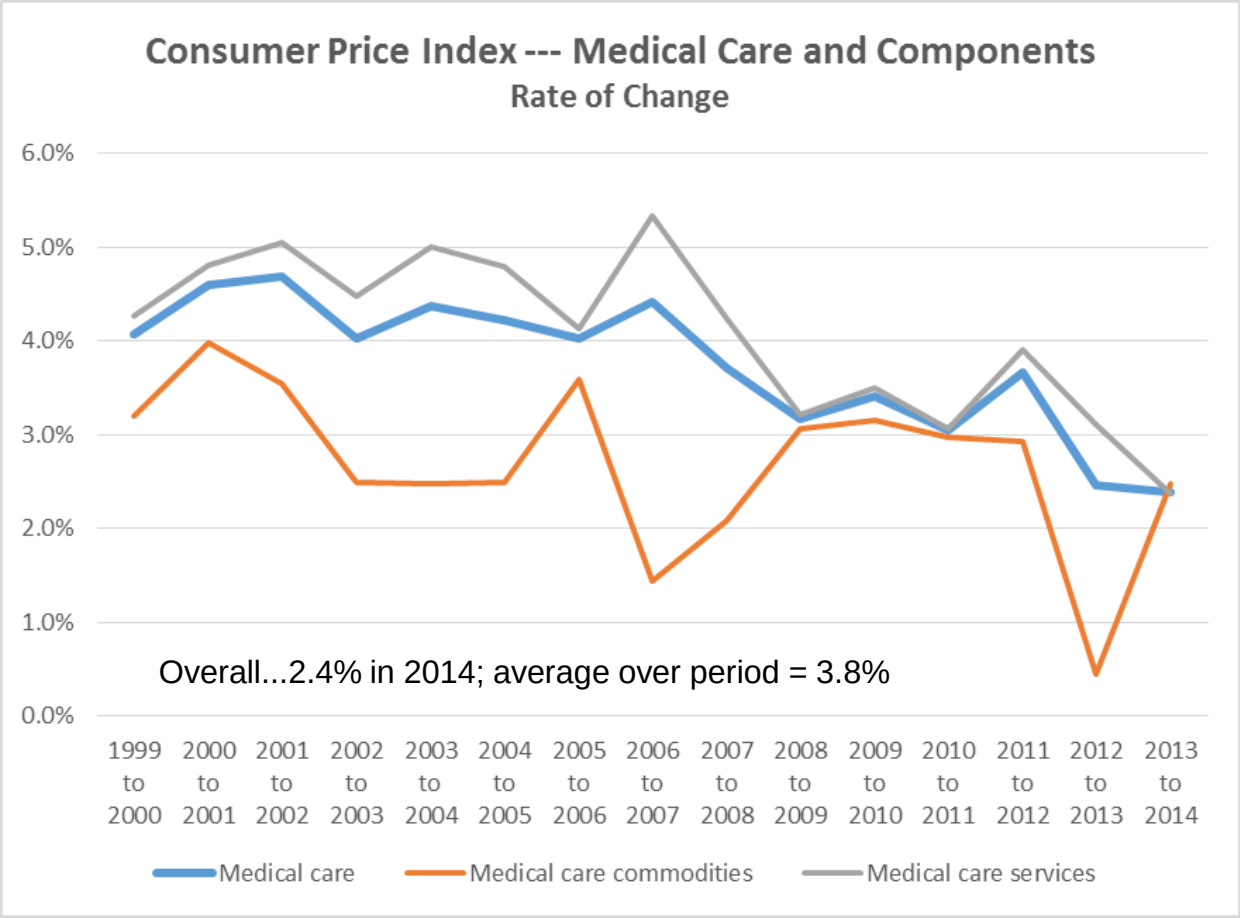
Ongoing...

- General Inflation for Medical Care (explains about half of the expected national spending increase of 5.3% in 2015; spending includes other factors like the number of consumers)
- Increased Life Expectancy and Longevity
- Aging Population Increasing the Demand for Services
- Technological Change in Medicine
- Prescription Drug Costs

Level Shifts or Growth Likely to Lessen in Magnitude Over Time...

- Changes in the Overall Demand for Services (ACA effectively increased, but essentially a one-time upward shift over a period of several years).
- Changes in the risk mitigation strategies deployed by insurance companies (ACA effectively limited the available strategies, but acts as a one-time cost level increase over a period of several years).
- Particularly in fee-for-service settings, lack of pricing transparency and the cost of knowledge acquisition for consumers affects price; reduced somewhat by the growth of managed care settings which act as agents for the consumers.

Consumer Price Index -- Medical Care and Components



Medical Care Services (MCS) is the larger component of medical care in sample size and expenditure levels and is organized into three expenditure categories (EC):

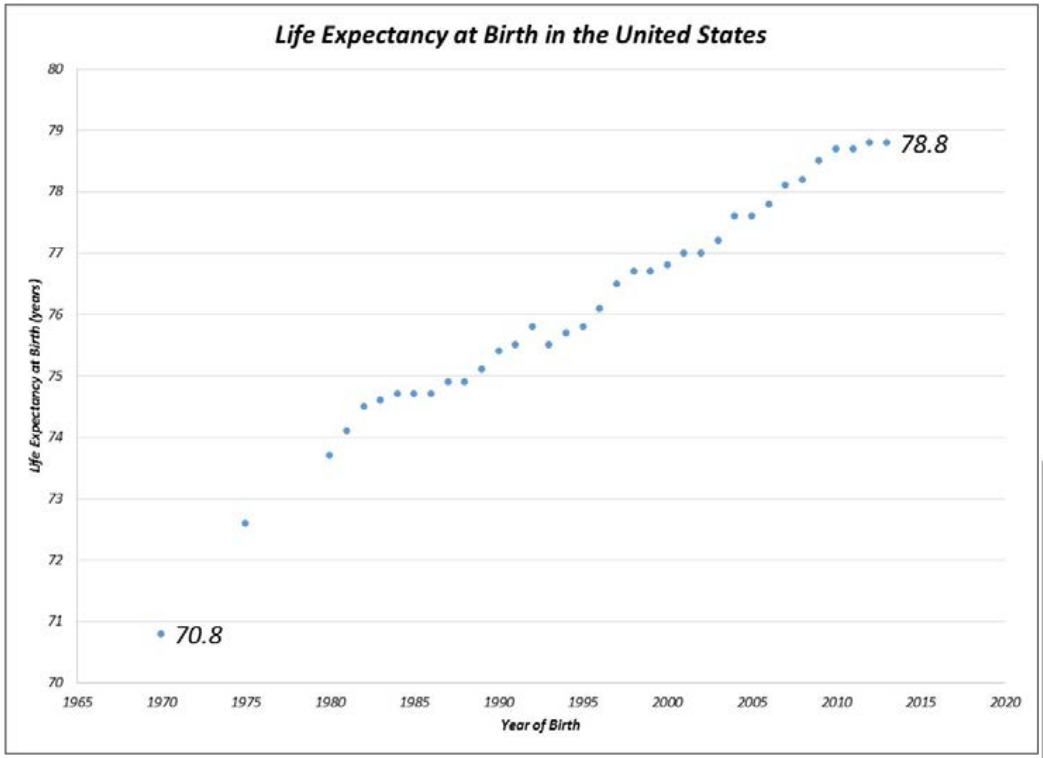
- professional services;
- hospital and related services; and
- health insurance.

Medical Care Commodities (MCC) is the other major component of medical care and includes:

- medicinal drugs; and
- medical equipment and supplies.

Medical care is one of eight major groups in the Consumer Price Index (CPI). Medical care indexes are limited to items with an out-of-pocket expenditure. In this case, the term out-of-pocket includes any health insurance premium amounts that are deducted from employee paychecks.

Driver: Life Expectancy and Longevity



Life expectancy in the US gained 8.0 years between 1970 and 2013. Overall, the data for Florida shows:

- 2000 – 77.6 years
- 2005 – 78.5 years
- 2007 – 78.9 years
- 2009 – 79.4 years

Life expectancy for Floridians at age 65 has also been increasing and now places Florida second only to Hawaii.

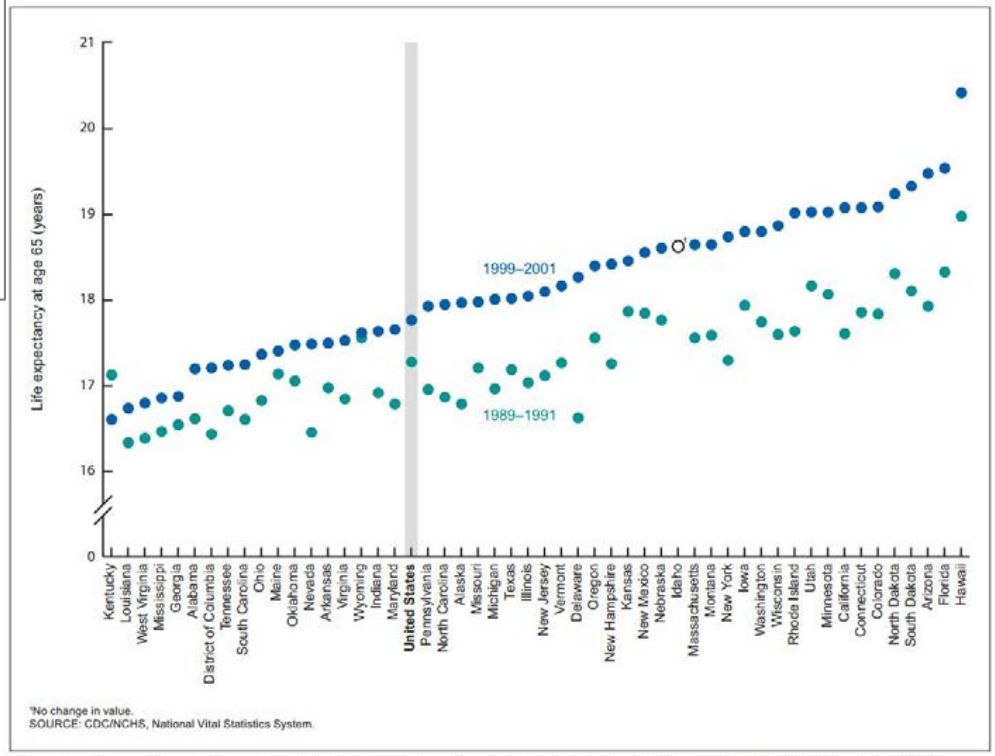
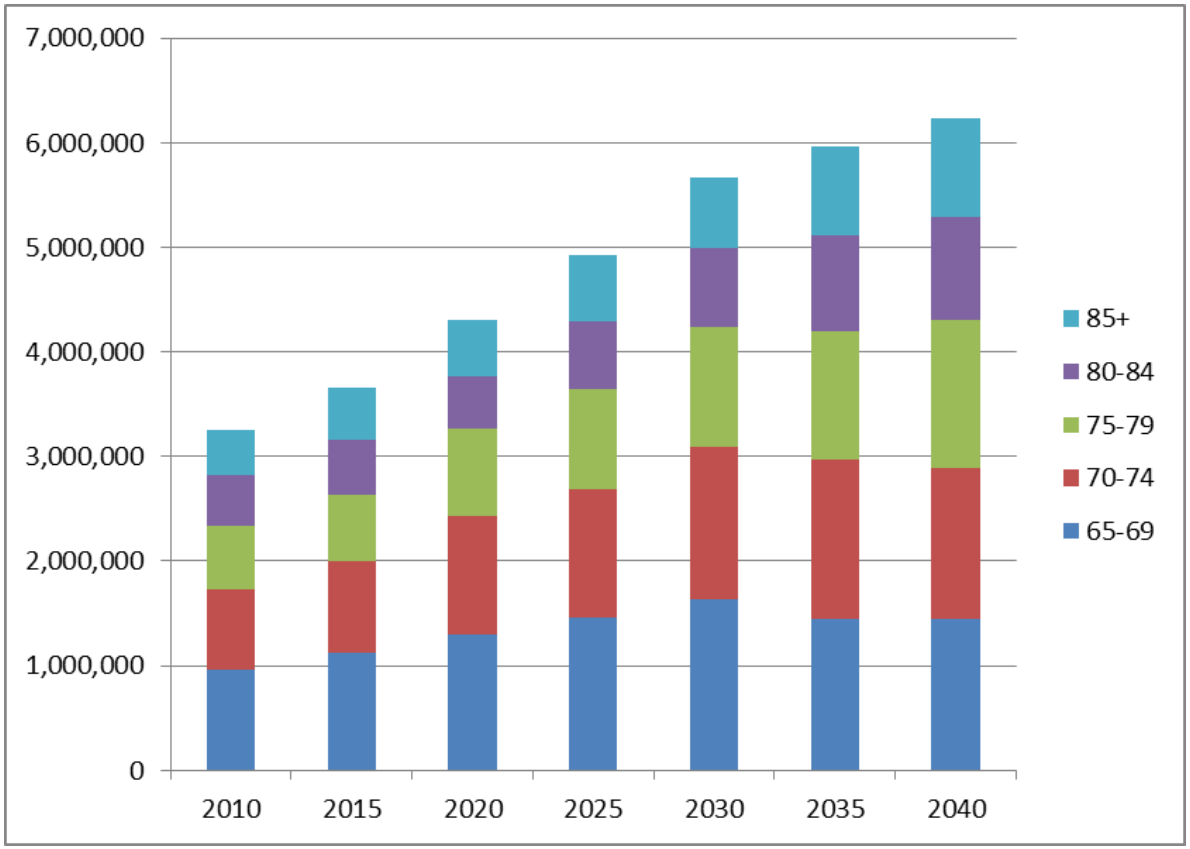


Figure 4. Life expectancy at age 65 for total population for two decennials, by state: United States, 1999–2001 and 1989–1991

Driver: Aging Population

- The effects of the aging population driver will impact Florida to a greater extent than the US overall.
- Between 2010 and 2040, Florida's older population is expected to almost double.
- The oldest (75-79, 80-84, and 85+) age groups will more than double over this time horizon.
- Population aged 75 and over currently represents slightly under half of the 65 and over age group and is expected to increase to slightly over half of that age group by 2040.



Aging (continued)…

- An increasing array of new services, procedures and drugs prolong life – but also the potential for chronic problems.
- Medicare's main trust fund is expected to be unable to cover its expenses starting in 2030.
  - The 5% of Medicare fee-for-service beneficiaries who die each year account for one-fourth of all Medicare inpatient expenditures.
- Today, elderly and disabled Medicaid recipients account for an estimated 29.83% of the total caseload -- but 63.12% of Medicaid spending.
  - Use of acute and long-term care services is high.
  - The majority of nursing home residents rely on Medicaid support after the cost of their care exhausts their savings (spend-down), qualifying them for assistance.
  - The number of available family caregivers will diminish in relation to the number who need care.

Aging (continued)...

	Total Population	With a Disability	Percent with a Disability
Population 65 years and over	3,723,499	1,256,599	33.7%
With a hearing difficulty	(X)	519,261	13.9%
With a vision difficulty	(X)	223,676	6.0%
With a cognitive difficulty	(X)	328,362	8.8%
With an ambulatory difficulty	(X)	799,147	21.5%
With a self-care difficulty	(X)	289,219	7.8%
With an independent living difficulty	(X)	514,825	13.8%

- About one-third of Florida residents age 65 years and older have a Census-defined disability. (2014 ACS)
  - 21.5% reported having an ambulatory difficulty
    - Serious difficulty walking or climbing stairs
  - 13.9% reported having a hearing difficulty
    - Deaf or … had serious difficulty hearing
  - 13.8% reported having an independent living difficulty
    - Because of a physical, mental, or emotional condition, they had difficulty "doing errands alone such as visiting a doctor's office or shopping"

Driver: New Medical Technologies

- Economic Tradeoffs…Techology gains in what medicine can do are outpacing what it is economically feasible to do.

- Non-Price Competition...Hospitals and some individual providers invest in new technologies and equipment to attract patients (described as the *medical arms race* in the literature). Intense competition of this type has been associated with higher costs. Cost-based reimbursement further exacerbates this situation.

- Outcomes...Innovations are not equal in their effects on health care outcomes. If reductions in the rate of technology diffusion are mainly attributable to changes in the adoption of technologies with low marginal benefits, these reductions may not affect outcomes in a material way.

Driver: Prescription Drug Costs

- The use of and expenditures on prescription drugs have both been significantly increasing. New specialty drugs are a major cost factor in overall price growth.

- Many aspects of research and development have the nature of a public good.

- Governments make decisions about drug approval, drug formularies, and patent protection. The field is also subject to strong entry regulation in that government approval is needed before a drug can be marketed.

- The drug development and discovery process is lengthy, risky and costly—it takes about 14 years to move from basic research to market launch for a successful product. There is also a high failure rate—only 8% of the drugs starting the FDA approval process succeed. In 2000, the costs for clinical trials alone ranged from $15.2 million to $86.3 million. Revenue from the sale of a drug is years in coming, but costs are front-loaded.

- Each firm develops strategies to address the actual and anticipated decisions of rivals and governments.

Special Case: Quality

- Producers / suppliers in all sectors make decisions about levels of quality to offer, and consumers make decisions about the level of quality to accept or purchase.

- In most markets, consumers pay more for products that are known to have higher quality.

- Health care's quality has higher ramifications, potentially even the difference between life and death.

- The provision of quality is costly to providers, but not typically used as a basis for payment because individual patients have difficulty assessing the level of quality being offered.

- Mechanisms typically associated with quality control:
  1. Professional Norms (initiated by providers)
  2. Regulation (initiated by governments)
  3. Market Competition (initiated by patients)
  4. Tort Law (initiated by injured persons)

Special Case: Managed Care

- Managed Care Plans are a type of health insurance contract.

- Key cost-reducing features:
  - Some management of utilization (quantity demanded) by the Health Plan (example: prior authorization of service; gatekeeper physicians; ex post utilization review).
  - Imposition of limits on the physicians, hospitals, and pharmaceutical products covered by the plan (the formation of a network increases the Plan's bargaining power and introduces external control over the participating providers' costs by assuring a likely patient flow). Also referred to as *selective contracting*.
  - Financial incentives for providers and patients to behave in desired ways to lower costs (some methods affect the rate of technology adoption and potentially quality at the margin).
  - Capitation Payment…under capitation, the provider receives a fixed payment per patient per time period; the provision of more services reduces profits.

- Results:
  - While they are not unanimous in their conclusions, studies have generally shown that managed care reduces the growth of health care spending. One compilation of 79 studies published between 1997 and mid-2001 found that spending in managed care plans tends to be about 10-15 percent lower than in other plans, all else being equal. The overall growth of managed care plans in the intervening period and the lower number of fee-for-service arrangements make it harder to assess the meaning of this differential in today's environment. In particular, the relative difference may not be as great.

Key Differences Between Traditional Insurance Arrangements and Managed Care

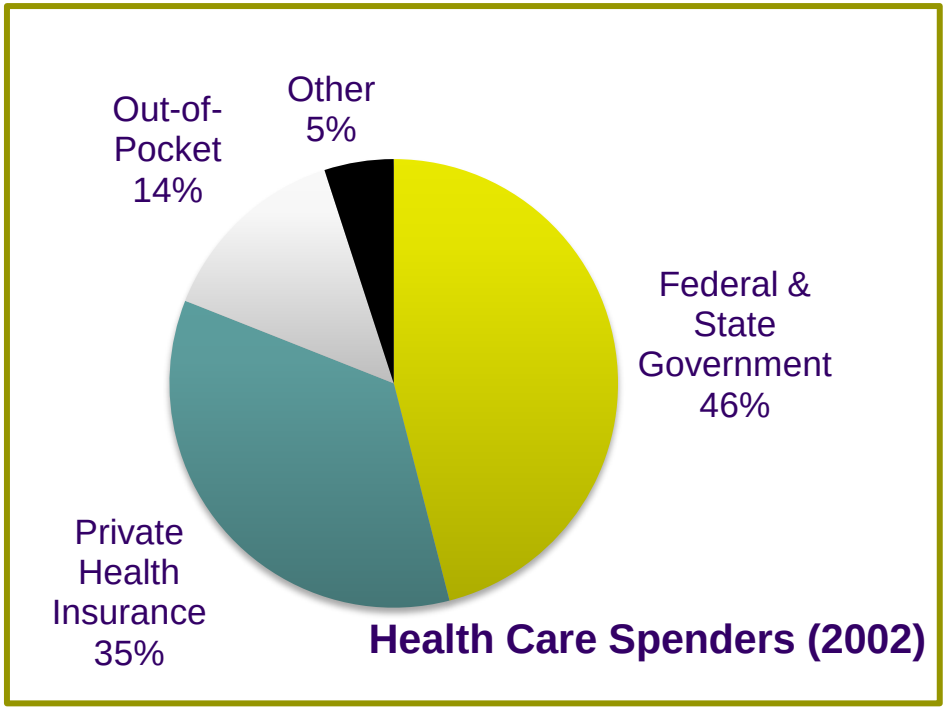
TABLE 10.3
Important Features of Traditional Health Insurance and Alternative Forms of Managed Health Care

		Managed Care		
Dimension	Indemnity Insurance	PPO	IPA/Network HMO	Group/Staff HMO
Role of insurer	Pay bills	Pay bills; form network	Pay bills; form network; monitor utilization	Provide care
Role of cost sharing	Incentives to control use of services	Incentives to use selected providers	Incentives to use selected providers	Incentives to use selected providers
Qualified providers	Almost all	Almost all (network)	Network	Network
Choice of providers	Patient	Patient	Gatekeeper (in network)	Gatekeeper (in network)
Payment of providers	Fee-for-service	Discounted FFS	Capitation	Salary
Limits on utilization	Demand side	Supply side (price)	Supply side (price, quantity)	Supply side (price, quantity)

Source: Cutler, McClellan, and Newhouse (2000), table 1.

The Combined Roles of Government (Federal and States) in Health Care

- Payer…for Medicare, Medicaid, CHIP, health insurance for federal and state employees, etc.; the volume of business overseen and paid for by government makes it possible to influence prices for the health care goods and services it purchases. This is particularly true within the fee-for-service structure, but less so under managed care.



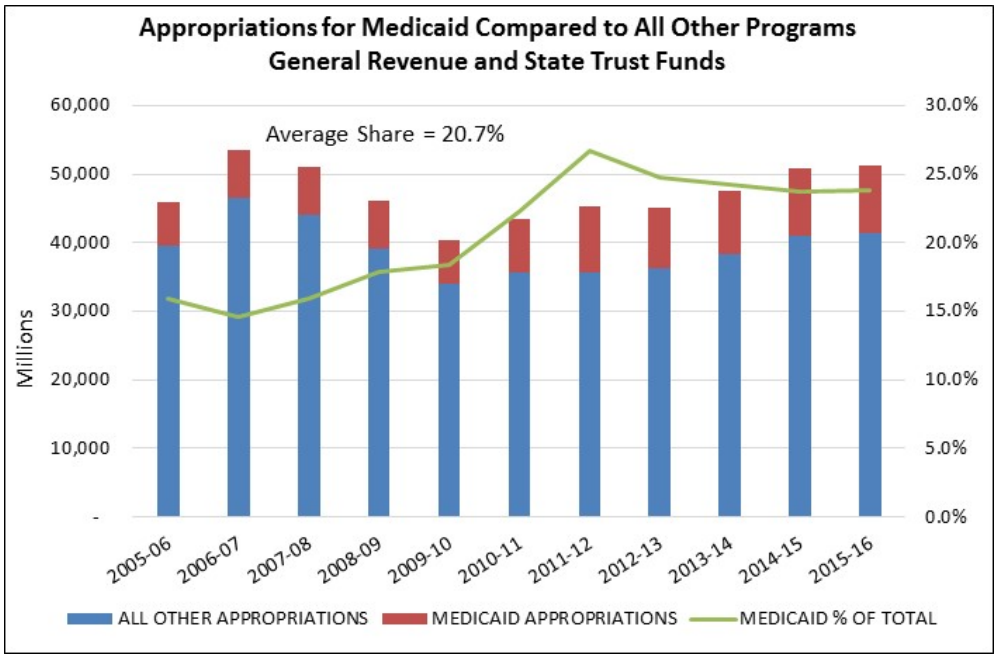
Together, federal and state governments account for 46 percent of all health care expenditures—and the percentage is growing.

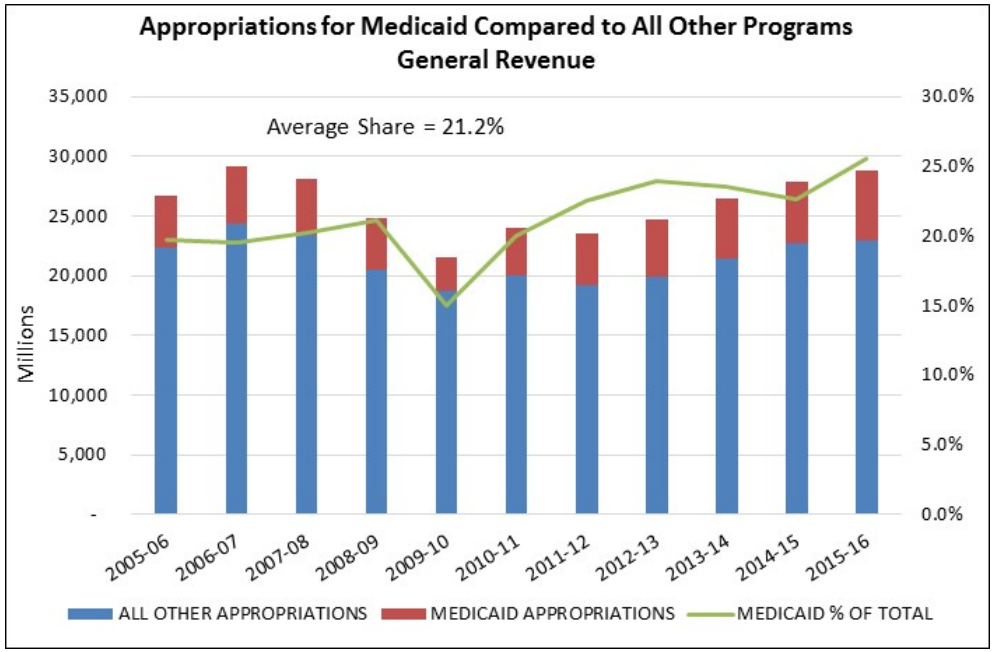
- Leadership…by setting policy that balances the needs of equity and efficiency in the generation and appropriation of tax resources to serve health care needs.

- Regulator…through the oversight of health care professions and markets to protect consumers, including the assurance of a minimum level of quality.

- Watchdog…through the provision of targeted cost controls and containment.

State Budget for Medicaid



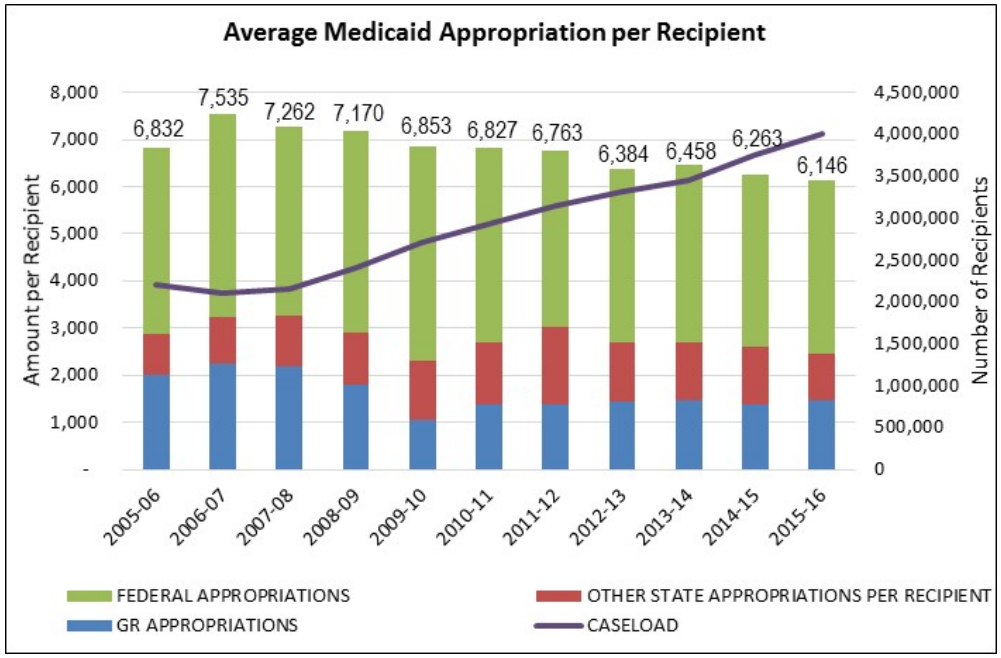


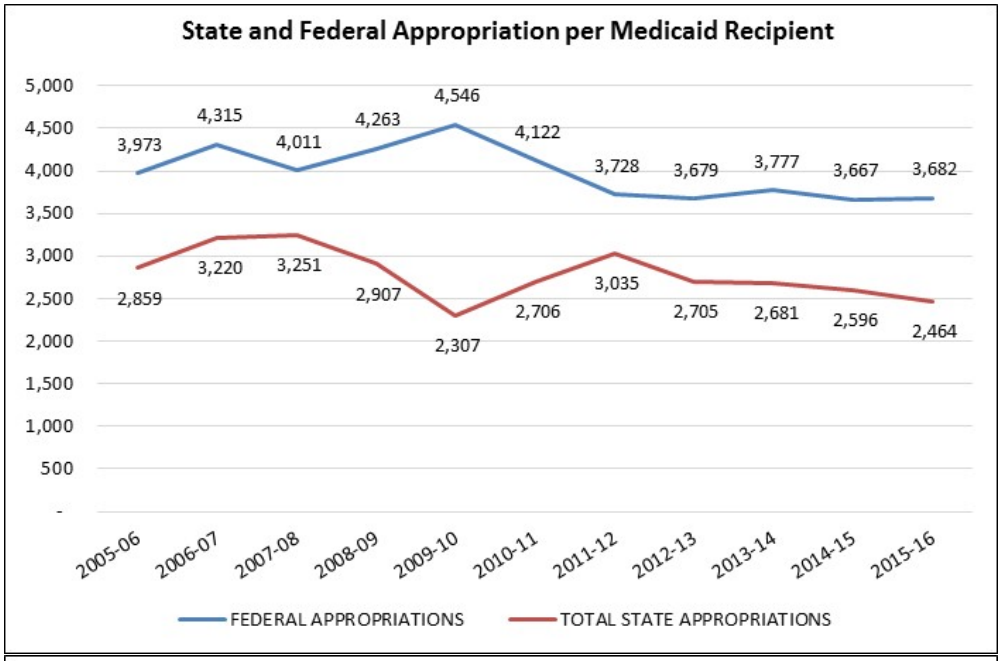
- The General Revenue appropriations for Medicaid as a share of all appropriations from General Revenue (nearly 25%) is higher this year than it has been at any time in the period beginning FY 2005-06. FY 2005-06 was the peak revenue collection year prior to FY 2014-15.

- Part of this year's increase is related to the capitated rate increase (7.2% effective budgetary increase), and the remainder is related to medical inflation, drug costs, and increased caseload.

- State share growth rates are projected to be 3.3% for FY 2016-17, 3.9% for FY 2017-18, and 5.8% for FY 2018-19. Including federal funds, the annual growth rates average 5.4% for the same period.

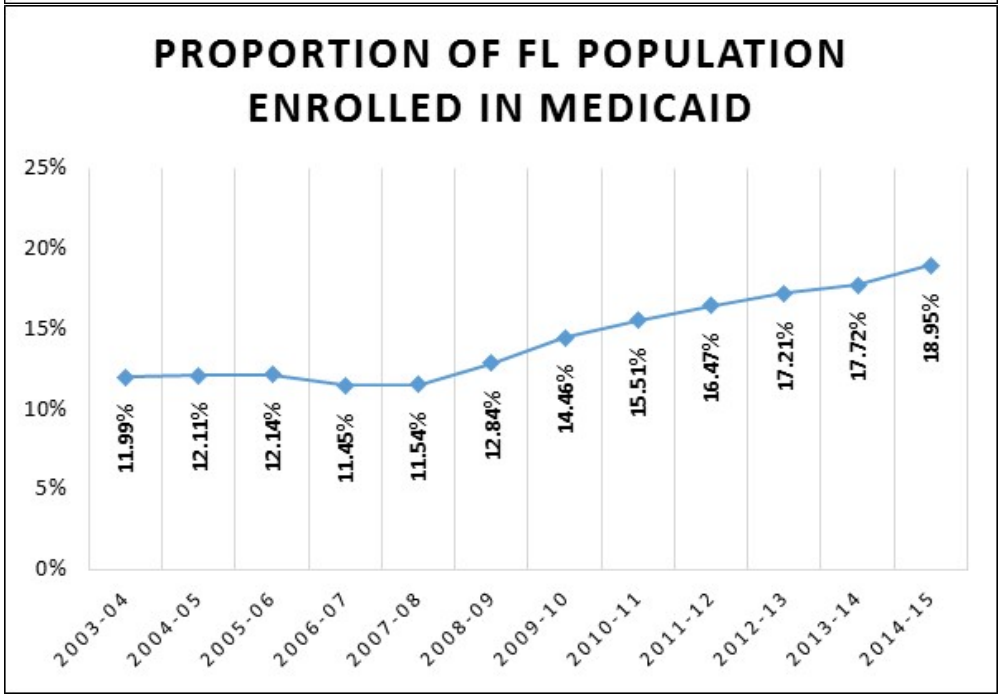
Medicaid Budget Per Recipient



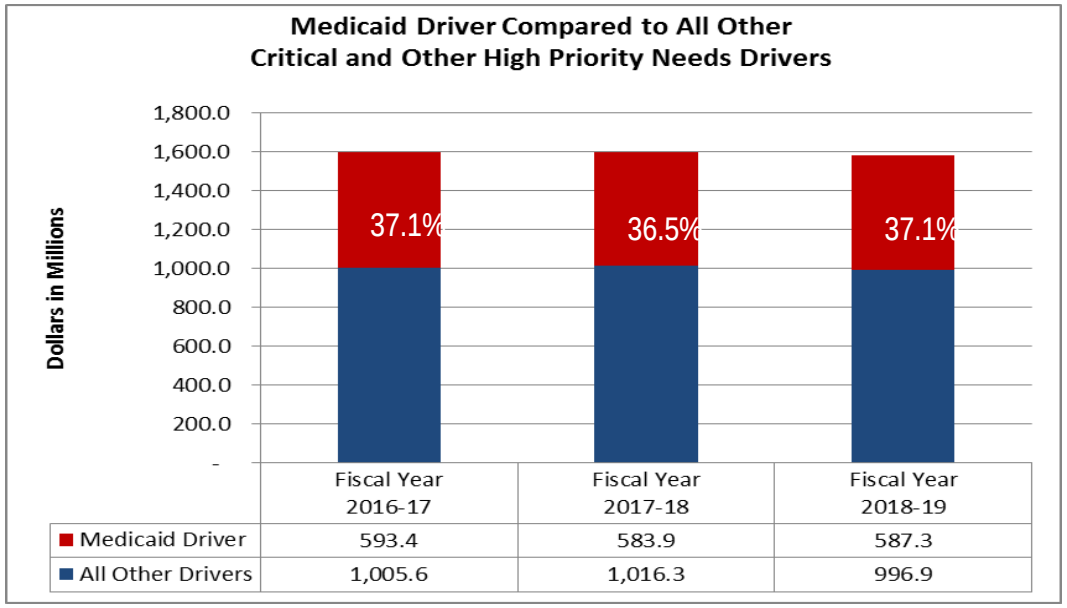


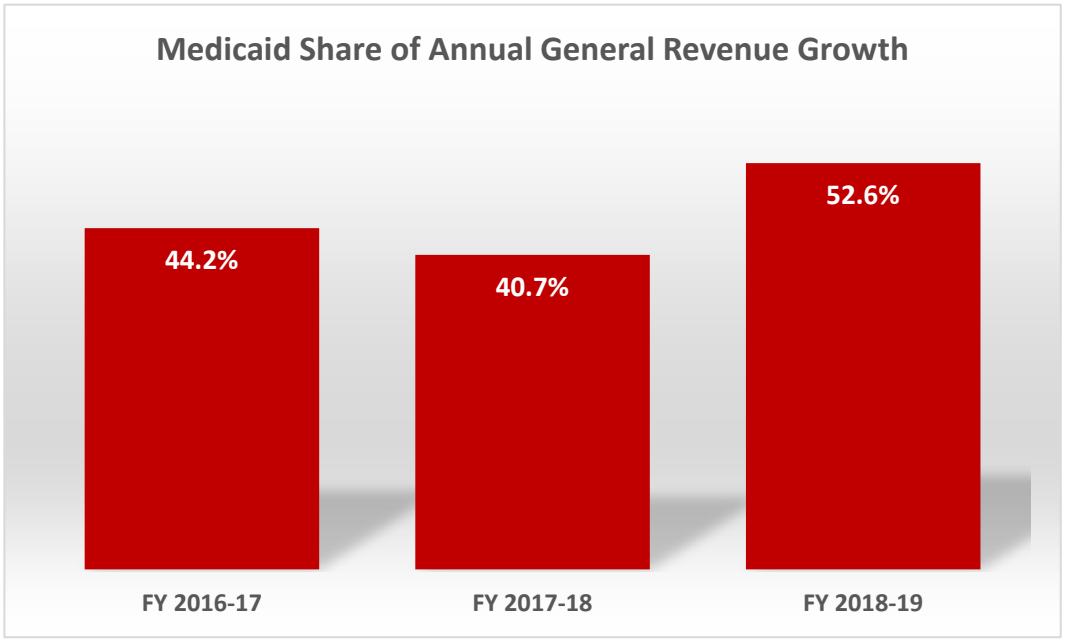
- On a per recipient basis, the picture is slightly better. The overall cost per recipient has been coming down since FY 2013-14, and similar trends are being seen at the national level. The state share has further benefitted from an improved FMAP (Federal Medical Assistance Percentage).

- FY 2015-16 state Medicaid recipients are expected to top 4 million for the first time (4,002,642). This is approaching 20% of the state's population.



Long-Range Financial Outlook





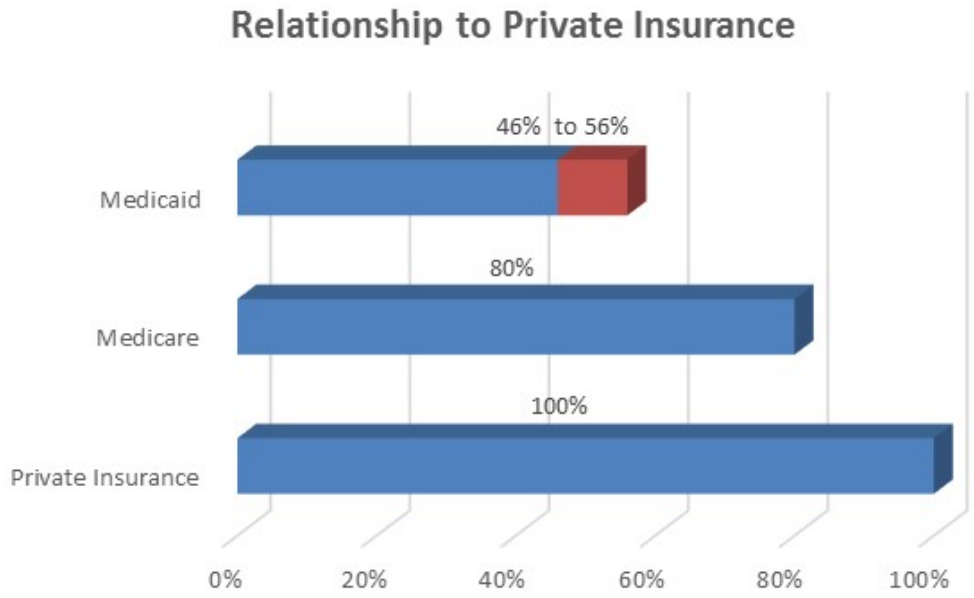
The Medicaid Program is the largest driver in all three years of the 2015 Long-Range Financial Outlook, representing 37.1 percent, 36.5 percent, and 37.1 percent of total Critical and Other High Priority Needs. The Medicaid need included in the 2015 Outlook is larger both in total dollar need by year and relative to the other drivers in that year than it was in the 2014 Outlook which showed 14.9 percent, 33.6 percent, and 35.5 percent, respectively.

Over the three-year period covered by the Outlook, the additional Medicaid need each year consumes an average of 45.9% of the expected General Revenue growth for that year.

State Driver: Medicaid Conversion

There is an additional factor which may be driving the initial growth in Florida's managed care program for Medicaid. CMS requires rates to be *actuarially sound*, which has been defined by some actuaries to mean rates that "provide for all reasonable, appropriate and attainable costs, including health benefits, health benefit settlement expenses, marketing and administrative expenses, any state-mandated assessments and taxes, and the cost of capital." To the extent that the state tightly controlled prior cost increases under the old fee-for-service model, there may be a one-time adjustment to comply with the CMS requirement to be actuarially sound.

The General Appropriations Act for FY 2015-16 assumed a 4% increase in capitation rates on September 1, 2015. At the August 2015 conference, the Social Services Estimating Conference incorporated the approved MMA capitated rate increase of 7.7% for the current year and projected future rate increases of 5% per year.



Note: Rates in the graph are for physician services only.

THE FLORIDA SENATE

APPEARANCE RECORD

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

October 8, 2015
Meeting Date

n/a
Bill Number (if applicable)

n/a
Amendment Barcode (if applicable)

Topic Economics of Health Care Spending

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Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing n/a --- Legislative Staff

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 (10/14/14)

Key Factors Influencing the Price of Health Insurance

Senate Appropriations Committee
October 8, 2015

Rich Robleto
Deputy Commissioner - Life & Health

Forces Driving Premium Change

Premium changes are driven by:

- Cost of Care
- Utilization of Services
- Other Factors

Cost of Care

Cost Trends

Costs can be divided into seven main categories

Benefit Category	Percentage of Medical Costs	Trend
Outpatient Hospital	27.2%	7.5%
Professional	26.1%	4.3%
Inpatient Hospital	22.4%	5.7%
Prescription Drug	18.0%	8.9%
Other Medical	4.3%	8.9%
Capitation	2.0%	1.6%
Non-Medical		~1.4%
Total		**7.9%**

Source: 2016 Individual and Small Group ACA Filings

5-year Small Group Trend

Year	Total Annualized Premium (in millions)	Blocks of Business	Trend
2012	$2,009	Grandfathered and Transitional	10.8%
2013	$2,278	Grandfathered and Transitional	9.0%
2014	$2,959	ACA, Grandfathered and Transitional	8.2%
2015	$2,835	Projected ACA, Grandfathered and Transitional	8.3%
2016	$2,694	Projected ACA, Grandfathered and Transitional	8.4%
	$12,775		**8.8%**

Source: Company rate filings from the top 5 Small Group insurance companies

Cost of Care

Health Care Prices

- Hospital and provider contracts
- Advanced technology
- Prescription drugs
- Expanded coverage

Cost of Care – Expanded Coverage

Essential Health Benefits

- Ambulatory Patient Services
- Emergency Services
- Hospitalization
- Maternity Care
- Mental Health and Substance Abuse
- Prescription Drugs
- Rehabilitative and Habilitative Services
- Laboratory Services
- Preventative and Wellness Services
- Pediatric Services

Utilization of Services

Utilization of Services

- Pent up demand
- Guaranteed Issue
- Encouraged use of services
- Lifestyle choices
- New technology/services available
- Population aging

Other Factors

Other Factors

- Impact of PPACA
- Market dynamics
- Population growth

Premium Management Strategies

Premium Management Strategies

- Limiting out of network coverage
- Narrowing of the networks
- Mergers and acquisitions
- Outcome based initiatives
- Integrating patient information

Market
Premium Increases

Florida's PPACA Filing Results

Individual

- Average rate increase – 9.5%
- Carriers on Exchange – down from 14 to 11
- Carriers off Exchange – down from 22 to 19

Small Group

- Average rate increase – 6.9%
- Carriers on Exchange – up from 6 to 7
- Carriers off Exchange – down from 17 to 15

Source: 2015 and 2016 Individual and Small Group PPACA Filings

Historical Rate Revisions

Individual Market	2012	2013	2014[2]	2015[2]	2016[2]
Weighted Average Rate Change:[1]	9.9%	12.6%	33.4%	12.9%	9.5%

Small Group Market	2012	2013	2014[2]	2015[2]	2016[2]
Weighted Average Rate Change:[1]	5.6%	8.4%	12.7%	8.4%	6.9%

[1]Percent changes are based on actual enrollment and do not represent the percent difference for a single policyholder

[2]PPACA Plan Years

Source: Company rate filings

Market Statistics

Enrollment

	2013	2014	Difference	% Change
Individual	814,531	1,503,564	689,033	84.59%
Small Group	746,408	598,361	(148,047)	-19.83%
Large Group	2,059,287	1,977,948	(81,339)	-3.95%
Total Group	2,805,695	2,576,309	(229,386)	-8.18%
Total Market	3,620,226	4,079,873	459,647	12.70%

Source: 2013 and 2014 Gross Annual Premium & Enrollment Reports

Gross Annual Premium

	2013 (in millions)	2014 (in millions)	Difference (in millions)	% Change
Individual	$2,327	$5,215	$2,888	124.08%
Small Group	$3,675	$3,097	($578)	-15.72%
Large Group	$6,575	$7,125	$550	8.36%
Total Group	$10,250	$10,222	($28)	-0.27%
Total Market	$12,577	$15,437	$2,860	22.74%

Source: 2013 and 2014 Gross Annual Premium & Enrollment Reports

Loss Ratios

	2013	2014
Individual	79%	92%
Small Group	79%	76%
Large Group	83%	83%
Total Group	81%	81%
Total Market	81%	85%

Source: 2013 and 2014 Gross Annual Premium & Enrollment Reports

Questions?

Rich Robleto
(850) 413-5104
Rich.Robleto@floir.com

THE FLORIDA SENATE

APPEARANCE RECORD

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

10/8/15
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Factors impacting health insurance

Name Rich Robleto

Job Title Deputy Commissioner - OIR

Address 200 East Gaines St
Street

Tallahassee FL 32301
City *State* *Zip*

Phone 8504135104

Email rich.robleto@floir.com

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing OIR

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 (10/14/14)

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Military and Veterans Affairs, Space, and Domestic Security, *Chair*
Children, Families, and Elder Affairs, *Vice-Chair*
Appropriations
Appropriations Subcommittee on General Government
Environmental Preservation and Conservation
Finance and Tax

SENATOR THAD ALTMAN
16th District

October 5, 2015

The Honorable Tom Lee
418, The Capitol
404 South Monroe St.
Tallahassee, FL 32399-1100

Dear Chair Lee,

The purpose of this letter is to seek your permission to be excused from the scheduled *Appropriations Committee* meeting on Thursday, October 8, 2015. Due to unforeseen circumstances, I will not be able to attend.

Should you have any questions concerning this matter, please do not hesitate to contact me personally.

Sincerely,

Thad Altman

Thad Altman
District 16

TA/dmw

Tom Lee

CC: Cindy Kynoch, Staff Director;
Alicia Weiss, Committee Administrative Assistant;
Lisa Roberts, Committee Administrative Assistant

REPLY TO:
☐ 8910 Astronaut Blvd, Cape Canaveral, FL 32920 (321) 868-2132
☐ 314 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5016

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

ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore

The Florida Senate

State Senator René García

38th District

Please reply to:

District Office:

1490 West 68 Street
Suite # 201
Hialeah, FL. 33014
Phone# (305) 364-3100

October 8th, 2015

The Honorable President Andy Gardiner
President of the Senate
409 The Capitol
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear President Gardiner:

Please excuse my absence from the Appropriations Committee on October 8th, as I had an urgent matter to attend to during the time the committee was scheduled.

Sincerely,

State Senator René García
District 38
RG:AD

CC: Reynold Meyer, Debbie Brown

Committees: Appropriations Subcommittee on Health & Human Services, Chairman, Appropriations, Children, Families, and Elderly Affairs, Health Policy, Agriculture, Education Pre-K – 12, Joint Legislative Budget Committee and Communications, Energy and Public Utilities.

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Communications, Energy, and Public Utilities, *Chair*
Agriculture
Appropriations
Appropriations Subcommittee on Health and Human Services
Health Policy
Transportation

JOINT COMMITTEES:
Joint Administrative Procedures Committee
Joint Legislative Budget Commission

SENATOR DENISE GRIMSLEY
Deputy Majority Leader
21st District

October 1, 2015

The Honorable Tom Lee, Chair
Senate Committee on Appropriations
Room 201, The Capitol
404 S. Monroe Street
Tallahassee, Florida 32399-1100

Dear President Lee,

I respectfully request permission to be excused from our committee meeting on Thursday, October 8, 2015. I have a previous commitment in my district to attend.

Sincerely,

Denise Grimsley

Denise Grimsley
Senator, District 21

cc: Cindy Kynoch, Staff Director

DG/mm

REPLY TO:
- 205 South Commerce Avenue, Suite A, Sebring, Florida 33870 (863) 386-6016
- 212 East Stuart Avenue, Lake Wales, Florida 33853 (863) 679-4847
- 306 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5021

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

ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Appropriations Subcommittee on Transportation, Tourism, and Economic Development, *Chair*
Appropriations
Commerce and Tourism
Governmental Oversight and Accountability
Regulated Industries
Rules

SENATOR JACK LATVALA
20th District

October 8, 2015

The Honorable Tom Lee, Chair
Senate Appropriations Committee
404 S. Monroe Street, 201 Cap
Tallahassee, FL 32399-1100

Dear Chair Lee:

Please excuse me from attending the Senate Appropriations Committee meeting on October 8, 2015. I must leave the capitol earlier than expected due to business responsibilities.

Thank you for your consideration.

Sincerely,

Jack Latvala

Tom Lee

Jack Latvala
Senator, District 20

Cc: Cyndi Kynoch , Staff Director; Alicia Weiss, Administrative Assistant

REPLY TO:
☐ 26133 U.S. Highway 19 North, Suite 201, Clearwater, Florida 33763 (727) 793-2797 FAX: (727) 793-2799
☐ 408 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5020

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

ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Ethics and Elections, *Chair*
Banking and Insurance, *Vice Chair*
Appropriations
Appropriations Subcommittee on Health and Human Services
Commerce and Tourism
Regulated Industries
Rules

SENATOR GARRETT RICHTER
President Pro Tempore
23rd District

October 5, 2015

The Honorable Tom Lee, Chair
Committee on Appropriations
201 The Capitol
404 South Monroe Street
Tallahassee, FL 32399

Dear Chairman Lee:

I respectfully asked to be excused from the Appropriations Committee meeting scheduled for Thursday, October 8, 2015.

Sincerely,

Garrett Richter

cc: Cindy Kynoch, Staff Director

REPLY TO:
☐ 3299 E. Tamiami Trail, Suite 203, Naples, Florida 34112-4961 (239) 417-6205
☐ 404 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5023
☐ 25 Homestead Road North, Suite 42 B, Lehigh Acres, Florida 33936 (239) 338-2777

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

ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore

CourtSmart Tag Report

Room: KN 412 **Case No.:** **Type:**
Caption: Senate Appropriations Committee **Judge:**

Started: 10/8/2015 1:13:44 PM
Ends: 10/8/2015 2:58:36 PM Length: 01:44:53

1:13:43 PM Sen. Lee (Chair)
1:14:54 PM TAB 1 - Presentation on the Economics of Health Care Spending
1:14:58 PM Sen. Lee
1:16:41 PM Amy Baker, Coordinator, Office of Economic and Demographic Research
1:32:22 PM Sen. Ring
1:32:43 PM A. Baker
1:38:59 PM Sen. Hays
1:39:49 PM A. Baker
1:40:25 PM Sen. Hays
1:42:05 PM A. Baker
1:42:19 PM Sen. Gaetz
1:44:50 PM A. Baker
1:50:15 PM Sen. Gaetz
1:50:38 PM A. Baker
1:51:22 PM Sen. Gaetz
1:52:19 PM A. Baker
1:56:17 PM Sen. Lee
1:58:20 PM A. Baker
1:58:55 PM Sen. Lee
1:59:02 PM A. Baker
2:00:26 PM Sen. Lee
2:00:38 PM A. Baker
2:00:46 PM Sen. Margolis
2:01:06 PM A. Baker
2:01:51 PM Sen. Lee
2:02:46 PM A. Baker
2:05:37 PM Sen. Lee
2:06:36 PM A. Baker
2:08:54 PM Sen. Lee
2:09:14 PM TAB 2 - Presentation on Key Factors Influencing the Price of Health Insurance
2:09:31 PM Richard Robleto, Deputy Commissioner of Life and Health, Office of Insurance Regulation
2:11:59 PM Sen. Lee
2:12:48 PM R. Robleto
2:13:00 PM Sen. Lee
2:13:11 PM R. Robleto
2:14:37 PM Sen. Lee
2:15:16 PM R. Robleto
2:15:21 PM Sen. Lee
2:15:28 PM R. Robleto
2:16:19 PM Sen. Lee
2:16:22 PM R. Robleto
2:17:09 PM Sen. Lee
2:17:30 PM R. Robleto
2:18:10 PM Sen. Lee
2:18:15 PM R. Robleto
2:33:18 PM Sen. Lee
2:34:25 PM R. Robleto
2:35:23 PM Sen. Hays
2:36:35 PM R. Robleto
2:37:28 PM Sen. Hays
2:37:40 PM R. Robleto
2:40:07 PM Sen. Lee

2:40:39 PM R. Robleto
2:40:58 PM Sen. Lee
2:41:15 PM R. Robleto
2:41:25 PM Sen. Lee
2:41:44 PM R. Robleto
2:43:42 PM Sen. Negron
2:49:00 PM R. Robleto
2:49:49 PM Sen. Gaetz
2:51:00 PM R. Robleto
2:52:26 PM Sen. Gaetz
2:54:07 PM R. Robleto
2:54:27 PM Sen. Lee
2:56:03 PM Sen. Hays
2:57:37 PM Sen. Gaetz
2:58:14 PM Sen. Lee