

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**HEALTH POLICY**  
**Senator Young, Chair**  
**Senator Passidomo, Vice Chair**

**MEETING DATE:** Monday, April 17, 2017  
**TIME:** 4:00—6:00 p.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

**MEMBERS:** Senator Young, Chair; Senator Passidomo, Vice Chair; Senators Benacquisto, Book, Hukill, Hutson, Montford, and Powell

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
<b>Senate Confirmation Hearing:</b> A public hearing will be held for consideration of the below-named executive appointment to the office indicated.			
<b>Secretary of Health Care Administration</b>			
1	Senior, Justin M. (Tallahassee)	Pleasure of Governor	Recommend Confirm Yeas 5 Nays 0
<b>State Surgeon General</b>			
2	Philip, Celeste (Tallahassee)	Pleasure of Governor	Recommend Confirm Yeas 5 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
Other Related Meeting Documents			



**RICK SCOTT**  
GOVERNOR

RECEIVED  
17 JAN 18 AM 9:3  
DIVISION OF ELECTION  
SECRETARY OF STATE

January 12, 2017

Secretary Kenneth W. Detzner  
Secretary of State  
State of Florida  
R. A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Detzner:

Please be advised that I have made the following appointment under the provisions of Section 20.42, Florida Statutes:

Mr. Justin Senior  
3131 Dickinson Drive  
Tallahassee, Florida 32311

as Secretary of Health Care Administration, subject to confirmation by the Senate. This appointment is effective October 3, 2016, for a term ending at the pleasure of the Governor.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Scott".

Rick Scott  
Governor

RS/cr

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Leon

RECEIVED  
17 FEB -2 AM 10:21  
DIVISION OF ELECTIONS  
SECRETARY OF STATE

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Secretary of the Agency for Health Care Administration

(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

[Handwritten Signature]

Sworn to and subscribed before me this 31<sup>st</sup> day of January, 2017.

Signature of Officer Administering Oath or of Notary Public

[Handwritten Signature]

Print, Type, or Stamp Commissioned Name of Notary Public

Irish O. Guyton

Personally Known

OR

Produced Identification

Type of Identification Produced \_\_\_\_\_



## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address:  Home  Office

2727 Mahan Drive, MS#1

Street or Post Office Box

Tallahassee, FL 32308

City, State, Zip Code

Justin M. Senior

Print Name

Signature

[Handwritten Signature]

RECEIVED

CERTIFICATION 17 FEB 16 AM 11:10

STATE OF FLORIDA

COUNTY OF Leon

DIVISION OF ELECTIONS  
SECRETARY OF STATE

Before me, the undersigned Notary Public of Florida, personally appeared

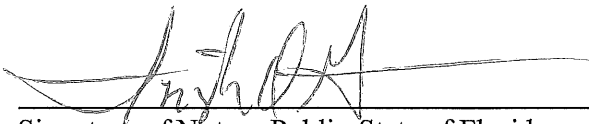
Justin M. Senior

who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.



Signature of Applicant-Affiant

Sworn to and subscribed before me this 16th day of February, 2017.



Signature of Notary Public-State of Florida

Irish O. Guyton

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 4/11/19

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



(seal)

The Florida Senate  
**Committee Notice Of Hearing**

IN THE FLORIDA SENATE  
TALLAHASSEE, FLORIDA

IN RE: Executive Appointment of  
Justin M. Senior  
Secretary of Health Care Administration

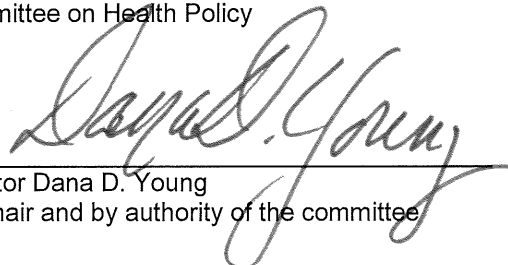
**NOTICE OF HEARING**

TO: Secretary Justin M. Senior

YOU ARE HEREBY NOTIFIED that the Committee on Health Policy of the Florida Senate will conduct a hearing on your executive appointment on Monday, April 17, 2017, in the Pat Thomas Committee Room, 412 Knott Building, commencing at 4:00 p.m., pursuant to Rule 12.7(1) of the Rules of the Florida Senate.

Please be present at the time of the hearing.  
DATED this the 13th day of April, 2017

Committee on Health Policy



\_\_\_\_\_  
Senator Dana D. Young  
As Chair and by authority of the committee

cc: Members, Committee on Health Policy  
Office of the Sergeant at Arms

THE FLORIDA SENATE

# COMMITTEE WITNESS OATH

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**CHAIR:**

**Please raise your right hand and be sworn in as a witness.**

**Do you swear or affirm that the evidence you are about to give will be the truth, the whole truth, and nothing but the truth?**

**WITNESS'S NAME:** Justin Senior

**ANSWER:** I do

Pursuant to §90.605(1), *Florida Statutes*: "The witness's answer shall be noted in the record."

**COMMITTEE NAME:** Health Policy

**DATE:** April 17, 2017

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

April 16, 2017  
Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic Justin Senior AACA Confirmation

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name Paul Wharton

Job Title Lobbyist

Address 8458 Drayton Park Drive  
Street

Phone (904) 563-0627

Jax FL 32216  
City State Zip

Email drpaulwharton@gmail.com

Speaking:  For  Against  Information

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

Representing Flayler Hospital

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.**

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4/17/17

Meeting Date

Bill Number (if applicable)

Topic Conf Hearing - Secretary Justin Senior

Amendment Barcode (if applicable)

Name Mary Thomas

Job Title Assistant General Counsel

Address 1430 Piedmont Dr E  
Street

Phone 850 224 6496

TLH FL 32308  
City State Zip

Email MThomas@flmedical.org

Speaking:  For  Against  Information

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

Representing Florida Medical Association

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  
**APPEARANCE RECORD**

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

4/17/17

Meeting Date

Bill Number (if applicable)

Topic Confirmation - Sec. Justin Senior

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Executive Director

Address 2544 Blairstone Pines Dr.

Phone 878-7364

Street

Tallahassee FL 32301

Email winnsvr@earthlink.net

City

State

Zip

Speaking:  For  Against  Information

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

Representing Florida Osteopathic Medical Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

THE FLORIDA SENATE

APPEARANCE RECORD

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

4/17/17

Meeting Date

Bill Number (if applicable)

Topic Ch. AMCA Secretary Confirmation

Amendment Barcode (if applicable)

Name Chris Nland

Job Title \_\_\_\_\_

Address 1000 Riverside Ave #240

Phone 904-233-3051

Street

Jacksonville, FL 32204

Email nlandlaw@aol.com

City

State

Zip

Speaking:  For  Against  Information

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

Representing Florida Public Health Association

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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THE FLORIDA SENATE

APPEARANCE RECORD

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

4/17/17  
Meeting Date

Bill Number (if applicable)

Topic CONFIRMATION JUSTIN SENIOR

Amendment Barcode (if applicable)

Name Rivers A Buford, III

Job Title GOVERNMENT RELATIONS DIRECTOR

Address 2851 Remington Green  
Street

Phone 850-566-9419

City PALM SPRING FL

State

Zip 32908

Email RBUFORD@HENRS.ORG

Speaking:  For  Against  Information

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

Representing AMERICAN HENRI ASSOCIATION

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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THE FLORIDA SENATE

APPEARANCE RECORD

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

4/17/17

Meeting Date

Bill Number (if applicable)

Topic Nomination of Justin Senior / AHCA

Amendment Barcode (if applicable)

Name Bob Aschalos

Job Title Chief Lobbyist

Address 307 W PARK Ave

Phone 850-224-3907

Street

Tallahassee FL 32301

City

State

Zip

Email baschalos@phca.org

Speaking:  For  Against  Information

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

Representing Florida Health Care Association

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.

THE FLORIDA SENATE

APPEARANCE RECORD

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

4/17/17

Meeting Date

N/A

Bill Number (if applicable)

Topic Justin Senior confirmation

Amendment Barcode (if applicable)

Name Ron Watson

Job Title Lobbyist

Address 3738 Murdon Way

Phone 850 567-1202

Street

Tallahassee

FL

32309

City

State

Zip

Email watson.strategies@comcast.net

Speaking:  For  Against  Information

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

Representing Florida Rental Coalition

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.

The Florida Senate  
**COMMITTEE RECOMMENDATION ON  
EXECUTIVE APPOINTMENT**

**COMMITTEE:** Committee on Health Policy  
**MEETING DATE:** Monday, April 17, 2017  
**TIME:** 4:00—6:00 p.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

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**TO:** The Honorable Joe Negron, President

**FROM:** Committee on Health Policy

The committee was referred the following executive appointment subject to confirmation by the Senate:

**Office:** Secretary of Health Care Administration

**Appointee:** Senior, Justin M.

**Term:** 10/3/2016-Pleasure of Governor

After inquiry and due consideration, the committee recommends that the Senate **confirm** the aforesaid executive appointment made by the Governor.



**RICK SCOTT**  
GOVERNOR

RECEIVED

17 JAN 18 AM 9:38

DIVISION OF ELECTIONS  
SECRETARY OF STATE

January 13, 2017

Secretary Kenneth W. Detzner  
Department of State  
State of Florida  
R. A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Detzner:

Please be advised I have amended the following appointment under the provisions of Section 20.43, Florida Statutes:

Dr. Celeste Philip  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399

As State Surgeon General and State Health Official, subject to confirmation by the Senate. This appointment is effective March 11, 2016 for a term ending at the pleasure of the Governor.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Scott".

Rick Scott  
Governor

RS/mb

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

16 DEC 20 PM 4: 58

STATE OF FLORIDA

County of Leon

DIVISION OF ELECTIONS  
SECRETARY OF STATE

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

State Surgeon General and Secretary of Health

(Title of Office)

on which I am now about to enter, so help me God.

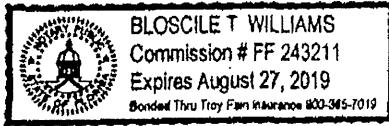
[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Sworn to and subscribed before me this 19<sup>th</sup> day of December, 2016.

Bloscile J. Williams

Signature of Officer Administering Oath or of Notary Public



Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  OR

Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address:  Home  Office

4052 Bald Cypress Way Bin A00

Street or Post Office Box

Tallahassee, Florida 32399

City, State, Zip Code

Celeste Philip, MD, MPH

Print Name

Signature



CERTIFICATION


RECEIVED

15 DEC 21 AM 8:05

DIVISION OF ELECTIONS  
SECRETARY OF STATE

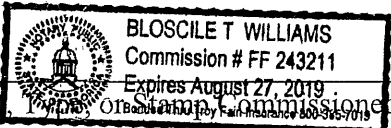
STATE OF FLORIDA  
COUNTY OF Leon

Before me, the undersigned Notary Public of Florida, personally appeared Celeste Philip,  
who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 19th day of December, 2016.

Blosale J. Williams  
Signature of Notary Public-State of Florida

  
(Print Name, Or Stamp, Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

The Florida Senate  
**Committee Notice Of Hearing**

IN THE FLORIDA SENATE  
TALLAHASSEE, FLORIDA

IN RE: Executive Appointment of  
Celeste Philip  
State Surgeon General

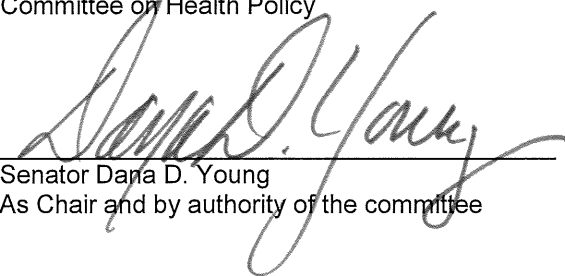
**NOTICE OF HEARING**

TO: Dr. Celeste Philip

YOU ARE HEREBY NOTIFIED that the Committee on Health Policy of the Florida Senate will conduct a hearing on your executive appointment on Monday, April 17, 2017, in the Pat Thomas Committee Room, 412 Knott Building, commencing at 4:00 p.m., pursuant to Rule 12.7(1) of the Rules of the Florida Senate.

Please be present at the time of the hearing.  
DATED this the 13th day of April, 2017

Committee on Health Policy



\_\_\_\_\_  
Senator Dana D. Young  
As Chair and by authority of the committee

cc: Members, Committee on Health Policy  
Office of the Sergeant at Arms

THE FLORIDA SENATE

APPEARANCE RECORD

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

4/17/19

Meeting Date

Bill Number (if applicable)

Topic Surgeon General Confirmation

Amendment Barcode (if applicable)

Name Chris Noland

Job Title

Address 1000 Riverside Ave #240

Phone 904-233-3051

Street

Jacksonville, FL 32204

Email nolandlaw@aol.com

City

State

Zip

Speaking: For [checked] Against [ ] Information [ ]

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

Representing Florida Public Health Association

Appearing at request of Chair: Yes [ ] No [checked]

Lobbyist registered with Legislature: Yes [checked] 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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THE FLORIDA SENATE

APPEARANCE RECORD

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

4/17/17

Meeting Date

N/A

Bill Number (if applicable)

N/A

Amendment Barcode (if applicable)

Topic Surgeon General Confirmation

Name Mark D. Landreth

Job Title Sr. Dir. Govt Relations

Address 2851 Remington Green Cir #6

Street

Phone 850 544 3376

TLH

City

FL

State

32308

Zip

Email mark.landreth@heart.org

Speaking:  For  Against  Information

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

Representing American Heart Association

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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THE FLORIDA SENATE

APPEARANCE RECORD

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

4/17/17

Meeting Date

NA

Bill Number (if applicable)

Topic Dr. Phillip

Amendment Barcode (if applicable)

Name Ron Watson

Job Title Lobbyist

Address 3738 Munden Way

Phone 850 567-1202

Street

Tallahassee FL 32309

City

State

Zip

Email watson.strategy@conca.net

Speaking:  For  Against  Information

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

Representing Alt Med

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4/17/17  
Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic Conf Hearing - Surgeon General Dr. Philip

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name Mary Thomas

Job Title Assistant General Counsel

Address 1430 Piedmont Dr E

Phone 850-224-6496

Street

TH

FL

32308

City

State

Zip

Email MThomas@flmedical.org

Speaking:  For  Against  Information

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

Representing Florida Medical Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4/17/17  
Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic Confirmation - Surg. Gen. Celeste Philip

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Executive Director

Address 2544 Blairstone Pines Dr. Phone 878-7364

Street

Tallahassee

FL

32301

Email winnsr@earthlink.net

City

State

Zip

Speaking:  For  Against  Information

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

Representing Florida Osteopathic Medical Association

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.**

The Florida Senate  
**COMMITTEE RECOMMENDATION ON  
EXECUTIVE APPOINTMENT**

**COMMITTEE:** Committee on Health Policy  
**MEETING DATE:** Monday, April 17, 2017  
**TIME:** 4:00—6:00 p.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

---

**TO:** The Honorable Joe Negron, President

**FROM:** Committee on Health Policy

The committee was referred the following executive appointment subject to confirmation by the Senate:

**Office:** Secretary of Health Care Administration

**Appointee:** Senior, Justin M.

**Term:** 10/3/2016-Pleasure of Governor

After inquiry and due consideration, the committee recommends that the Senate **confirm** the aforesaid executive appointment made by the Governor.