

The Florida Senate  
**COMMITTEE MEETING EXPANDED AGENDA**

**HEALTH POLICY**  
**Senator Burton, Chair**  
**Senator Brodeur, Vice Chair**

**MEETING DATE:** Thursday, April 13, 2023

**TIME:** 8:30—10:00 a.m.

**PLACE:** *Pat Thomas Committee Room, 412 Knott Building*

**MEMBERS:** Senator Burton, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Avila, Book, Broxson, Burgess, Calatayud, Davis, Garcia, Harrell, and Osgood

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
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**Senate Confirmation Hearing:** A public hearing will be held for consideration of the below-named executive appointment to the office indicated.

**Secretary of Health Care Administration**

1	Weida, Jason C. ()	Pleasure of Governor	Recommend Confirm Yeas 7 Nays 3
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TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
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Other Related Meeting Documents



**RON DeSANTIS**  
GOVERNOR

RECEIVED

2023 FEB -2 PM 2:14

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

January 26, 2023

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

Dear Secretary Byrd:

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

Mr. Jason Weida

as Secretary of the Agency for Health Care Administration, filling a vacant seat previously occupied by Simone Marstiller, subject to confirmation by the Senate. This appointment is effective January 26, 2023, for a term ending at the pleasure of the Governor.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/ch

HAND DELIVERED

OATH OF OFFICE RECEIVED  
(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

2023 MAR 13 PM 4:48

County of Leon

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

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 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]  
Signature

Sworn to and subscribed before me by means of ☒ physical presence or  
online notarization, this 13<sup>TH</sup> day of MARCH, 2023.

Mary Gay Templeton

Signature of Officer Administering Oath or of Notary Public

Mary Gay Templeton

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

\_\_\_\_\_  
Street or Post Office Box

Jason C. Weida  
Print Name

\_\_\_\_\_  
City, State, Zip Code

[Signature]  
Signature

35

**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

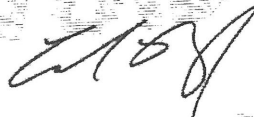
***Jason C. Weida***

is duly appointed

**Secretary,  
Agency for Health Care Administration**

for a term beginning on the Twenty-Sixth day of January, A.D.,  
2023, to serve at the pleasure of the Governor and is subject to  
be confirmed by the Senate during the next regular session of the  
Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Fifteenth day of March, A.D., 2023.*



Secretary of State



**The Florida Senate**  
**Committee Notice Of Hearing**

IN THE FLORIDA SENATE  
TALLAHASSEE, FLORIDA

IN RE: Executive Appointment of  
Jason C. Weida  
Secretary of Health Care Administration

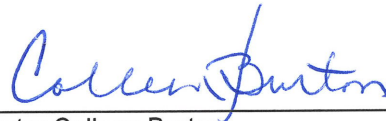
**NOTICE OF HEARING**

TO: Secretary Jason C. Weida

YOU ARE HEREBY NOTIFIED that the Committee on Health Policy of the Florida Senate will conduct a hearing on your executive appointment on Thursday, April 13, 2023, in the Pat Thomas Committee Room, 412 Knott Building, commencing at 8:30 a.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 10th day of April, 2023

Committee on Health Policy



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Senator Colleen Burton  
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:** Jason C. Weida

**ANSWER:** Yes

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

**COMMITTEE NAME:** Senate Health Policy Committee

**DATE:** 04/13/2023

The Florida Senate

**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Street

City

State

Zip

Email

Speaking:

☒

For

☐

Against

☒

Information

**OR**

Waive Speaking:

☐

In Support

☐

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐

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. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

4-13-23

Meeting Date

The Florida Senate

# APPEARANCE RECORD

Confirmation of Secretary Weida  
Bill Number or Topic

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Health Policy  
Committee

Name Jarrod Fowler

Phone 850-224-6496

Address 1430 Piedmont Dr. E  
Street

Email Jfowler@fimedical.org

Tallahassee FL 32308  
City State Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

## PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

Florida Medical Association

☐ 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. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)



The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Confirmation

Bill Number or Topic

Meeting Date

4-13-23  
Health Policy

Committee

Amendment Barcode (if applicable)

Name

Paul Runk

Phone

850-527-9761

Address

117 Glenhaven Terrace

Email

prunk@amerihealthcaritas.com

Street

Tallahassee

FL

32312

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

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:

Ameri Health Caritas

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)

The Florida Senate

**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Confirmation

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

4/13/23

Health Policy

Committee

Name

Ron Watson

Phone

850 567 1202

Address

914 Seafair Lane

Email

Watson.Strategies@comcast.net

Street

Tallahassee

FL

32317

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

**OR**

Waive Speaking:

☒

In Support

☐

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐

I am appearing without  
compensation or sponsorship.

☒

I am a registered lobbyist,  
representing:

Florida Renal Association

☐

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. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

**APPEARANCE RECORD**

AHCA Sec. Confirmation

Meeting Date

Bill Number or Topic

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

**OR**

Waive Speaking:

☒

In Support

☐

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**☐I am appearing without  
compensation or sponsorship.☒I am a registered lobbyist,  
representing:Florida Health Care  
Association☐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. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

The Florida Senate  
**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Confirm of Jason *weida*  
Bill Number or Topic

Amendment Barcode (if applicable)

*4/13*  
Meeting Date  
*Health Policy*  
Committee

Name *DAVID MICA, Jr* Phone

Address Street Email

City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ 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:

*Florida Hospital Assn.*

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.

S-001 (08/10/2021)



The Florida Senate

APPEARANCE RECORD

5-13-2023

Meeting Date

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Jason Weida  
Confirmation

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Melanie Brown Woofter

Phone

850 224 6048

Address

316 E Park

Email

melanie@fbha.org

Street

Tallahassee FL 32301

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

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:

Florida Council for Behavioral Healthcare

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.

S-001 (08/10/2021)



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Appropriations Committee on Agriculture,  
Environment, and General Government, *Chair*  
Health Policy, *Vice Chair*  
Appropriations  
Appropriations Committee on Health  
and Human Services  
Children, Families, and Elder Affairs  
Community Affairs  
Regulated Industries  
Rules

### JOINT COMMITTEE:

Joint Legislative Auditing Committee

### SENATOR JASON BRODEUR

10th District

April 10, 2023

The Honorable Colleen Burton, Chair  
Committee on Health Policy  
318 Senate Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chair Burton,

I respectfully request to be excused from your Committee on Health Policy meeting scheduled for April 13, 2023 at 8:30 AM. I regret that I have an unavoidable conflict during this time and sincerely apologize for any inconvenience this may cause.

Thank you for your consideration. Please reach out to my office if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Jason Brodeur". The signature is fluid and cursive, with the first name "Jason" being more prominent than the last name "Brodeur".

Senator Jason Brodeur – District 10

### REPLY TO:

- ☐ 110 Timberlachen Circle, Suite 1012, Lake Mary, Florida 32746 (407) 333-1802
- ☐ 405 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5010

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**KATHLEEN PASSIDOMO**  
President of the Senate

**DENNIS BAXLEY**  
President Pro Tempore

# CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Committee on Health Policy

Judge:

Started: 4/13/2023 8:33:55 AM

Ends: 4/13/2023 9:41:58 AM

Length: 01:08:04

8:33:54 AM	Chair Burton calls meeting to order
8:33:59 AM	Roll Call
8:34:27 AM	Quorum is present
8:34:33 AM	Take up Tab 1 Confirmation Hearing for Appointment- Jason C. Weida, Secretary of AHCA
8:35:07 AM	Chair Burton administers witness oath to Secretary Weida
8:35:19 AM	Chair Burton recognize Secretary Weida to address the committee
8:47:08 AM	Question by Senator Book
8:48:41 AM	Answer by Secretary Weida
8:50:57 AM	Question by Senator Book
8:51:09 AM	Answer by Secretary Weida
8:53:05 AM	Question by Senator Book
8:53:21 AM	Answer by Secretary Weida
8:54:06 AM	Question by Senator Book
8:54:17 AM	Answer by Secretary Weida
8:55:08 AM	Question by Senator Book
8:55:59 AM	Answer by Secretary Weida
8:57:06 AM	Question by Senator Book
8:57:55 AM	Answer by Secretary Weida
8:59:27 AM	Question by Senator Book
8:59:32 AM	Answer by Secretary Weida
9:01:01 AM	Question by Senator Book
9:01:18 AM	Answer by Secretary Weida
9:02:48 AM	Question by Senator Davis
9:05:50 AM	Answer by Secretary Weida
9:05:56 AM	Question by Senator Davis
9:06:07 AM	Answer by Secretary Weida
9:08:21 AM	Question by Senator Davis
9:08:26 AM	Answer by Secretary Weida
9:17:40 AM	Question by Senator Davis
9:19:09 AM	Answer by Secretary Weida
9:19:20 AM	Question by Senator Davis
9:22:35 AM	Answer by Secretary Weida
9:22:42 AM	Question by Senator Davis
9:23:09 AM	Answer by Secretary Weida
9:23:54 AM	Question by Senator Harrell
9:25:57 AM	Answer by Secretary Weida
9:29:11 AM	Question by Senator Harrell
9:29:36 AM	Answer by Secretary Weida
9:35:43 AM	Question by Senator Avila
9:35:50 AM	Answer by Secretary Weida
9:38:35 AM	Public Appearance by Jarrod Fowler of Florida Medical Association
9:38:58 AM	Public Appearance by Paul Runk Amerihealth Caritas
9:39:05 AM	Public Appearance by Ron Watson of Florida Renal Association
9:39:10 AM	Public Appearance by Tom Parker of Florida Healthcare Association
9:39:14 AM	Public Appearance by David Mica of Florida Hospital Association
9:39:22 AM	Public Appearance by Melanie Brown Woofter of Florida Council for Behavioral Healthcare
9:39:31 AM	Senator Harrell moves to recommend confirmation of Jason Weida as the Secretary of AHCA
9:39:47 AM	Roll Call confirmation
9:39:57 AM	Vote recorded
9:40:27 AM	Comment by Chair Burton
9:40:53 AM	Senator Harrell moves
9:41:49 AM	Meeting adjourned