

# Legislative Link

*A legislative update provided by the United Way of Florida, Inc.*

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United Way of Florida

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## INVEST IN HEALTHY FAMILIES!

In 2004, Florida's rate of child maltreatment was the highest in the nation, with 32.5 victims per 1000 children.

A Florida child is abused or neglected every 4 minutes. Ten thousand Florida children are abused or neglected every month.

The cost of child maltreatment to society is tremendous. National estimates of direct and indirect impacts range from \$24 to \$94 billion each year and many argue that these estimates are likely to understate the true costs due to the difficulty in capturing the full range of indirect costs such as cash and food assistance

A child dies every four days from abuse or neglect in Florida.

The blight of child abuse and neglect in Florida must be addressed. Every day we don't do everything we can to eliminate it causes more pain, suffering, familial and societal disfunction, and economic loss.

We cannot rid ourselves of this terrible blight – or even, more realistically, minimize it – with deep-end services intended to assist children after they have been victimized. We must prevent it before it happens. Unfortunately, abysmal funding for prevention is a problem that plagues Florida and every other state.

While books could be written about government's failure at all levels to adequately fund prevention programs, Florida lawmakers have wisely invested in the nation's premier child abuse and prevention program since 1998-1999. Healthy Families Florida has proven its value in the subsequent eight years.

Healthy Families Florida services are currently provided in 53 of Florida's 67 counties, 30 of which are fully covered and 23 have services available in targeted, high risk zip code areas. A five year independent evaluation showed numerous benefits of the program, including the fact that Healthy Families participants had 20% less child abuse and neglect than other families in their target areas. Think about it: A 20% decline in Florida's annual 120,000 abuse and neglect cases translates to a possible 24,000 fewer cases of abuse and neglect. Imagine the lives and money that could be saved!

But Healthy Families is struggling. Healthy Families funding has remained flat the last four years while case loads and business related expenses have steadily increased. An additional investment of \$4.8 million dollars is needed to insure that the 13,000 families receiving Healthy Families services continue to receive high quality services that will reflect the same profound benefits that Healthy Families has proven it can provide.

Another \$989,000 is needed to evaluate the addition of a high risk specialist in six Healthy Families projects next year, and an additional \$2.2 million dollars is needed to expand Healthy Families services to an estimated 550 families living in the fourteen rural counties that currently do not have Healthy Families.

Given the potential yield, these investments must be made by the 2007 Legislature.

## FLORIDA PRE-K PROGRAM MORE QUALITY NEEDED

Last week, the National Institute for Early Education Research released its annual *Preschool Yearbook* report. In it, Florida ranked 35th of the 38 states that have state-funded pre-k and met just four of 10 quality standards measured in the study. Just two other states, Pennsylvania and Kansas, met fewer standards.

States earned points for having early learning standards, meeting minimum class sizes, requiring one teacher for every 10 children and monitoring through site visits, and lost points for not providing at least one

meal a day or vision, hearing and other health screenings.

One of the biggest reasons for the low ranking is because, as advocates have lamented, Florida's per student allocation of about \$2,600 is far below the national average of \$3,482 – an average that itself was dragged down by Florida's low spending. New Jersey spends the most per student, at \$9,854, and the only three states that spend less than Florida are Maine, Maryland and South Carolina.

### *CATASTROPHE LOSSES*

Weather related catastrophe losses have increased from about \$1 billion a year in the 1970s to an average of \$17 billion a year over the past decade. In 2005, the year of Katrina, that figure reached \$71 billion.

*Newsweek, January 29, 2007 Issue*



### *WORLD'S THINNEST BOOKS*

*MY SUPER BOWL HIGHLIGHTS* by Dan Marino

*THINGS I LOVE ABOUT BILL* by Hillary Clinton

*THINGS I CANNOT AFFORD* by Bill Gates

*THINGS I WOULD NOT DO FOR MONEY* by Dennis Rodman

*From the Florida Child Health Care Coalition:*

## Senate KidCare Bill on Right Track

Florida has more than 700,000 children who are uninsured according to the most recent U.S. Census report.

500,000 of these children live in families with incomes that are at or below 200% of the federal poverty level making them income eligible for the Florida KidCare program.

Over the past 9 years, Florida has sent \$139.7 million of our federal tax dollars to other states to provide health insurance to their children because our uninsured children have not been able to access the KidCare program.

THIS IS UNCONSCIENABLE AND IT MUST CHANGE!

SB 930 addresses the vast majority of concerns raised by advocates across the state. It:

- streamlines and simplifies the process of enrollment and redetermination of eligibility;
- replaces paperwork with electronic verification of income;
- reinstates coverage for children who have been left out;
- consolidates the myriad of programs and markets children's health as the Florida KidCare program;
- requires benefit packages to be the same for all children in the program unless they have special health care needs;
- consolidates the program under one agency – the Department of Health;
- places responsibility for outreach under the Department of Health and the KidCare Coordinating Council

WE NEED ALL LEGISLATORS TO SUPPORT SB 930. The House wants to turn KidCare into Medicaid Reform so that HMO's can limit the amount of benefits that can be provided to children like they can in the Medicaid Reform pilot projects.

This is a bad idea. There is insufficient data to show whether Medicaid reform is helping or hurting families. The House should adopt SB 930 and wait until the evaluation of Medicaid Reform is completed.

All of Florida's children deserve quality, affordable health insurance. The benefit packages for children's health care should be based on the Early, Periodic, Diagnostic, Screening, and Treatment Package (EPDST) required under the Medicaid Program and all physicians who treat children under the KidCare program should be reimbursed at the same rate to ensure access for all of Florida's children.

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*"He has no enemies, but is intensely disliked by his friends."*

*-- Oscar Wilde*

*"I didn't attend the funeral, but I sent a nice letter saying I approved of it."*

*-- Mark Twain*



## **SCRAP THE CAP!**

In 1992, the Florida Legislature created the Sadowski Act Trust Fund to support affordable housing. This far-sighted legislation, funded by a levy of 20 cents on each dollar of revenue collected from real-estate documentary-stamp fees, has worked exceptionally well in helping Floridians secure and maintain affordable housing.

According to the Office of Federal Housing Enterprise Oversight, in the five years ending June, 2006, housing prices in Florida more than doubled, rising almost 113 percent, while personal income grew by about 30 percent. With the median home price in Florida at about \$240,000 (half the houses cost more and half cost less), there has never been more of a need for the Trust Fund. Housing prices are so high that even middle income – but particularly low income – workers and young families can not afford to buy a home. Florida TaxWatch reports that homeowners in only three other states pay a bigger portion of their paychecks on mortgage payments.

There is currently more than \$900 million in the Sadowski Trust Fund awaiting appropriation to help thousands of hard working Floridians attain their home ownership dreams.

The 2007 Legislature must do two things to make this happen.

First, the 2005 Legislature placed a cap on the Trust Fund that will go into effect later this year if not repealed. The cap will limit the amount of money going into the Trust Fund at only \$243 million per year, far below the annual \$400+ million the doc stamps generate and that can be efficiently and effectively used to address the affordable housing crisis. The remaining funds will be “swept” into general revenue for Legislators to use on anything they desire, breaking the trust of the many groups that supported creating this dedicated source of funding for affordable housing over the years.

Second, the Legislature should appropriate all of the funds in the Trust Fund for affordable housing in 2007-2008.

The United Way of Florida is working with a broad coalition of groups - Florida's Sadowski/Workforce Housing Coalition - to achieve these goals this year, and asks all who are concerned with this issue to contact their Legislators and urge them at a minimum to scrap the cap.

**FLORIDA'S SADOWSKI/WORKFORCE HOUSING COALITION  
CALLS FOR A REPEAL OF THE CAP ON HOUSING TRUST  
FUNDS SCHEDULED FOR FY07-08**

1. The Florida Legislature enacted a dedicated revenue source for affordable housing, known as the William E. Sadowski Affordable Housing Act. The funding was deliberately tied to documentary tax revenues so that as real estate costs and population increases drove up doc stamp receipts, the monies available for housing would increase proportionately.
2. Sadowski Act monies are statutorily dedicated by formula to the state and local housing trust funds with 70% of the revenue dedicated to local governments through the SHIP program and 30% of the revenue dedicated to the state to fund successful programs such as SAIL and HAP.
3. The Florida Legislature has closely scrutinized both the state and local housing trust funds and Florida's housing programs. These reviews have shown that Sadowski Act monies have been an unequivocal success in promoting home ownership, building quality rental housing, leveraging public dollars with private investments, and providing an economic boost to Florida far in excess of the amount of funds appropriated for housing.
4. Additionally, the current shortage of affordable housing for our workforce as well as hurricane damage has lead to the new CWHIP and hurricane recovery housing programs, which are funded from the Housing Trust Funds. Between ongoing successful programs such as

- SHIP and SAIL, the new CWHIP Program, and hurricane housing recovery, the Legislature appropriated \$433 to \$443 million each of the past two years. Combined with increasing need to serve additional segments of the workforce, the need for housing funding will far exceed the \$500-\$600 million per year that is being distributed to the trust funds currently.
5. Beginning in FY07-08, the doc stamp distributions into the housing trust funds will be reduced to \$243 million per year. This \$243 million cap is less money than Florida's programs received back in 2002, when the distribution of funds was \$245 million and the median existing home price was just over \$140,000. If we don't "scrap the cap" Florida will be faced with attempting to force \$500-\$600 million or more of housing funding under that cap—a train wreck in the making.
  6. Unlike many a crisis, Florida prepared for this one by creating an effective housing funding system. The Housing Trust Funds were designed to have more money available when housing costs escalated. Coupled with our innovative housing programs, we have enough resources to address the housing crisis— but only if the cap is repealed.



## **BILLS HEARD THIS WEEK**

*(Some information below is excerpted from legislative staff analyses)*

### **HB 51 Transitional Services for Adolescents and Young Adults with Disabilities (Davis and others)**

House Bill 51 creates the Health and Transition Services Program in the Children's Medical Services program within the Department of Health. This program will serve 14-26 year old persons with chronic health-related or developmental conditions in transitioning from children's health and education services to adult health care and employment. The bill requires the program to provide enrollees with specified services and referral information.

*Last Action: 3/20/07 HOUSE Favorable with recommended council substitute by Committee on Health Quality*

### **HB 203 Corporate Income Tax/Indigent Care (Grimsley and others)**

House Bill 203 provides an income tax credit for corporate taxpayers who make contributions to qualifying health care clinics. The express purpose of the bill is to incentivize corporate taxpayers to make monetary contributions to provide relief to health care clinics that provide a disproportionate share of medical care for indigent persons. The bill specifies that contributions may be submitted at any time to the Department of Revenue (department) for deposit into the Health Care Clinic Indigent Care Trust Fund, which is created in House Bill 201.

The bill specifies that corporate taxpayer contributions are accepted into the fund and in the order contributions are received; however, the trust fund is subject to an aggregate limit of \$50 million. The bill creates a process that would allow qualifying health care clinics to apply for corporate taxpayer contributions that are deposited into the Health Care Clinic Indigent Care Trust Fund to provide health care services to indigent persons.

*Last Action: 3/20/07 HOUSE Favorable with 1 amendments on Committee on Innovation*

### **HB 443 Child Passenger Safety (Altman and others)**

Currently, a child is required to be transported in a motor vehicle in a separate carrier or an integrated child seat from birth through 3 years of age. HB 443 extends that period to birth through 4 years of age. Currently, a child is required to be transported in a motor vehicle in a separate child safety seat, an integrated child seat, a child booster seat, or a seat belt from 4 to 5 years of age. HB 443 extends that period to 4 to 7 years of age. The bill also adds the requirement that children 8 to 17 years of age be transported with a lap belt and shoulder belt in use.

HB 443 also specifies the requirements for use of child restraint devices and seating positions, specifies driver responsibility with respect to passenger seating, and requires motor vehicle leasing businesses to provide notice of restraint device requirements. The Department of Highway Safety and Motor Vehicles (Department) is authorized to expend funds for a public awareness campaign. A six-month grace period is created for enforcement of the act.

*Last Action: 3/20/07 Now in Economic and Infrastructure Council*

### **HB 507 Rights of Dependent Children and Youth (Kendrick)**

The bill amends s. 39.4085, Florida Statutes, to replace "goals for dependent children" with "rights for dependent children and youth". The bill amends the substance of a number of the current goals, creates three additional rights, and appears to equate minimum standards of care with "rights".

*Last Action: 3/20/07 HOUSE Favorable by Committee on Healthy Families*

*Bills Heard this Week continued*

**HB 509 Children's Services (Ausley and others)**

HB 509 creates a Children and Youth Cabinet in the Office of the Governor.

The bill reflects the Legislature's recognition that all state agencies providing services to youth should work together to provide a full continuum of services to those youth. The bill charges the Cabinet to foster public awareness of children's issues and promote children's issues to the Legislature. The Cabinet is responsible for promoting children's issues and developing new partners to serve children.

Members of the Cabinet are established in statute as:

- The Governor, who serves as the chair of the Cabinet;
- The Secretary of Children and Family Services;
- The Secretary of Juvenile Justice;
- The Director of the Agency for Persons with Disabilities;
- The Director of the Agency for Workforce Innovation;
- The Secretary of Health;
- The Secretary of Health Care Administration;
- The Commissioner of Education;
- The Director of the Statewide Guardian Ad Litem Office;
- The Director of the Office of Child Abuse Prevention; and
- Five members representing children and youth advocacy organizations, who are not service providers and who are appointed by the Governor by October 1, 2007.

The bill requires the Children and Youth Cabinet to develop a strategic plan by December 31, 2007, to align all of the public resources to serve youth and their families. The strategic plan will consist of services from prenatal care through the transition to adulthood and create measurable outcomes for those services. The Children and Youth Cabinet is required to measure the outcomes developed in the strategic plan continuously.

The bill requires the cabinet to design action plans that will promote collaboration, creativity, increased efficiency, information sharing, and improved service delivery among and within state governmental organizations that provide services for children and youth and their families.

The bill requires the cabinet to create an impact statement for evaluating proposed legislation and to develop a children-and-youth-based budget through a children and youth estimating conference.

The bill requires an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the public concerning the cabinet's activities and progress. Over the last several years, several states have adopted the children's cabinet to improve and streamline children's services. Florida has a long history of efforts to coordinate children's services at both the state and local level, but has not created a Governor's level cabinet for this purpose.

*Last Action: 3/20/07 HOUSE favorable with 1 amendments by Committee on Healthy Families*

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"My parents didn't want to move to Florida, but they turned sixty and that's the law."

*-Jerry Seinfeld*

"The problem with the designated driver program, it's not a desirable job, but if you ever get sucked into doing it, have fun with it. At the end of the night, drop them off at the wrong house.-"

*-Jeff Foxworthy*

*Bills Heard this Week continued*

**HB 561 Human Papillomavirus (Homan and others)**

The discovery of a vaccine to prevent the HPV infection that causes most cases of cervical cancer is one of the greatest advances in women's health in the last century.

The human papillomavirus (HPV) is the most common sexually transmitted virus in the United States. By age 50, at least 80 percent of women will have acquired the HPV infection at some point in their lives of at least one or more of the 30 known strains of HPV. The HPV vaccine was released in June by the FDA for use in girls age 9-26. The Advisory Committee on Immunization Practices recommended the vaccine for 11 to 12 year old girls. Gardasil (a vaccine produced by Merck & Co., Inc.) protects against 4 of the most common strains of HPV.

The bill requires, beginning with the 2008-2009 school year, that each public and private middle school in Florida provide each student, age 11 or 12, and the parent or guardian, information regarding the connection between HPV and cervical cancer as well as the "availability of a vaccine preventing HPV". The vaccine does not, however, prevent all strains of HPV. The Department of Education, in consultation with Department of Health, must prescribe the content of the HPV information provided to the students and their parents or guardians.

The bill provides that, beginning with the 2008-2009 school year, a student who is 11 or 12 years of age may not be admitted to any school in Florida, public or private, until the student provides evidence of vaccination for HPV, or proof that the parent or guardian, after receiving the required HPV information, has elected for the student to not receive the vaccine. To date, however, the vaccine is only approved for use in girls.

The bill has a fiscal impact; see Section II of this analysis for additional details. The sponsor has filed a strike-all amendment.

*Last Action: 3/16/07 HOUSE Added to Committee on K-12 Agenda*

**HB 967 Public School Physical Education ( Weatherford and others)**

Obesity is a growing concern across the country and in this state. Overweight rates have doubled among children and tripled among adolescents in the last 25 years.<sup>1</sup> Obesity has been linked to inactivity, yet schools have reduced or completely excluded physical education from the curriculum in an effort to spend more time in the classroom.

Currently, Florida law *encourages* all students in prekindergarten through grade 12 to participate in physical education. More particularly, school boards are *encouraged* to provide 150 minutes of physical education each week to students in kindergarten through grade 5 and to provide 225 minutes of physical education each week to students in grades 6 through 8. Students in grades 9 through 12 are encouraged to participate in physical education, although no amount of time is suggested. However, high school graduation requirements require one credit of physical education.

This bill *requires* all students in kindergarten through grade 5 to participate in a total of 150 minutes of physical education each week. This bill encourages students in grades 6 through 12 to participate in 225 minutes of physical education each week, thus providing students in grades 9 through 12 a suggested amount of time each week to spend on physical education.

*Last Action: 3/16/07 HOUSE Added to Committee on K-12 Agenda*



### **HB 1041 Children's Zones (Bendross-Mindingall)**

Founded in 1970, Harlem Children's Zone, Inc. (HCZ) is an innovative, non-profit, community-based organization that works to enhance the quality of life for children and families in some of New York City's most desolate neighborhoods. Formerly known as Rheedlen Centers for Children and Families, HCZ's 15 centers serve more than 12,500 children and adults, including over 8,600 at-risk children. The work of the Children's Zone focuses not only on education, social service, and recreation, but also on rebuilding the basic fabric of community life.

The HCZ Project's mission is to create significant, positive opportunities for all children living in a 60-block area of Central Harlem by helping parents, residents, teachers, and other stakeholders create a safe learning and living environment for youth. Behind this mission lie two main principles:

- Children from troubled communities are far more likely to grow into healthy, productive adults if a critical mass of the adults around them are knowledgeable about the techniques of effective parenting, and are engaged in local educational, social, and religious activities with their children; and
- The earlier a child is touched by sound health care, intellectual and social stimulation, and consistent guidance from loving, attentive adults, the more likely that child will be to grow into a responsible and fulfilled member of the community.

The HCZ operates around a new social service paradigm intended to overcome the limitations of traditional approaches by systematically coordinating two related areas of effort: programs focused on addressing the critical needs of children and families, and targeted efforts to rebuild the basic community infrastructure. The work of the HCZ Project has evolved over the past 10 years into a resident-driven, community-building initiative that serves over 8,600 children annually. An integrated network of services and support that provides family stability, opportunities for employment, adequate and affordable housing, a quality education, and youth development activities for adolescents has been developed.

The bill implements idea #69 from the Speaker of the House of Representatives' 100 Innovative Ideas for Florida's Future which is to create a statutory mechanism for communities to create "Children's Zones," using the Harlem Children's Zone as a model. The bill provides legislative findings and intent and creates a 10-year pilot zone in Miami-Dade County. The bill provides for the pilot zone to become incorporated, provides the geographic boundaries of the zone, and provides for the development of a business plan.

*Last Action: 3/20/07 HOUSE Favorable with 1 amendments by Committee on Healthy Families*

### **HB 1083 Homelessness (Culp)**

The bill amends s. 420.621, Florida Statutes, adding definitions of the terms "Council on Homelessness" and the "State Office on Homelessness", and deleting the outdated definition of "AFDC". The bill amends the current definition of the term "homeless" to mirror the definition of the term "homeless children and youths" contained in the Education for Homeless Children and Youths Program under the McKinney-Vento Homeless Assistance Act. The department stated that this definitional change would provide a more accurate estimate of the number of homeless and as a result increase the estimates by 15 to 20 percent.

*Bills Heard this Week continued*

The bill also creates a Housing Retention Program that will provide grant funding to non-profit organizations or agencies, local governments, or other qualified entities, for assistance to households to keep them in stable housing and avert homelessness. The intent of the program is to support the development of a comprehensive local homeless prevention program that will authorize greater flexibility, require case management, and help households over several months rather than on a one-time basis. The program will be locally administered and will require local partnerships to address housing, employment, education, and health care needs. Grant funds provided through the program may be used for rent or mortgage payments, security deposits, utilities, or any major household bill that is contributing to the financial crisis.

Assistance provided may not exceed a maximum cost of \$6,000 per household and the program must not exceed an average cost of \$3,000 per household. Local agencies must match grant-in-aid funds with at least 25 percent cash and 25 percent in-kind services.

The Housing Retention Program's performance goal is that at least 85 percent of those households assisted will remain in their homes for at least two years following the last date on which assistance was received.

*Last Action: 3/20/07 HOUSE Favorable with 1 amendments by Committee on Health Families*

**HB 1107 Quality Rating System (Ausley)**

On May 19, 2006, the Florida Early Learning Advisory Council, chaired by former Lieutenant Governor Toni Jennings, requested the Agency for Workforce Innovation (AWI) to develop a proposal for a Quality Rating System (QRS) in Florida.

On September 28 and 29, 2006, after convening two state-wide meetings to develop it, the agency presented its final proposal to the Florida Early Learning Advisory Council, which the agency titled the "Sunshine State Stars Quality Rating System."

According to the National Child Care Information Center (NCCIC), a "quality rating system" (QRS) is a method to assess, improve, and communicate the level of quality in early childhood education and child care settings.

NCCIC reports that, as of March 2006, 13 states had a QRS: Colorado, District of Columbia, Iowa, Kentucky, Maryland, Montana, New Hampshire, New Mexico, North Carolina, Oklahoma, Pennsylvania, Tennessee, and Vermont.

The bill creates a 2-year voluntary pilot program to implement a QRS in eight Florida counties: Broward, Duval, Hillsborough, Leon, Miami-Dade, Orange, Palm Beach, and Pinellas.

House Bill 1107 requires AWI to establish Florida's Sunshine State Stars Quality Rating System (QRS), which assesses and communicates to parents the quality of early childhood education and child care programs provided by licensed child care facilities and facilities participating in the Voluntary Prekindergarten Education (VPK) Program. The bill requires the QRS to be voluntary for facilities.

The QRS must be based on an assessment of a facility's learning environment; curricula, screening, and assessment; staff qualifications; professional development; business practices; and family involvement. The bill requires AWI to design the QRS with five tiers, each tier being represented by one to five stars. A facility is required to meet the criteria of a lower tier before advancing to the next tier.

### *Bills Heard this Week continued*

The bill specifies that centers and programs rated as Tier 1, 2, or 3 are eligible for grants and awards to improve quality. The bill also provides that centers and programs rated as Tier 4 or 5 are eligible for merit awards to maintain high quality. The bill does not, however, require AWI or the early learning coalitions to provide these grants and awards or specify the amounts of the awards.

The bill requires AWI and the early learning coalitions to provide technical support for facilities in the pilot program.

The bill provides a \$25 million appropriation to AWI to fund the program. The bill does not, however, specify the amount or methodology for allocating the funds among the early learning coalitions

*Last Action: 3/16/07 HOUSE Added to Committee on K-12 Agenda*

### **HB 1215 Independent Living Transition Services (Glorioso)**

When they become 18, many young adults who have grown up in foster care lose the support they received while in care. Without the support of a family, they are on their own to obtain further education and preparation for employment, as well as health care, mental health care, and housing. These young adults encounter tremendous obstacles that may put their emotional, economic, and personal security at risk.

The bill provides for a number of changes related to older children who are in the foster care system, including:

- Authorizing the caseworker at the agency at which the state has placed a child to sign a minor's application for a driver's license. The caseworker is required to notify the foster parents or other responsible party of his or her intent to sign the application;
- Making young adults who were placed with a court-approved dependency guardian or adopted from foster care after reaching age 16 and have spent a minimum of 6 months in foster care within the 12 months preceding such adoption or placement eligible to be provided with independent living transition services;
- Providing that foster parents or caregivers cannot have their licensure status jeopardized as a result of actions of a child engaged in approved independent living activities;
- Requiring a child who has reached 16 years of age to be formally evaluated for a subsidized independent living arrangement;
- Expanding the Medicaid eligibility criteria to include 20 year old young adults who have aged out of foster care; and
- Removing the disability of nonage for minors for the purposes of securing depository financial services such as checking and savings accounts.

*Last Action: 3/21/07 Now in Healthcare*

### **HB 1289 Immunizations (Holder)**

Pneumococcal pneumonia is a lower respiratory tract infection caused by the bacterium *Streptococcus pneumoniae* which colonizes in the lungs, but can potentially invade the bloodstream (causing bacteremia) and the tissues and fluids surrounding the brain and spinal cord (resulting in a form of meningitis, an inflammation of the tissues and fluids surrounding the brain and spinal cord).

Pneumococcal pneumonia is the most common cause of bacterial pneumonia acquired outside of hospitals, as CDC estimates indicate that *S. pneumoniae* causes 500,000 cases of pneumonia and is blamed for 40,000 deaths annually in the United States. This mortality figure is the highest among vaccine-preventable bacterial diseases in the U.S.

### *Bills Heard this Week continued*

The bill requires that pneumococcal conjugate vaccine be administered to children less than two years of age who are enrolled or are enrolling in child care facilities, family day care or child care homes. The bill directs the Department of Health (department) to implement rules to add pneumococcal conjugate vaccine to the current list of required vaccines and to establish protocols for children younger than two years of age to catch up on missed doses. The bill directs child care facilities, family day care homes and child care homes to provide proof of pneumococcal conjugate vaccination to the department for all children receiving care, by December 1, 2007

*Last Action: 3/20/07 HOUSE Favorable by Committee on Health Innovation*

### **HB 1309 Adoption and Child Protection ( Galvano)**

The bill renames the Office of Child Abuse and Prevention created in 2006 as the Office of Adoption and Child Protection (Office); and

- Revises the purpose of the Office to include the promotion of adoption and the support of adoptive families.
- Renames the director of the Office as the Chief Child Advocate;
- Renames the Child Abuse Prevention Advisory Council as the Child Abuse Prevention and Permanency Advisory Council.
- Requires the Office, in conjunction with the Department of Children & Families (DCF) and the Department of Education (DOE), to develop a certification program for professionals who provide services related to adoption.
- Authorizes the Office to establish a direct support organization and specifies the purposes, requirements, and objectives of the organization.
- Establishes an adoption promotion subsidy program, and requires that all funding appropriated for this program be paid as subsidies to adoptive families

<sup>4</sup> "Child Welfare Annual Statistics Data Tables Fiscal Year 2004-2005." [http://www.fiu.edu/~cat/fl\\_victims.htm](http://www.fiu.edu/~cat/fl_victims.htm).

*Last Action: 3/20/07 HOUSE Favorable with 1 amendments by Committee on Healthy Families*

### **HB 1343 Department of Health (Planas)**

House Bill 1343 provides that the Department of Health (DOH) will promote health and wellness and disease prevention initiatives in addition to its other duties. It also renames the head of the department, "Florida Surgeon General."

*Last Action: 3/20/07 HOUSE Favorable with 1 amendments by Committee on Health Innovation*

### **HB 1477 Forensic Mental Health Services (Ausley and others)**

Many individuals with mental illnesses and co-occurring substance abuse disorders become involved with the criminal justice system because they lack access to appropriate therapeutic services and medications. Often, they become repeat offenders and eventually serve time in prison. In addition, many individuals with chronic mental illnesses are referred to state mental health treatment facilities due to a lack of local coordination of resources to address their needs. Many of these individuals can receive community-based services that are more appropriate and cost-effective in meeting their needs.

Currently there is no required planning process that brings together all of the local stakeholders who should be addressing the needs of this population. Local governments, the judiciary, law enforcement, providers of mental health and substance abuse services, advocates, consumers and state agencies should all be working together to address the situation

HB 1477 creates the Public Safety Mental Health and Substance Abuse Local Matching Grant Program. It provides matching grant awards to local communities to bring together key stakeholders to

*Bills Heard this Week continued*

implement programs to serve persons with serious mental illness and substance abuse problems who are in or at risk of entering the criminal justice system. It establishes the Criminal Justice Mental Health Policy Council within the Substance Abuse and Mental Health Corporation to oversee the grants and creates the Public Safety, Mental Health, and Substance Abuse Technical Assistance Center to help local communities plan and implement their local efforts.

*Last Action: 3/20/07 HOUSE Favorable with 1 amendments by Committee on Healthy Families*

**HB 1543 Child Care Services (Cusack)**

HB 1543 ensures that children under the jurisdiction of the circuit courts receive priority consideration for placement in quality child care centers.

A "Quality Child Care Center" is defined in the bill as one that:

- Holds a current Gold Seal Quality Care designation from the Department of Children and Families (DCF), or
- Has been designated as a high quality program with at least a rating of 3 by professional quality rating system if the county in which the child is located has such a system.

If an approved child care center cannot accommodate the child due to limited capacity, the program is responsible for immediately notifying the child's legal guardians to inform them of the current situation and the estimated enrollment date for the child.

Each local agency that is responsible for the licensing of child care centers must submit a quarterly report to the community-based care lead agency for the district. The report will describe the current licensed capacity for each quality child care center in the district.

*Last Action: 3/20/07 Now in Economic Expansion & Infrastructure Council*



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"Oh, you hate your job? Why didn't you say so? There's a support group for that. It's called EVERYBODY, and they meet at the bar." --Drew Carey



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