

Legislative Link

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

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THE HEALTHY KIDS DEBATE HIGHLIGHTS SESSION SCHISM

During the last few legislative sessions there has been a huge schism between those who support the \$6 billion in tax cuts that have been made in the last five years (mostly Republicans) and those who oppose the cuts (mostly Democrats).

This week's KidCare debate highlights the schism and provides insight into an issue that will dominate major budget issues this year. (For more on the KidCare bill, see page 2).

In short, KidCare legislation passed by the Senate and the House this week provides funding so 90,000+ children can begin receiving health care in April. The bills also eliminate KidCare waiting lists, and restrict enrollment periods and dental coverage, among others.

Those supporting the KidCare bills point out they are doing the best they can in tough budget times to take care of as many children as possible, while at the same time supporting efforts (i.e. tax cuts and "no new taxes") to stimulate the economy and thereby enable more people to insure – and otherwise provide for – themselves.

On the flip side, those who have opposed tax cuts and support exploring new revenue measures believe their opponents are working within self-imposed revenue-limiting parameters intended to funnel money to upper income individuals and businesses (those who have received the bulk of the tax breaks) at the expense of providing critically needed services - such as KidCare - for the long-term.

Where's the truth? . Undoubtedly somewhere in the middle. Republicans proclaim that the KidCare program now covers about 40 percent of children in Florida, showing that child health is a Republican priority. Democrats counter that if child health is truly a priority, the Legislature would remove its self-imposed, protect-the-pocketbooks-of-the-wealthy fiscal straightjacket and would fully fund KidCare and other important problems.

The conflict between the two positions promises to influence every major budgetary decision during the 2004 Legislative Session. Perhaps this will be the session's defining character. Time will tell.

WELCOME TO YOUR FIRST 2004 LEGISLATIVE LINK!

As always, your *Legislative Link* will keep you up to date on legislative activities relating to human service and other issues of interest to United Ways, United Way agencies, and United Way supporters. It will be published weekly during the 2004 Legislative Session; in your email each Friday afternoon, highlighting legislative activity during the week.

During the course of the session, if you have any questions or comments regarding the *Legislative Link* or any issues it addresses - or should address - please don't hesitate to call the United Way of Florida. Have a great session!



Helping all children succeed for life.
An initiative of the United Way of Florida,
Publix Super Market Charities, Inc. and
Bank of America.



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WILL IT END AS IT BEGAN?

Session began a day early this year . . .

On Monday, the day before the session's first official day, the Senate and House Appropriations Committees passed similar KidCare bills, greased to pass in the early days of the regular session. The Senate bill (SB 2000) was passed yesterday by the Senate, was substituted for the House bill (HB 1073), and was voted out of the House and sent to the Governor this morning.

The bill provides \$6.5 million in state funds which will draw down \$16.3 million in federal funds to provide health care for 90,000+ children on the KidCare waiting list. Kudos to the Legislature. (See "Florida KidCare Program" on p.6 for more specifics.)

Unfortunately, both bills shamelessly cater to political expediency by eliminating pesky KidCare waiting lists – lists showing the real rather than the rhetorical support legislators have for child health. Shame on the Legislature.

The bills also eliminate dental care, open enrollment, and KidCare outreach, further eroding the ability of thousands of Florida children from accessing health care. Shame on the Legislature.

Thankfully, both bills eliminate a draconian provision prohibiting parents from accessing KidCare coverage for their children if they have "access" to a health care plan through their employer – regardless of whether they can afford it. The bill would allow participation if the employer plans would cost more than 5% of the family's gross income.

All in all, there's a lot of short-term good in the bill – 90,000 children will begin receiving healthcare in April.

But, won't it be convenient for Legislators running in November to say "we fully funded Healthy Kids" without having to respond to the fact that – by election day – a growing number of children will have been passed by, dropped from coverage, unable to access coverage, etc.? Estimates are that the waiting list, if in existence, will be 20,000-30,000 by then, but there won't be any waiting list to prove it.

Today's Legislature should be excoriated for this shameful political act – just as the Legislature of the 70s should have been when they eliminated Medicaid outreach so people wouldn't know they were eligible for Medicaid services and didn't seek them, so the Legislature didn't have to fund them. Shameless.

2004 LEGISLATIVE SESSION STARTS WITH A BANG

The 2004 Legislative Session started like no other.

The day before Tuesday's colorful start to the 2004 session – made so by scores of bouquets and thousands of construction paper cut-outs of children's hands for Children's Week – House and Senate Appropriations Committees passed KidCare legislation that highlights the best and worst of what a Legislature can do. (See "Will It End Like It Begins?" above.)

This odd beginning sets the stage for a legislative session that, one year ago, many thought would be an easy one. More available money, November elections, and better House/Senate relationships might be tempered by pitched battles between the parties, but would help the ruling Republicans get along and get out on time so everyone could campaign.

That remains to be seen. The personal and professional "issues" between Senate President Jim

King and House Speaker Johnny Byrd appear to remain palpable, even though much has been done to try to minimize the conflict, both in reality and for the benefit of public perception.

As always, there are many substantive issues that will drive a wedge between the parties and the two Houses, ranging from revisiting the law enacted in response to Terry Schiavo, to Speaker Byrd's top - priority parental rights constitutional amendment, to the escalating health care crisis.

But – as always - the big issues will revolve around one item: money. The Legislature has about \$2 billion in "new" money, almost all of which is nonrecurring. But almost all of it is already spent, increased costs for Medicaid (\$655 million); K-12 student growth (\$300 million); Article V court restructuring (\$225 million); class size amendment (\$500 million); and higher education (\$165 million) alone will eat up at least \$1.8 million.

BILLS HEARD THIS WEEK

(The summaries below are excerpted directly from House and Senate staff analyses)

Repeal of Section 19 of Article X of the State Constitution/High-Speed Rail

In the November 2000 General Election, a majority of Florida voters approved a proposed amendment to the state Constitution requiring construction of a high-speed ground transportation system, capable of achieving a minimum speed of 120 mph, and linking the state's five largest urban areas. The measure specified construction was to begin on or before November 3, 2003. The Legislature in 2001 created a 10-member Florida High-Speed Rail Authority (the Authority) to start the work of planning and developing the system. In November 2003, the Authority selected a preferred Orlando-to-Tampa route as the first leg of the system, and also selected Fluor-Bombardier as its preferred proposer to build, operate, and maintain that first phase. The Authority is negotiating a contract with Fluor-Bombardier.

HJR 3 will place on the 2004 General Election ballot an amendment to the state Constitution repealing the high-speed rail provision.

This joint resolution will require a three-fifths vote of the membership of each chamber for passage.

LAST ACTION: 3/3/04 House Unfavorable by Transportation System

Developmental Disabilities

HB 27 requires the Agency for Health Care Administration to work with the Department of Children and Family Services to develop and seek federal approval for a Model home and community-based waiver to serve children who are diagnosed with familial dysautonomia. Familial dysautonomia is also known as "Riley-Day syndrome" and "autonomic neuropathy-Type III".

Familial dysautonomia (FD), or Riley-Day syndrome, is a genetic disease that is present from birth which results in incomplete development of the nervous system causing a decreased number of nerve cells. The affected nerve cells are those which control certain sensations and autonomic functions. The sensory nerve cells which are most severely affected are those responsible for pain, heat perception, and taste. The autonomic nerve cells control bodily functions such as sweating, swallowing, regulation of blood pressure and body temperature, and the ability to cry tears. Secondary problems associated with the disease may include feeding problems, vomiting, poor growth, spinal curvature, and lung problems.

Familial dysautonomia patients can be expected to function independently, if treatment is begun early, and major disabilities are avoided. Affected individuals usually are of normal intelligence.

The FD Foundation in New York reports that based on the FD world-wide registry, there are currently 331 persons living with FD. One-hundred seventy-eight of those persons reside in the United States. Of those 178 persons, seventy percent of them live in New York (68), New Jersey (24), Florida (17), and California (15).

The Department of Health, Children's Medical Services, currently provides health care to children diagnosed with FD. However, CMS does not have funding to provide families with respite or behavioral services.

Persons with FD are not currently served by the Developmental Disabilities program of the department. According to the department, FD has not been approved by the Centers for Medicare and Medicaid Services as a developmental disability.

Medicaid is directed to apply for federal waiver. If approved, Medicaid would be able to serve children diagnosed with familial dysautonomia.

LAST ACTION: 3/2/04 HOUSE Favorable by Elder Affairs & Long-Term Care

WHY ATHLETES CAN'T HAVE REAL JOBS

Torrin Polk, University of Houston receiver, on his coach, John Jenkins: "He treats us like men. He lets us wear earrings."

Bills Heard This Week (continued)

Immunity from Civil Liability

The Good Samaritan Act generally provides immunity from any civil damages for certain persons rendering emergency care as long as such person has acted as an ordinary reasonably prudent person would have acted under the same or similar circumstances. HB 321 limits immunity provisions for the rendering of emergency care or treatment to natural persons; and changes the degree of negligence to a gross negligence standard.

The Florida Volunteer Protection Act generally provides that any person who volunteers for any nonprofit organization, without compensation, is to be considered an agent of the nonprofit organization when acting within the scope of any official duties and will incur no civil liability for any act or omission that results in personal injury or property damage. HB 321 provides immunity for emergency management volunteers under the Florida Volunteer Protection Act.

This bill also amends subsection (3) of section 401.45, F.S. to provide immunity to any emergency care provider who withholds or withdraws resuscitation of a patient pursuant to a valid order not to resuscitate.

LAST ACTION: 3/3/04 HOUSE CS by Judiciary

Video Voyeurism

HB 523 creates the misdemeanor offense of video voyeurism. The bill provides that a person commits the offense of video voyeurism if the offender, for the amusement, entertainment, sexual arousal, gratification or profit of the offender or another, or for the purpose of degrading or abusing another person, intentionally uses or installs or permits the use or installation of an imaging device to secretly view, broadcast, or record a person, without that person's knowledge or consent, who is dressing, undressing, or privately exposing the body, at a place and time when that person has a reasonable expectation of privacy.

The bill also creates the misdemeanor offenses of video voyeurism dissemination and commercial video voyeurism dissemination.

LAST ACTION: 3/3/04 HOUSE CS by Public Safety & Crime Prevention

Child Care Personnel Training

HB 569 amends existing law to add course work on shaken baby syndrome, preventing sudden infant death, and understanding childhood brain development to the minimum training required of child care personnel.

The Department of Children and Families (DCF) is responsible for the development and delivery of mandated training curriculum and competency examinations for child care providers statewide, including 40-clock-hours of introductory child care training for personnel in licensed child care facilities.

Shaken baby syndrome is a serious head injury caused by shaking a baby violently. Caregiver stress is the number one cause of shaken baby syndrome. When babies cry for a long time, sometimes the caregiver feels that shaking the baby is the only way to make him stop crying.

When the baby is shaken, the brain repeatedly hits against the skull. The brain bruises, swells and bleeds. This brain damage can be life-long and irreparable, and may result in death. Shaking a baby can also cause injuries to the neck, back and eyes. Education about the devastating effects of shaking a baby is a key component in protecting children in care.

Sudden infant death syndrome or SIDS is the sudden unexpected death of an infant under 1 year of age which remains unexplained after a complete autopsy, death-scene investigation, and review of the case history. The term includes only those deaths for which, currently, there is no known cause or cure. 4 In the year 2002, SIDS was the third-leading cause of death among infants in Florida.

Bills Heard This Week (continued)

HB 569 requires the addition of course work on shaken baby syndrome, preventing sudden infant death, and understanding childhood brain development to the minimum training required of child care personnel.

LAST ACTION: 3/2/04 HOUSE Favorable with 1 Amendment by Children's Services

Multiservice Senior Centers

The bill revises the definition of multiservice senior center to more closely parallel the definition in the federal Older American's Act. The bill encourages multiservice senior centers to have an automated external defibrillator (AED) in each center. The bill requires training of staff, registration of the location of the device with the appropriate county office, and provides immunity from liability under the Good Samaritan Act and the Cardiac Arrest Survival Act for persons who use the AED.

The bill appropriates \$270,000 to the Department of Elder Affairs (DOEA) to purchase AEDs. The department is directed to distribute the equipment to multiservice senior centers in the order in which they are requested and limits one AED to each center. Senior centers, except those in rural areas, are to reimburse the department for fifty percent of the cost.

The bill grants rule making authority to DOEA. This act takes effect upon becoming law.

LAST ACTION: 3/2/04 HOUSE Favorable with 3 Amendments by Elder Affairs & Long-Term Care

Foster Care Services

The bill amends §409.1671, Florida Statutes, related to the privatization of foster care and related services, to provide new requirements for the proposal related to a statewide shared financial risk program intended to protect community-based care providers who deliver foster care and related services. The bill extends a deadline for the submission by the Department of Children and Family Services to the Legislative Budget Commission of a proposal regarding the risk program from December 31, 2002 until October 1, 2004, removes conflicting language related to the use of risk program funds, clarifies requirements for performance bonds, and provides that an irrevocable letter of credit may substitute for the currently required performance bond.

In 1998, The Department of Children and Family Services (DCF) was required by the Legislature to privatize the provision of foster care and related services statewide.

In 2000, §409.1671, Florida Statutes, was amended to address the risk assumed by community-based care providers as they became responsible for service provision by authorizing DCF to establish and administer a risk pool intended to reduce the financial risk to eligible lead community-based providers resulting from unanticipated caseload growth.⁵ The risk pool did not have an established years-to-year funding source but was funded by specific appropriation each year from non-recurring funds. The sum of \$4.5 million was appropriated in 2000 to establish the risk pool.

Legislation enacted in 2002 required DCF to develop, in consultation with existing lead-agency providers, a statewide proposal related to the long-term use and structure of a shared-earnings program addressing the financial risk to eligible lead community-based care providers not only from unanticipated caseload increases as provided in 2000 legislation, but also from significant changes in client mixes or services eligible for federal reimbursement.

The 2003 General Appropriations Act provided 10 million dollars from the federal grants trust fund for the shared risk fund for community-based providers of child welfare to be used for unanticipated costs associated with the privatization of foster care and related services as authorized in section 409.1671(7)(i), Florida Statutes.

.....
Give a person a fish and you feed them for a day; teach that person to use the Internet and they won't bother you for weeks. – Wisdom of Will Rogers

Bills Heard This Week (continued)

The bill redirects the Department of Children and Family Services, in consultation with the existing community-based care lead agencies, to develop a proposal related to the use and structure of a statewide shared financial risk program intended to protect eligible lead agencies who contract with the department for the provision of foster care and related services. It also removes a provision which currently appears to restrict the use of funds only to provide for continuity of care in the event of the failure of a lead agency, discontinuance of service provision by a lead agency, or financial misconduct and provides that an irrevocable letter of credit may substitute for the currently required performance bond.

The decision to privatize the provision of foster care and related services has transferred the associated financial risk from the state to those entities who have contracted to become community based care lead agencies.

Unlike the Department of Children and Family Services, private providers do not have the ability to manage that risk through the use of statewide realignments in the agency budget nor do they have sovereign immunity.

Management of financial risk is a serious issue that can effect privatization efforts both on the front end when trying to recruit lead agencies and on the back end when lead agencies fail. Reluctance of many providers to assume the increased financial risk that comes with lead agency status. As more and more lead agencies assume service provision at the accelerated pace currently in place, there appears to be a justifiable concern that lead agencies will fail. Department contract monitoring reports for November 2002 and January 2003 identified two lead agencies that were experiencing problems, some of which were related to financial stability, that jeopardized their existence. One of those agencies, Family Continuity Programs, which began providing services in June 2000, reportedly failed last week having exhausted an almost \$4 million credit line. In spite of this, it is a problem that Florida has been slow to address and has not yet implemented an adequate solution.

As of January 2004, the department has contracts in place with 11 lead agencies, serving 28 counties and 42% of all children receiving child protection services, with a total contract value of just over \$342 million dollars.

A \$4.5 million risk pool was established in 2000; and at \$10 million today, it hardly appears adequate to manage the risk associated with a statewide privatization effort of this magnitude. To date, the risk pool has not been accessed by any provider, reportedly due to statutory interpretation conflict.

LAST ACTION: 3/2/04 HOUSE Favorable by Children's Services

Florida KidCare Program

The 1998 Florida Legislature authorized implementation of the Florida KidCare Program (KidCare). KidCare is an umbrella program that includes the following four components: Medicaid (Title XIX) for children, Medikids, Florida Healthy Kids, and the Children's Medical Services Network (which includes a behavioral health component).

For the current fiscal year, the Legislature capped enrollment based on available funding at 343,211 children— 35,870 in Medikids, 298,307 in Healthy Kids (including 27,040 government subsidized and full-pay children not eligible for Title XXI funds) and 9,034 in Children's Medical Services.

As of January 30, 2004, there were 338,340 children enrolled in the various Title XXI components, and an additional 90,280 children who had submitted applications waiting for coverage. Florida received notification of a redistribution of unspent federal funds from other states of approximately \$132 million, which must be spent by September 2005. These federal funds require a 29% state match.

SB 2000 appropriates \$6,566,073 in General Revenue and \$18,711,240 in trust funds (for the expenditure of family premiums and federal funds) to enroll the 90,280 children waiting for coverage as of January 30, 2004 through June 30, 2004.

Bills Heard This Week (continued)

Continuation will require \$31,351,464 in General Revenue and \$77,621,302 in trust funds for Fiscal Year 2004-05.

CS/SB 2000 makes the following changes to the Florida KidCare program:

- Eliminates continuous enrollment
- Provide for no more than two 30-day open enrollment periods per fiscal year in the KidCare program, except for Medicaid, on a first-come, first-served basis, using the date the open enrollment application was received. Open enrollment periods are September 1 - 30 and January 1-30. Open enrollment must cease when the enrollment ceiling is reached. The Governor is to determine if an open enrollment is to be held, after consultation with the Social Services Estimating Conference, based on identification of sufficient federal and state matching funds.
- Provide that applications must be submitted during the KidCare program open enrollment periods.
- Create disenrollment procedures on a last-in, first-out basis, except for children enrolled in the Children's Medical Services network, once a determination has been made by the Governor, in consultation with the Social Services Estimating Conference, that there are insufficient funds to maintain current enrollment. The Governor is to develop a plan of action for disenrollment and is to preserve legislative policy and intent. Disenrollment would cease once the Governor determines that expenditure levels and appropriation levels were balanced.
- Clarifies eligibility requirements, effective July 1, 2004, to limit Title XXI eligibility to children under 19 years of age; requires proof of family income; and requires a statement from the applicant that employer insurance is not available, the potential enrollee is not covered or eligible for coverage under a family member's employer group health insurance plan, and the incremental cost to enroll the child.
- Clarify that a child is ineligible to receive Title XXI premium assistance if he or she is currently eligible for coverage or covered under a family member's group health benefit plan or under other employer health insurance coverage provided that the cost of the child's participation does not exceed 7.5 percent of the family's gross income. This provision is to be applied during redetermination for individuals enrolled prior to July 1, 2004. These enrollees will have six months of eligibility following redetermination to allow for a transition to other health benefit plans.
- Provide for prosecution, in accordance with s. 414.39, F.S, to an applicant or individual who assists the applicant to obtain or attempt to obtain benefits under the KidCare program for which the applicant or individual knows that the applicant does not qualify.
- Eliminates the outreach program operated by the Department of Health.
- Creates an undesignated section of law to require the Auditor General to perform an analysis of ineligible children enrolled in the program for purposes of making recommendations to implement mechanisms to prevent such enrollment. The report is to be submitted to the Governor and Legislature by December 31, 2004.
- Provides the following appropriations for the 2003-2004 fiscal year for the purpose of serving children who submitted an application to the Florida KidCare program as of January 30, 2004, and who are determined eligible for program components funded under Title XXI of the Social Security Act.
 - \$6,566,073 from the General Revenue Fund, \$454,687 from the Grants and Donations Trust Fund, and \$16,272,440 from the Medical Care Trust Fund to the Agency for Health Care Administration; and
 - \$1,984,113 from the Donations Trust Fund to the Department of Health (double budget that allows the Department of Health to pay providers who provide care to children enrolled in the CMS network.)
- Requires coverage of dental services; provides that dental services may include those dental services provided to children under the Medicaid program; and removes the maximum cap of \$750 per enrollee per year, effective July 1, 2004.
- Clarifies that the Florida Healthy Kids Corporation may provide benefits to legal aliens who do not qualify for Title XXI and to other children (over 200% of the federal poverty level) whose family pays the full costs of the premiums including any administrative costs.

Bills Heard This Week (continued)

Infant Crib Safety

Between January 1, 1997, and July 15, 2002, the Consumer Product Safety Commission cited that a total of 156 crib-related deaths were reported. About 80 percent of the victims were younger than 1 year, and about 60 percent of the victims were male. Of the 156 deaths, 54 involved positional asphyxia/suffocation.

The remaining cases involved hardware problems (29 deaths); entrapment between the crib and another object (13 deaths); entanglement in window covering cords near the crib (12 deaths); entrapment between the mattress and side rail, with further detail unknown (11 deaths); structural failure (10 deaths); improper mattress (9 deaths); bedding entanglement (8 deaths); and other or unknown circumstances (10 deaths).

Senate Bill 198 prohibits the manufacture and sale of infant cribs determined to be unsafe and prohibits transient public lodging establishments and child care facilities from using unsafe cribs. Violations constitute deceptive and unfair trade practices, which are thereby subject to increased civil liability.

Further, a willful-and knowing violation by a commercial user (other than by a transient public lodging establishment or by a child care facility or home) is subject to criminal penalties.

The bill creates a demonstration program in five counties until June 30, 2007, limiting inspection for unsafe cribs in transient public lodging establishments to cribs in establishments located within the affected counties. The demonstration program allows selective inspection techniques (e.g., random sampling), but requires each lodging establishment in the five counties to certify annually that its cribs have been inspected and meet the safety requirements.

A report issued by the United States Consumer Product Safety Commission cites that, during the period from 1995 to 1997, 106 deaths were recorded involving cribs.¹ The preamble to the bill states that more than 13,000 infants are injured in crib accidents each year. In 2001, the commission cited that, since 1984, it had received reports of the deaths of 17 babies, most of them younger than 12 months old, who were suffocated or strangled primarily when they became entangled in sheets in their cribs or beds.

LAST ACTION: 3/2/04 SENATE Favorable by Commerce, Economic Opportunities, and Consumer Services.

Statewide Public Guardianship Office

Public guardianship programs provide guardianship services for incapacitated persons when a private guardianship is not available. A guardian is a surrogate decision-maker appointed by the court to make personal and/or financial decisions either: (1) for an adult with mental or physical disabilities who has been adjudicated incapacitated; or (2) for a minor in circumstances where the parents die or become incapacitated or if a child receives an inheritance, proceeds of a lawsuit, or insurance policy exceeding the amount allowed by statute.

Section 744.7021, F.S., created the Statewide Public Guardianship Office, which is housed within the Department of Elder Affairs (DOEA). Local offices, directed by statute, provide guardianship services to persons who do not have adequate income or assets to afford a private guardian and when there is no private guardian willing to serve. The purpose of the legislation was to provide a public guardian only to those persons whose needs could not be met through less drastic means of intervention.

CS/SB 466 reenacts and amends s. 744.7081, F.S., which provides an exemption from the Public Records Law, and for all records held by the Statewide Public Guardianship Office relating to the medical, financial, or mental health of vulnerable adults (as defined in ch. 415, F.S.), persons with a developmental disability (as defined in ch. 393, F.S.), and persons with a mental illness (as defined in ch. 394, F.S.)

LAST ACTION: 3/3/04 SENATE Withdrawn from Rules and Calendar; Placed on Calendar

Geriatric Specialty Nursing

CS/SB 492 is the “Clara Ramsey Care of the Elderly Act”. The bill creates a category of geriatric specialty nursing called certified geriatric specialist. The bill establishes: (1) a scope of practice for certified geriatric specialists; (2) certification requirements, including education requirements; and (3) penalties for using the title of certified geriatric specialist or for practicing geriatric specialty nursing without a certificate.

The bill requires the Agency for Workforce Innovation to create a pilot program for delivery of geriatric nursing education to certified nursing assistants who are employed in a nursing home. A 9-member steering committee will oversee the pilot program. The Agency for Workforce Innovation is required to submit evaluation and status reports to the Governor and Legislature.

LAST ACTION: 3/2/04 SENATE Withdrawn from Appropriations; Placed on Calendar

Solomon had three hundred wives and seven hundred porcupines. He was a actual hysterical figure as well as being in the bible. It sounds like he was sort of busy too. (5th-6th graders (Ohio) Sunday School quiz answers)

**Some of the
52 Proposed Constitutional Amendments
Filed with the Secretary of State
For the November 2004 Ballot***

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• Children’s Right Not To Be Molested• Comprehensive Health Care Services for All Persons• Fairness Initiative Requiring Legislative Determination that Sales Tax Exemptions and Exclusions Serve a Public Purpose• Florida Minimum Wage Amendment• Florida’s Amendment Requiring Legislators to Teach in their Florida School District four days a year | <ul style="list-style-type: none">• Florida’s Amendment to Repeal the Provision that Requires High-Speed Ground Transportation• Labeling of Foods that are Genetically Engineered• Limitation of Noneconomic Damages in Actions Arising From Medical Malpractice Incidents• Limiting Taxpayer Supported Social Services to Illegal Aliens• Lower Voting Age to Sixteen | <ul style="list-style-type: none">• Patents’ Right to Sue “Managed Care” Organizations• Replacing District School Boards with Parental Governing Councils with State Administrative Oversight• Right of Intimate Privacy• Right to Affordable Health Insurance• Traffic Safety Initiative to Provide for Primary Enforcement of Florida’s Safety Belt Law• Legalization of Marijuana |
|--|--|---|

***(These are citizen’s petitions, the majority of which will not make it to the ballot for lack of the requisite number of signatures)**



GOVERNOR'S FISCAL YEAR 2004-05 BUDGET RECOMMENDATIONS

Juvenile Justice

Governor Bush proposes to provide \$630 million to the Department of Juvenile Justice in Fiscal Year 2004-05. This represents:

- An \$11 million (two percent) increase from Fiscal Year 2003-04.

The budget recommendations provide for a number of new or expanded services for juvenile offenders, including:

- \$255,000 to increase Intensive Delinquency Diversion Services
- \$880,000 for Health, Mental Health and Substance Abuse funding for Detention Services
- \$330,312 to expand Neighborhood Accountability Boards
- Providing funds for the continuance of 60 intensive mental health slots for non-secure and 50 high risk intensive mental health slots for girls in secure residential programs formerly funded through the federal Juvenile Accountability Incentive Block Grant.
- Providing funds for Aftercare/Conditional Release slots for 510 youth in Palm Beach, Miami-Dade, Collier and Monroe counties, and 416 substance abuse slots currently funded through the federal Violent Offender Incarceration/Truth-In-Sentencing program which is ending.

Domestic Violence

The Bush/Jennings administration's 2004-05 Budget recommendations provide the following:

- \$28.2 million for the continuation of Domestic Violence programs
- \$ 4 million for renovations to 28 certified shelters statewide
- \$11.1 million (sixty-five percent) increase from Fiscal Year 1998-99

Since 1998, the Department of Children and Families has invested \$161.2 million to support these interventions, including \$8 million for the renovation of domestic-violence shelters.

Medicaid

For Fiscal Year 2004-05 Governor Bush proposes \$13.8 billion for Medicaid. This does not represent a service expansion for the program. It simply covers the growth in existing costs and an additional caseload of 85,457 low income Floridians. This represents:

- a \$1.1 billion (8.7 percent) increase from Fiscal Year 2003-04
- Medicaid spending represents 24.9 percent of the Governor's proposed budget for Fiscal Year 2004-05
- a \$6.7 billion (95.1 percent) increase over the last six years, since Fiscal Year 1998-99

Tobacco Prevention Program

The Bush/Jennings administration proposes \$16 million for the Tobacco Prevention program for Fiscal Year 2004-05.

- This represents an increase of \$15 million over Fiscal Year 2003-04.
- With this increase more than \$238 million will have been appropriated to this program since its inception.

.....
Instead of getting married again, I'm going to find a woman I don't like and just give her a house," --Rod Stewart

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

Governor's 2004-2005 Budget Recommendations(continued)

The Department of Health will use these funds to:

- continue the highly successful SWAT and STRIKE programs
- adopt best practices for tobacco prevention as identified by the Centers for Disease Control and Prevention
- develop local community partnerships that will link tobacco education interventions with cardiovascular disease prevention (heart disease and stroke), and work to eliminate disparities in tobacco use among different population groups

Child Welfare

For Fiscal Year 2004-05 the Governor recommends nearly \$1 billion to continue and enhance child safety funding. This represents:

- a \$47 million (five percent) increase from Fiscal Year 2003-04
- a \$571 million (136 percent) increase since Fiscal Year 1998-99

Community Based Care

For Fiscal Year 2004-05, Governor Bush is recommending the following to support this community-based care initiative:

- \$12 million to enhance services to more than 38,000 children,
- \$10 million for a community based care risk pool, and
- \$3 million designated for insurance premium associated with the risk pool
- \$5 million to support administrative functions assumed by lead agencies

Family Support Initiatives

The Governor recommends budget authority for the Department of Children and Families to spend \$10 million in anticipated federal funds to promote healthy families in Fiscal Year 2004-05.

- The state has already received \$1.7 million in federal funds which will be distributed over the next three years. This money is intended to support family formation and was awarded under the federal Safe and Stable Families grant.
- The state will continue to seek money for marriage and family programs that meet the federal criteria which are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement.

KidCare

Governor Bush proposes \$3.4 billion for KidCare in Fiscal Year 2004-05. This represents:

- a \$222.9 million (6.9 percent) increase from Fiscal Year 2003-04
- a \$1.7 billion (106.6 percent) increase over the last six years since Fiscal Year 1998-1999

These funds include \$58.3 million for children covered under Title XXI (Florida Healthy Kids, MediKids, and CMS Network). This provides:

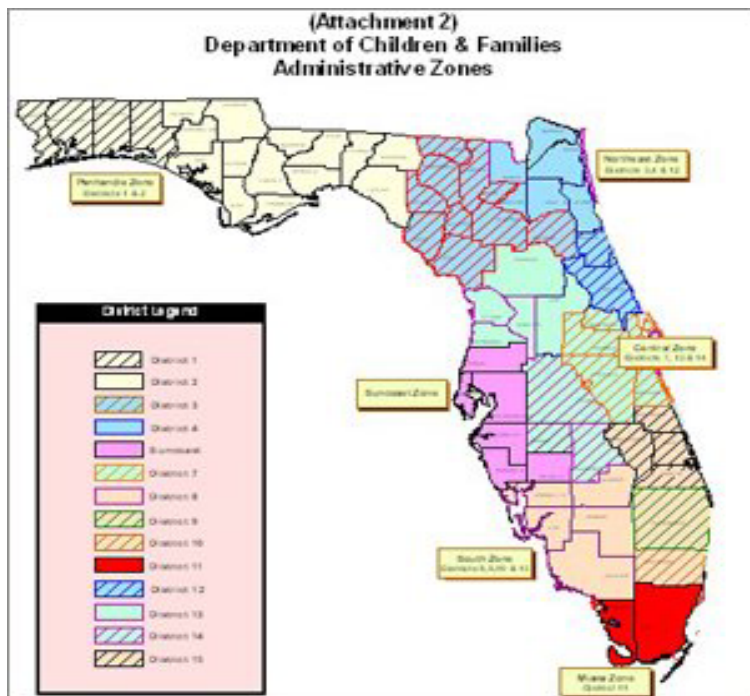
- \$33.8 million for price level increases
- \$14.3 million for an enrollment and workload increases
- This new money will allow nearly 10,500 additional children to participate in the KidCare program.

Advice for the day: If you have a lot of tension and you get a headache, do what it says on the aspirin bottle: "Take two aspirin" and "Keep away from children"--Author Unknown

Governor's 2004-2005 Budget Recommendations(continued)

Department of Children and Families Reorganization Zones

In 2001, the department created the SunCoast Region as a prototype for the consolidation and redesign of administrative support services and program management activities. The region encompasses all or portions of three service districts and operates through partnerships with community-based lead agencies and provider networks for the delivery of services offered by the department. Based upon the success of this model, which saved the state \$7.2 million, the department is transitioning all of its foster care and related services to lead agencies throughout the state. These changes allow the department to also implement administrative efficiencies for all of its programs. Over the next year, six zones will be identified to handle the administrative functions of the department. This consolidation will result in an estimated savings of \$20 million and a reduction of 484 positions. Actual service provision will be provided at the local level through contracts with lead agencies for foster care and with direct care providers for substance abuse, mental health, and disability services.



Long Term Care/Nursing Home Diversion

Governor Bush proposes \$80.2 million for the Diversion Project in Fiscal Year 2004-05. This represents:

- A \$12.1 million (17.9 percent) increase from Fiscal Year 2003-04
- A \$57.3 million (250 percent) increase since the program's inception in Fiscal Year 1998-99

This new funding will provide up to 1,000 new diversion slots. By expanding the waiver and avoiding the need for nursing home care for these individuals, the state expects to save \$31.6 million in nursing home care. In addition the agency is authorized to continue its efforts to move more beneficiaries out of nursing homes.

Developmental Services

Governor Bush proposes \$1.1 billion for the Developmental Disabilities program for Fiscal Year 2004-05. This represents:

- a \$43.5 million (4.0 percent) increase from Fiscal Year 2003-04
- a \$638 million (126.5 percent) increase over the last six years, since Fiscal Year 1998-99

The Governor's Recommended Budget for Fiscal Year 2004-05 includes:

- a \$21.8 million increase for the Home and Community Based Services Waiver which will fund the Fiscal Year 2003-04 annualization and Fiscal Year 2004-05 caseload increases for clients served under this waiver. This funding will continue our capacity to serve 30 crisis clients per month, plus up to an additional 50 clients per month who are on the waiting list.

"Smoking kills. If you're killed, you've lost a very important part of your life," --Brooke Shields, during an interview to become Spokesperson for federal anti-smoking campaign.

Governor's 2004-2005 Budget Recommendations(continued)

- a \$24.3 million increase for the Supported Living Waiver. This will provide supported living services for 1,740 clients annually that are currently on the waiting list. Utilizing the Supported Living Waiver will allow the state to serve twice as many clients with the same funding as can be served under the Home and Community Based Waiver.
- \$1.5 million for the Supported Employment program. This is a new program that will provide employment services for approximately 500 clients currently on the waiting list. This type of support reduces or in some cases eliminates the need for more costly supports that would be necessary if the clients were unemployed.

Guardian Ad Litem Program

The Bush/Jennings administration has dramatically increased statewide funding for the Guardian Ad Litem Program.

- The Legislature appropriated \$21 million for the Guardian Ad Litem Program in Fiscal Year 2003-04.
- For Fiscal Year 2004-05, the Governor proposes a continuation of the \$21 million for the program.
- This represents a three-fold increase, from approximately \$7 million in Fiscal Year 2000-01.

With this increased funding level over Governor Bush's term, the number of cases with new guardian appointments by the courts for abused and neglected children has increased. In Fiscal Year 2002-03 there were 8155 new appointments of a Guardian ad Litem. For Fiscal Year 2003-04 it is projected that there will be 10,495 new appointments, a 29 percent increase.

Healthy Families Florida

The Governor recommends \$28 million for Fiscal Year 2004-05 to continue funding for Healthy Families. This represents:

- an \$18 million (184 percent) increase over six years since Fiscal Year 1998-99.

this will support services in 53 of Florida's 67 counties with services to approximately 11,892 families

HOW TO FIND . . .

Bills, Calendars, Amendments, Bill Analysis, Reports & Histories: Go to On-Line Sunshine, at www.leg.state.fl.us and the Senate and House websites, www.flsenate.gov and www.myfloridahouse.com, respectively.

The Governor's Budget: www.ebudget.state.fl.us

HOW TO CONTACT...

Legislators (by email):

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Senate staff: last name.first name.senate district number@flsenate.gov

House members and staff: last name.first name@myfloridahouse.com

Legislative Information: 1-800-342-1827

Secretary of the Senate: (850) 487-5270

Clerk of the House: (850) 488-1157

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

REVENUE MAXIMIZATION *Facilitating community action*

Background:

Recognizing that Florida left more than \$900 million "on the table" in Washington in 2002 because it did not put up requisite matching funds to draw down the federal money, the 2003 Florida Legislature passed CS/CS/SB 1454 (ch. 2003-131 L.O.F.) creating the Local Funding Revenue Maximization Act. The Act authorizes use of certified local funding for federal matching programs targeting local preventive services and child development programs. "Local funds" are limited to public revenue funds of local political subdivisions, including but not limited to counties, municipalities, and special districts. To the extent permitted by federal law, funds donated to such local political subdivisions by private entities such as, but not limited to, United Way, community foundations or other foundations, businesses, or individuals are considered to be "public revenue funds" available for matching federal funding.

A diverse group known as the Florida Revenue Maximization Initiative, comprised of Florida's United Ways, Children's Services Councils, Association of Counties, school boards, health care districts, Children's Home Society and others shepherded through the 2003 Legislature.

At this time, the Rev. Max. Initiative is working to ensure implementation of the bill at the local and state levels is a streamlined and easy as possible. It appears at this time that additional legislation for consideration by the 2004 Legislature will not be necessary. Additional activities being undertaken by the Rev. Max. Initiative include:

- **"Proactive" Department Approaches** – Working with state agencies and legislators to

ensure that SB 1454's mandate that they act proactively to support community rev. max. efforts.

- **Community Rev. Max. Survey** – Developing a survey regarding rev. max. activities being undertaken in communities around the state, that can be completed and compiled electronically on the United Way of Florida's website (This information will be available for anyone who visits the website, and will be "marketed" as a resource for communities to use to identify best practices and others who are aiming at the same rev. max. targets)
- **"Community Rev. Max. Primer/Template"** – Exploring the possibility of creating a "Community Rev. Max. Primer/Template" that can be used by communities as a guidepost/roadmap to moving forward with rev. max. in their communities.
- **Eliminating Duplication** – As discussed on the last call, we need to try to develop some kind of mechanism to eliminate what appears to me to be a great deal of growing inefficiency and overlap as numerous communities move forward on similar efforts. There's got to be a way to ensure that every community doesn't have to start from scratch ... and can use/build on what others are doing, or combine efforts. (Although a formalized, ongoing mechanism needs to be developed, at least one person has suggested a second Rev. Max. Summit for communities to come together to exchange information on what they're doing.)

"If liberty and equality, as it thought by some are chiefly to be found in democracy, they will be best attained when all persons alike share in the government to the utmost."

Aristotle (384 BC – 322 BC), Politics

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

DIRECT SUPPORT ORGANIZATIONS

An improper government intrusion into human services

Background:

The 2002 Florida Legislature passed HB 1177, authorizing the Department of Children and Families and the Department of Elder Affairs to establish Direct Support Organizations (DSOs). "Direct Support Organizations" are Florida non-profit corporations charged with raising funds, receiving grants, gifts, and bequests, and making expenditures for the benefit of state agencies and their projects and programs. The Legislature was unable to quantify the impact passage of the bill might have on Florida's health and human service charities.

DSOs are already authorized in statute for many departments and programs, including the Department of Education, District School Boards, Community Colleges, the Department of Corrections, and the Department of Juvenile Justice.

On May 24, 2002, Governor Bush vetoed HB 1177. In his veto message, he stated "...I have emphasized the importance of partnering with communities and the private sector and transforming our health and human service delivery system from one that is government-based to one that is community-based. Encouraging state agencies to reinforce themselves through the establishment of direct service organizations expands and promotes government and therefore is counter to this goal."

During the 2003 Session, the Florida Senate passed SB 58, which would have authorized the Departments of Children and Families and Elder Affairs to create Direct Support Organizations. The legislation died in the House.

Governor Bush had it right in 2002 – human service DSOs constitute an improper role for government. United Way and other charitable organizations raise a significant amount of money that is already allocated to programs supported by the Departments of Children and Families and Elder Affairs. Creation of DSOs would result in competition between the departments and charitable organizations for those same dollars.

The United Way of Florida opposes legislation authorizing creation of direct support organizations (DSOs) for health and human services.

"When I am abroad, I always make it a rule never to criticize or attack the government of my own country. I make up for lost time when I come home." - Sir Winston Churchill (1874 - 1965)

"Under democracy one party always devotes its chief energies to trying to prove that the other party is unfit to rule - and both commonly succeed, and are right." - H. L. Mencken (1880 - 1956)

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

FLORIDA STATE EMPLOYEES' CHARITABLE CAMPAIGN

State government supporting its employees.

Background:

In 1993, the Florida State Employees' Campaign was placed into section 110.181, Florida Statutes, and renamed the Florida State Employees' Charitable Campaign (FSECC). Pursuant to that law, the Florida Department of Management Services (DMS) provides staff support to the FSECC Steering Committee, which is comprised of state employees and charged with overseeing the Campaign. This support includes reviewing campaign brochures and pledge cards, enforcing eligibility requirements, reviewing and recommending agencies for acceptance or rejection, ensuring participants are properly registered with appropriate state agencies, etc.

Before 1993, DMS funded this staff position. The 1993 statute, however, requires that if the Legislature does not fund the position, DMS must be reimbursed for it out of gross FSECC contributions, not to exceed two percent (about \$20,000) of the total campaign. From 1993-1997, DMS was reimbursed by FSECC fiscal agents about \$17,000 annually. Until 2003, the Legislature annually appropriated \$17,000 to fund the position, thereby negating the need to pay for it with state employees FSECC contributions FSECC funds. However, the 2003 Legislature failed to appropriate funding for the position, so state employees ended up footing the bill.

State employee contributions to the FSECC are intended to be used for charitable purposes, to help people in need. Instead, \$17,000 of those contributions are being used to offset the state's cost for conducting the campaign - a cost that thousands of other large public and private employers absorb as a cost of supporting their employees and being good corporate citizens. This reduces the amount of money available to help people in need, and is contrary to the intent of state employees who contribute to the campaign.

For this minimal investment of \$17,000, the state yields more than \$2.9 million through the FSECC, reducing the need for at least that amount of state funding for hundreds of individual and family support services.

Because of the critical need for experienced staff, and recognizing the positive message state funding for the DMS staff position would be to state employees, the FSECC Steering Committee has voted to support this request for funding.

The United Way of Florida urges the 2004 Florida Legislature to appropriate funds to provide staff support through the Department of Management Services for the Florida State Employees' Charitable Campaign.

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

FLORIDA STATE EMPLOYEES' CHARITABLE CAMPAIGN

State employees generously supporting their communities.

Background:

In 1993, the Florida State Employees' Campaign (FSECC) was placed into law (s. 110.181, F.S.). It clearly expresses the Legislature's intent that the FSECC be directed by the people for whom it is named and established – state employees themselves: It creates a nine member FSECC Steering Committee of state employees at the state level to oversee the Campaign, and requires local steering committees of state employees “to assist in conducting the campaign and to direct the distribution of undesignated funds.”

“Undesignated funds” are donations that are not directed by the donor to go to a specific charity. FSECC pledge cards tell donors that their undesignated contributions will be allocated by their state employee local steering committees. The fiscal agent must provide all participating organizations and federations a two-week notice of any meeting at which the local steering committee considers undesignated funds.

A federation is an umbrella organization representing more than one charity participating in the FSECC. Federations act merely as “pass throughs” for funds contributed to the charities in their networks, and often represent charities that provide minimal, if any, direct services within a given Florida community. They believe undesignated funds should be allocated by a statutory formula rather than by the local state employee steering committees.

This belief is contrary to express Legislative intent and would eliminate the most meaningful

tool state employees have in operating and directing their campaign.

Creating an arbitrary, state-mandated formula to distribute undesignated funds discounts the tremendous leadership state employees bring to their campaign, ignores their ability to represent their colleagues by distributing the funds in ways that best accommodate the needs of their communities, and removes from their control one of their best tools for assuring that their colleagues' contributions have the most impact in their communities, where they live and work. It also assumes that a predetermined formula better reflects where donors would like their undesignated funds to go. In fact, the opposite is true. Since most local state employee campaign committees have historically allocated undesignated funds to United Way, the fact that state employees continue to make undesignated contributions indicates they fully support the actions of their peers on the local committees.

The FSECC was not created for the convenience of charities and federations, but rather for state employees and to lessen workplace disruption. To apply a formula to undesignated funds presumes that employees who choose not to designate don't know what they're doing and can't read the pledge card.

The United Way of Florida opposes limiting state employee oversight and control of the Florida State Employees' Charitable Campaign by, among others, changing the way undesignated funds are allocated.

The United Way of Florida urges the 2004 Florida Legislature to maintain existing FSECC Law.

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

WORKER'S COMPENSATION

Searching for nonprofit relief.

Background:

Like other small businesses, nonprofits experienced double, triple, and even quadruple increases in their worker's comp rates during the past year. Some have been forced to close their doors because they can't afford the skyrocketing premiums. Nonprofits are particularly hard hit because they can't pass the increased costs on to their customers, as many businesses are able – but loathe – to do. Consequently, many have to purchase their coverage from the insurer of last resort – the Worker's Compensation Joint Underwriting Association (JUA) – and pay exorbitant premiums. Ironically, because many nonprofits provide government supported services, taxpayer dollars are indirectly used to pay the premiums.

The 2003 Florida Legislature made reforming worker's comp one of its top priorities, and passed sweeping changes to the system during its first special session (SB 50A; Ch. 2003 - 412, L.O.F.). The bill authorizes nonprofits to participate in the JUA at the JUA's lowest rates: nonprofits with experience modification factors of 1.10 or less that are 501(c)(3) organizations receiving more than 50% of their funding from gifts, grants, endowments, or federal or state contracts can participate with a 10% surcharge (i.e. 125% of market rate). As of October 15, 2003, only 15 nonprofits had actually had their applications bound with the JUA, amounting to 2% of accounts bound, and 4% of the JUA's bound premium (\$353,420 in annual premiums).

Nonprofits participating in the JUA are in Subplan "D", which includes other insured. The JUA has estimated that the rates charged in Subplan "D" will not produce enough premiums to cover losses and expenses attributable to Subplan "D" this year, raising the possibility that the Subplan will experience a deficit. As with other JUA subplans, if there is a deficit the participants in that subplan are assessed their proportionate shares to eliminate it.

2004 Outlook:

After passing comprehensive reforms on any issue, the Legislature seldom revisits the issue the following year except to address "glitches" – technical and minor substantive clean-ups. The same will likely hold true with worker's comp, particularly since the Department of Insurance approved a 14% rate reduction in early summer following the passage of SB 50A. In short, the Legislature will take a wait-and-see approach to see if the changes have a positive impact.

In the meantime, nonprofits continue to experience significant worker's comp woes. In response, the United Way of Florida:

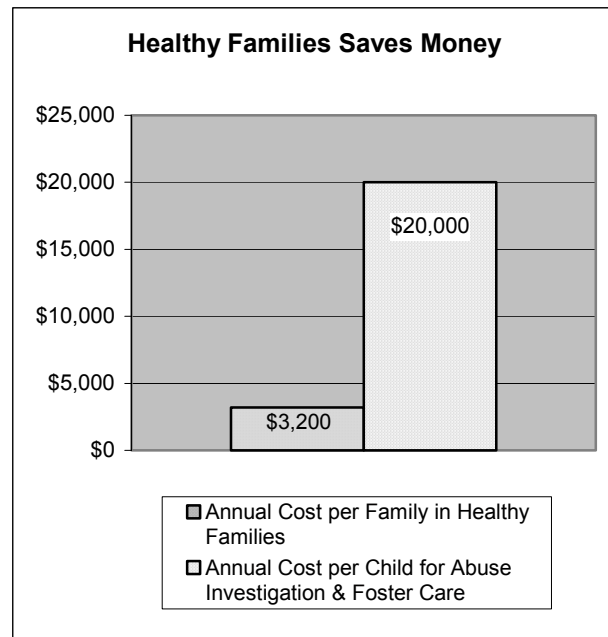
- Is distributing and compiling the state's first-ever survey of nonprofits. Information gleaned from the responses will be shared with the Legislature and used as the basis for 2004 and 2005 advocacy efforts.
- Is working with the JUA to determine the extent to which:
 - Nonprofits in Sub Plan "D" are – or are not – responsible for the projected Subplan "D" deficit. It may be that nonprofits have not contributed to the deficit, in which case nonprofits will advocate for different treatment within the JUA.
 - The 1.10 experience modification factor can be raised to include additional nonprofits with comparatively good loss experience.

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

HEALTHY FAMILIES FLORIDA FUNDING

Background: Every five days, a child dies from abuse or neglect in Florida. Nationally, the Healthy Families program has a 20+-year history of successfully preventing child abuse and neglect.

These two facts compelled the 1998 Florida Legislature to pass legislation and appropriate \$10 million to create the Healthy Families Florida program. Contracted by the Florida Department of Children and Families to the Ounce of Prevention Fund of Florida, Healthy Families Florida is a voluntary, community-based, intensive home visiting program that builds on family strengths, equipping parents to create and maintain safe and stable home environments for their children.



Because Healthy Families initiates services during pregnancy or at the birth of the baby, it prevents child abuse and neglect before it ever occurs, averting associated long-term consequences such as juvenile delinquency, teen pregnancy, substance abuse, and developmental delays requiring special education.

The 2003 Florida Legislature continued the \$22.2 million base for Healthy Families Florida and appropriated an additional \$6.2 million. The additional funding allowed Healthy Families to stabilize existing projects and to expand services from 49 to 53 counties and four additional high-risk zip codes in Miami-Dade. More than 10,000 families in targeted, high-risk zip codes were served through the \$22.2 million in base funding, together with \$9 million in local cash and in-kind contributions, during FY 2002-2003.

The 2004 Legislature should continue the current \$28.4 million base funding and appropriate an additional \$6.8 million to meet the need for services in the remaining high-risk zip code areas and 14 unserved counties. This amount addresses only the highest-risk zip codes and does not include births occurring in future years.

- Unless we want to continue footing increasingly exorbitant bills for “back-end” services, “prevention” must become a priority for our state. Healthy Families is a proven prevention program that should be maintained as a priority by the State.
- The costs of adverse social outcomes that can be avoided through use of Healthy Families Florida far outweigh the costs of the program. (It costs approximately \$20,000 for one child abuse investigation plus a year of foster care, but only \$3,200 annually to serve an entire family through Healthy Families.)

The United Way of Florida urges the 2004 Florida Legislature to continue existing funding and appropriate additional funding for Healthy Families Florida.

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

UNIVERSAL PREKINDERGARTEN IMPLEMENTATION

Florida's new Universal Prekindergarten program must be a quality one.

Background:

In November 2002, Florida voters overwhelmingly approved an amendment to the Florida Constitution requiring implementation of a high quality Universal Prekindergarten (UPK) program by the 2005 school year for all four year olds whose parents want them to participate.

The 2003 Legislature passed CS/CS/SB 1334, directing the Office of Policy Planning and Governmental Accountability (OPPAGA) and the Auditor General's office to study the existing School Readiness system, and creating the Universal Prekindergarten Council to make recommendations regarding (UPK) program implementation.

The Universal Pre-Kindergarten Council presented its final recommendations to the State Board of Education on October 15, 2003. The recommendations fully embrace the concept of a high quality UPK program, addressing accountability, assessment, community partnership, costs/resources, service delivery design and parental involvement, including curriculum, child and program outcomes, programmatic requirements, coordination with existing programs, best practices, and cost estimates.

Among it's key recommendations are; (1) consistent state-wide UPK program quality, recognizing the uniqueness of each child, and emphasizing oral language skills; (2) on going assessments used to inform instruction of children's individual not to stigmatize children; (3) requiring each program/provider to establish

referral processes for children who need support; (4) expectation of strong parental involvement; (5) age-appropriate, literacy-focused, individually-directed, and research-based curriculum that instills a love of learning in each child; (6) maximum class size of 20 children, with a minimum of five per class; (7) minimum staffing of one teacher per 10 children, with a second person required for 11-20 children; (8) at least two staff for every 20 children (must have a minimum of a national CDA credential or Florida equivalent); (9) ongoing staff development combined with multi-level reimbursement and career ladder opportunities; (10) five-year target of at least one staff member in each UPK class with an associates degree and, after eight years, at least one staff member in each class with a BA degree; (11) school year of 1080 hours with 720 contact hours; and (12) placement of all School Readiness programs and UPK in the Department of Education under a Chancellor of Early Education; and (13) maintain modified local school readiness coalitions that will administer the programs locally.

The 2004 Florida Legislature will adopt legislation creating the parameters for implementing the UPK program, and will appropriate funding to assure all systems are in place to implement the program at the beginning of the 2005 school year. The 2005 Legislature will be tasked with appropriating significant new dollars to fund the entire program.

The UPK Council recommendations are wholly consistent with the United Way of Florida's long-standing philosophy and approach to early care and education.

The United Way of Florida urges the 2004 Florida Legislature to adopt the recommendations of the Universal Prekindergarten Council.

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

FLORIDA 2-1-1 NETWORK

The state should play its indispensable role in this public/private partnership.

Background:

On July 21, 2000, the Federal Communications Commission (FCC) designated the telephone number “2-1-1” as the abbreviated dialing code for access to community Information and Referral (I&R) services nationwide. 2-1-1 is an easy-to-remember and universally recognized number that makes a critical connection between individuals and families in need and community-based organizations and governmental agencies that can help them. “2-1-1” is the 911 telephone number for non-emergency human services and for crisis response information.

The 2002 Florida Legislature passed visionary legislation creating the Health and Human Service Access Act, recognizing 2-1-1 as an invaluable “front door” for simplifying and streamlining access to human service information, and charging the Agency for Health Care Administration with certifying 2-1-1 providers to assure quality and uniformity.

2-1-1 is currently available in 34 counties, representing 73% of Florida’s population (11,837,000 people). More counties will join the effort in 2004.

2004 Legislative Issue:

Florida Information and Referral (I&R) providers – who answer three million telephone inquiries about human services annually – have compiled information on thousands of human service programs in the state. They are making it easier for 11 million Floridians to get the information they need to keep them out of emergency rooms, off of government assistance, out of “deep end” social service programs, safe from abuse, and in stable housing. These 2-1-1 providers also help callers respond to disaster, find job training and assistance, elder care and child care, and before-and-after-school care that will allow them to stay employed...and the list goes on.

Based on a study by the Office of Program Policy Analysis and Government Accountability, Florida’s state agencies annually spend more than \$20 million, and state employees expend more than 1,000,000 hours, providing I&R services. Yet, there is no I&R “system”; virtually all of these autonomous I&Rs act in isolation from one another, with no way to share information or act in a coordinated manner that will result in more efficient and effective expenditure of state resources. Implementation of a Florida 211 Network will ensure that a comprehensive, quality, efficient, and effective 211 “system” will be created in Florida. The alternative is a fragmented, inefficient “non-system” that fails to maximize use of tax dollars, and does not effectively help people to help themselves and help others.

In this era of government accountability, public-private partnerships, maximizing use of technology to reduce governmental costs, and reliance on individuals to be self-sufficient, state funding for implementation of the Florida 211 Network is a true winner.

The United Way of Florida urges the 2004 Florida Legislature to appropriate sufficient funding to allow 2-1-1 to be available statewide.

UNITED WAY OF FLORIDA 2004 LEGISLATIVE POSITION

KIDCARE FUNDING

Available federal funds should be used to eliminate the waiting lists.

Background:

The 1998 Florida Legislature passed the Florida KidCare Act, intended to provide health care coverage for more than 300,000 of Florida's 800,000 uninsured children ages 0-19 with family incomes below 200% of the federal poverty level. KidCare includes four different health programs: 1) MediKids – for children ages 0-5 who are ineligible for Medicaid and the CMS Network; no co-pay required; 2) Healthy Kids – for children 5-19 who are ineligible for Medicaid and the CMS Network up to 200% of poverty; co-pay up to \$20 per household (\$5 increase from 2002); 3) CMS Network – for children 0-19 with special health care needs and whose families are at or below 200% of poverty; up to \$20 per household co-pay (\$5 increase from 2002); and 4) Medicaid – for children 0-20 years of age up to 100% of poverty; no co-pay.

For every government dollar spent on Medicaid, the federal government pays 62 cents, and the state pays 48 cents. For the other three KidCare programs, the Feds pay 71 cents of every government dollar, while the state picks up 29 cents. The 2003-2004 KidCare budget – excluding Medicaid – is \$470 million, with just \$117 million coming from the state, a reduction from the \$121 million appropriated in 2002-2003.

Nearly 1.7 million children – more than a quarter of the children in Florida – get their health care from Medicaid. Because it is an entitlement program, the Legislature cannot cap Medicaid enrollment. Citing a tight budget year, the 2003 Legislature capped enrollment in the other three KidCare programs. The enrollment caps took effect in July. By the end of September, the waiting list had grown to nearly 60,000 children, and was growing at about 3,000 children a week, twice as fast as lawmaker's expected. Healthy Kids is the program most severely affected.

Making things worse is a new policy change that bumps enrolled children out of KidCare and back onto waiting lists as they age-out of one program into another, or as their health status changes. Until 2003, children could progress seamlessly through KidCare's three component programs as age and need dictated, without having to reapply each time.

During the summer of 2003, Florida received \$76 million from Washington, a retroactive boost to the state's social service spending that is part of the Federal Relief Grant. About \$20 million in state general revenue, plus federal matching funds, would take about 29,000 off the waiting list for Kidcare. The remaining children on the list – more than 27,000 – are new immigrants who don't qualify for federal matching funds.

The United Way of Florida urges the 2004 Florida Legislature to fully fund the KidCare Program.

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The Florida Channel provides live coverage of the Legislature, as well as two half-hour programs covering public affairs: *Capitol Update* and *Florida Face to Face*.

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