

Legislative Link

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

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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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PRESCHOOLERS AND ELDERS: BEWARE THE HOUSE

While the Florida House of Representatives led the charge on funding Medicaid services for the poor in budget conference this week (see p. 7), it also moved forward on two pieces of legislation that signify a lost promise for preschoolers, and significant loss of services for elders . . .

Lost Promise for Preschoolers

The House released its “new” 109-page Universal Pre-K (UPK) legislation at 3:30AM Tuesday morning, about 6 hours before it was heard by the House Appropriations Committee. Of course, with little time to digest the bill, reasoned analysis and discussion were lacking. No amendments were allowed by leadership to improve it. The last paragraph of the bill emphatically states what the entire bill reflects: “The Voluntary Pre-Kindergarten Education Program . . . is not a part of the system of public education.” (See attached comparison of House and Senate UPK bills)

On Wednesday, the Senate Pre-K Bill – CS/CS/SB 3036 – was voted off of the Special Order Calendar on Wednesday, and is positioned to pass out on third reading . . . *Continued on page 2*

**CALL YOUR LEGISLATORS TODAY – TELL THEM TO SUPPORT THE
SENATE PRE-K BILL (CS/CS/SB 3036)**

Lost Services to Elders

As this Legislative Link went to press, the House Appropriations Committee was considering a bill that would result in the most significant shift in delivery of aging services in decades, by pooling Home and Community Based Services and Assisted Living Medicaid Waiver funds with Medicaid nursing home funds and Medicaid nursing home diversion funds, and Medicaid acute care funds for persons over the age of 65. All of these funds would be used to pay **two or three HMOs to serve the entire long-term care population!**

See page 3 “Elder Services to be Restructured” to find out more.

There are only 7 days left in the 2004 session. If you would like to contact your legislator about the two issue highlighted on this page – and we urge you to – or any other issues discussed herein, see the attached Florida Senate and House of Representatives Roster attached to this email.

**CALL YOUR LEGISLATORS TODAY – TELL THEM TO
SUPPORT THE SENATE PRE-K BILL (CS/CS/SB 3036)
AND TO KILL CS/HB 887!**

10 NON-STARTERS IN THE HOUSE PRE-K BILL

As mentioned above, the House pre-k bill (CS/CS/HB 821) states that “The Voluntary Pre-Kindergarten Education Program ... is not a part of the system of public education.”

In so stating the House – led by Representative Bev Kilmer, Gus Barreiro, and Rafael Arza, ensures that the Pre-K program will not attain quality education standards by:

- Authorizing one teacher per 18 four year olds;
- Placing UPK in the Department of Education’s Choice Office – and requiring that its functions be privatized/outsourced to a private administrator;
- Allowing Pre-K providers to select any curriculum they choose – with no state standards;
- Requiring the Governor to appoint a majority of the Early Learning Councils (a.k.a. school readiness coalitions), instead of letting the councils determine for themselves – within state parameters – who sits on them;
- Dictating that the number of School Readiness Coalitions/Early Learning Councils be reduced from 50 to 28, mirroring community college catchment areas;
- Requiring AWI to take over the successfully privatized child care resource and referral system;
- Requiring 85 percent of Pre-K students to be assessed “ready” for Kindergarten without addressing legitimate circumstances of children with disabilities;
- Providing teacher training exclusively through new “web-based teacher preparation and continuing education”;
- Prohibiting “D” and “F” schools from providing Pre-K programs – assuming the teachers are bad and not recognizing student deficits;
- Removing the requirement that programs be nationally accredited in order to obtain Gold Seal designation – watering down what little quality is in the bill.

Why We Love Kids . . .

KETCHUP

A woman was trying hard to get the ketchup to come out of the jar. During her struggle the phone rang so she asked her 4-year-old daughter to answer the phone. "It's the minister, Mommy," the child said to her mother. Then she added, "Mommy can't come to the phone to talk to you right now. She's hitting the bottle."

Uncovered Kids: By the Numbers

3-4 times	Likelihood that an uninsured child will be absent from school compared to an insured child
68%	Improvement experienced in key measures of school performance by children enrolled in publicly funded health insurance programs.
\$248	Amount of federal match dollars leveraged by Florida for every \$100 invested in the children’s health insurance program.
120,950	Number of jobs in Florida that are generated by the federal Medicaid match.
\$8.7 billion	Dollar amount of business activity in Florida generated by federal Medicaid match.

Source: Bay, Franklin, Gulf, Healthy Start Coalition

ELDER SERVICES TO BE RESTRUCTURED

It appears likely the Legislature will significantly restructure how elder services will be provided in the future, either through CS/CS/HB 887 or CS/SB 1226. While 887 is a dangerous bill, there is general support behind 1226. Here's a brief overview of each:

The House Bill - CS/HB 887

CS/HB 887 provides that virtually all Medicaid services for the frail elderly be managed by HMOs. The state would pay a fixed rate to an HMO or other managed care organization, which would then decide which services - from nursing homes to meals-on-wheels - clients would be entitled to.

The bill would result in the most significant shift in the delivery of aging services in decades, by pooling Home and Community Based Services and Assisted Living Medicaid Waiver funds with Medicaid nursing home funds and Medicaid nursing home diversion funds, and Medicaid acute care funds for persons over the age of 65. All of these funds would be used to pay one or two providers or two or three HMOs to serve the entire long-term care population.

Supporters of the managed care approach point out transferring responsibility for making decisions to HMOs results in HMOs bearing the financial risks for services, rather than the state. However, it is well known that the one way HMOs ensure they have no financial deficits (i.e. they make a profit) is by denying services.

CS/HB 887 authorizes the Department of Elderly Affairs (DOEA) to modify its local system of service delivery to develop a single point of entry for all persons over 60 seeking services through the Community Care for the Elderly program, the Home Care for the Elderly program, the Aging Disabled Medicaid Waiver program, the Long-term Care Community Diversion project, the Assisted Living for the Elderly Waiver, and the Older Americans Act. The new single point of entry is to be called an "aging resource center" (ARC).

Under the bill, DOEA is to submit an implementation plan to the Legislature by October 31, 2004, describing qualifications for designation and functions to be performed, as well as a process for determining that an area agency is ready to assume the functions of a resource center. All area agencies are to submit a proposal to become aging resource centers to DOEA by December 31 2004. DOEA is to evaluate the proposals prior to March 31, 2005, and has to choose three area agencies to begin the transition. Area agencies not selected by DOEA to begin the transition process are to resubmit their plans by July 1, 2005. The department may transition additional area agencies as it determines they are in compliance with the requirements to become aging resource centers.

As this process is taking place, OPPAGA and the Auditor General are to monitor DOEA's process and the quality of technical assistance provided to area agencies. A report is to be submitted by February 1, 2005, and periodic reports are to be submitted March and September 1 of each year until full transition has been completed statewide.

The ARC is to integrate the staff of DOEA's CARES nursing home screening program, as well as a sufficient number of staff of the Department of Children and Families Economic Self-Sufficiency Services Program Office to determine financial eligibility for all persons age 60 and older seeking Medicaid services, Supplemental Security Income, and food stamps. The staff of the local Area Agency on Aging is also to be integrated into the ARC.

The programs and services administered by the ARC are the Community Care for the Elderly program, Local Services Programs, the Home Care for the Elderly program, the Aged and Disabled Adult Medicaid Waiver program, the Assisted Living for the Elderly Medicaid Waiver program, and Older Americans Act Services.

Elder Services continued

The bill requires that the ARC provide an initial screening of each client who requests services to determine whether the person would be most appropriately served through state programs, federal programs, volunteer services, or by privately paying for the services. Services in these programs are not to be reimbursed except through the ARC system.

The bill provides the Agency for Health Care Administration (AHCA) with the authority, with agreement of DOEA, to contract for any function or activity of the CARES program, if the agency and DOEA determine that contracting will result in a savings to the state, as well as increased efficiency and accountability. The bill requires CARES staff (within existing positions), to assess a sample of individuals whose nursing home stay is expected to exceed 20 days, regardless of the initial funding source for nursing home placement, and to develop a database to track individuals over time who are assessed under the CARES program and who are diverted from nursing home placement.

The Secretary of DOEA is required to annually evaluate the performance of the executive director of an area agency on aging, and the area agency board is to consider the evaluation when it considers the director's reappointment.

The bill requires that DOEA and AHCA integrate the Assisted Living for the Elderly Waiver program into the Aged and Disabled Adult Waiver program and the Frail Elder Option into the Long-term Care Community Diversion Pilot Project.

DOEA is to exempt from the competitive process any contract with a provider that meets or exceeds minimum standards and requires that lead agencies be given responsibility to coordinate other services, as well as case management in the CCE program.

Legislative findings that preservation of the historic aging network of service providers is essential to the well-being of Florida's elderly population are provided, and the bill directs that DOEA and AHCA develop a system in which existing CCE lead agencies are assisted in transitioning their business model to a managed long-term care model. Initially CCE lead agencies are to be reimbursed on a prepaid basis under the Aged Disabled Medicaid Waiver Program, and for state-funded programs serving the elderly. By the end of the third year, the demonstration is to include services under the long-term care community diversion project. The bill provides for the state to share the risk of nursing home placement during the 3-year demonstration project. The bill requires AHCA, subject to appropriations in the General Appropriations Act, to advance \$500,000 to fund development costs for the demonstration provider. The loan must be repaid in 6 years from the date of funding.

The Senate - CS/SB 1226

This bill implements recommendations contained in Senate Interim Project Report 2004-144, "Model Long-Term Care System/ Analyzing Long-Term Care Initiatives in Florida."

This bill makes changes to the long-term care service delivery system administered through the Department of Elder Affairs (DOEA) and the Agency for Health Care Administration (AHCA). Specifically, the bill:

- Requires each Area Agency on Aging (AAA) board, in consultation with the Secretary of Elder Affairs, to annually appoint a chief executive officer of the AAA, requires the performance of the executive director of each AAA to be annually evaluated by the Secretary, and requires the board to consider this evaluation and recommendation when it considers reappointments;

- Gives AHCA the authority, in consultation with DOEA, to contract for any function or activity of the Comprehensive Assessment and Review of Long-Term Care Services (CARES) program including any function or activity required by 483 of the Code of Federal Regulation relating to Preadmission Screening and Resident Review (PASARR);
- Requires CARES staff to assess all individuals whose nursing home stay is expected to exceed 20 days regardless of the initial funding source for nursing home placement, and provides that this requirement does not apply to continuing care facilities licensed under chapter 651, and retirement communities that provide a combination of nursing home, independent living, and other long-term care services;
- Requires DOEA to develop a database to track individuals over time, who are assessed under the CARES program and who are diverted from nursing home placement, and requires DOEA to submit to the Legislature and the Office of Long-Term Care Policy each year, a longitudinal study of the individuals who are diverted from nursing home placement;
- Revises the requirements by which DOEA can take action against a AAA to include: the AAA exceeds its authority related to its contract with the department or has exceeded its authority, or otherwise failed to adhere to the provisions specifically provided by statute or rule adopted by DOEA; and if the AAA has failed to properly determine client eligibility as defined by DOEA or efficiently manage program budgets;
- Makes changes to the Office of Long-Term Care Policy including:
 - Locating the Office of Long-Term Care policy in DOEA for administrative purposes only;
 - Providing that the office and its director shall not be subject to control, supervision, or direction by DOEA;
 - Replacing the advisory council with an inter-agency coordinating team and specifying the composition of the inter-agency coordinating team; and
 - Revising reporting requirements;
 - Redefines the terms “community care service system” and “lead agency,” and requires a single lead agency to provide the array of services to functionally impaired elderly persons. This agency can provide any combination of those services;
- Requires DOEA and AHCA to develop an integrated long-term care service delivery system including:
 - Requiring DOEA and AHCA to phase in implementation of the integrated long-term care system;
 - Specifying timeframes and activities for each implementation phase;
 - Authorizing AHCA to seek federal waivers to implement the changes
 - Requiring CARES staff to review at least 20 percent of Medicaid nursing home resident case files annually to determine whether these residents can be transitioned to a less restrictive setting.

"If life were fair, Elvis would be alive and all the impersonators would be dead." -- Johnny Carson

"Bigamy is having one wife/husband too many. Monogamy is the same." --Oscar Wilde

AGENCY FOR PERSONS WITH DISABILITIES LEGISLATION MOVES FORWARD

Over the past year, significant problems have plagued programs within the Department of Children and Families serving people with disabilities (see below). It's gotten so bad that providers have sued the Department. Making it worse, the Legislature is considering a \$14 million cut to DD services that are already stretched to the limit.

A move that appears aimed at not only improving the services but also appeasing those who are upset about funding cuts appears to be fast tracked to passage in a bill, CS/SB 1280, that removes the Developmental Disabilities program from the Department of Children and Family Services (the department or DCF) and establishes the program as "The Agency for Persons with Disabilities" (APD), effective October 1, 2004. The newly created agency is to be administratively housed within the department but established as a separate budget entity that is not subject to the control, supervision, or the direction of the department.

The director for the new agency is to be appointed by the Governor to administer the affairs of the agency and is authorized to hire staff within available resources.

The agency has programmatic responsibility for the provision of all services for persons with

developmental disabilities pursuant to chapter 393 of the Florida Statutes. However, fiscal management of the home and community-based waiver services is to be managed by the Agency for Health Care Administration (AHCA). The new agency will retain the fiscal and programmatic management of the developmental disabilities institutions and those community based services that are currently funded by general revenue.

The agency is directed to enter into inter-agency agreements with AHCA and DCF that delineate the responsibilities of each organization. These agreements must also address the operational support of the new agency as well as reimbursement mechanisms. The bill also directs APD, AHCA, and DCF to work together to develop a plan to ensure all necessary electronic and paper-based data is accessible to the Medicaid program. Electronic records are to be migrated to a new system that is compatible with the Florida Medicaid Management Information System.

The Office of Program Policy and Government Accountability must identify and evaluate statewide entities receiving state funding to provide services for persons with disabilities. A report from OPPAGA is due to the Governor and the Legislature by December 2005.

ANATOMY OF THE DD CRISIS

- Under the Developmental Disabilities Program, DCF pays about \$658 million for services for about 32,000 people suffering from mental retardation, autism, spina bifida, cerebral palsy, and others.
- About 91 percent of people in the program receive services in the community either at home or in a group homes, where typically about 46 people live with paid staff. About 9 percent are in major state run institutions or privately run intermediate care facilities.
- Nearly 14,000 more people with life-long disabilities like mental retardation and cerebral palsy are on a waiting list for services including housing, assistance with eating and dressing, and therapies that help them speak and move.
- Since 1998, the state has spent hundreds of millions of dollars on people with developmental disabilities, doubling the budget to \$1.1 billion annually and tripling the number of people helped.
- Florida ranked 37th nationwide on per capita community services spending for the disabled in 2002, according to a study by the Coleman Institute for Cognitive Disabilities at the University of Colorado.
- Governor Bush proposed spending an additional \$43 million beginning July 1 to provide help to 3,200 people on the waiting list. (Eliminating the entire waiting list would cost about \$380 million.)

- Last summer, the Department of Children & Families changed the way it reimburses those who serve the developmentally disabled, hoping to equalize payments among providers and increase options for families.
- Last fall, state officials announced the Department’s Developmental Disabilities’ budget was facing a \$27 million deficit, and provider rates were cut. The DCF Inspector General’s office ultimately determined that the deficit was only about \$15 million. DCF Secretary Jerry Regier said, despite the Inspector General’s report, he would not roll back the rate cut until he had time to determine its impact on the budget.
- Since the rate change, about a dozen providers across the state have either gone out of business, or appear poised to go out of business.
- In early February, nearly 30 providers of developmental services across the state filed suit against the Department of Children & Families to claiming DCF had reneged on its contracts when it cut the rates. The suit, which is still pending, includes the state, DCF, and the Agency for Health Care Administration.

LAW ENFORCEMENT OFFICERS SUPPORT QUALITY PRE-K

Last week, a bipartisan organization of law enforcement officials and crime victims today released a new report showing that high quality pre-kindergarten is proven to cut crime, and called on the legislature to ensure that the universal pre-kindergarten program voters approved in 2002 contains the quality standards proven to reduce crime as children grow up.

The report, entitled “High Quality Pre-Kindergarten: The Key to Crime Prevention and School Success in Florida” was produced by Fight Crime: Invest in Kids, an organization whose

membership includes 84 Florida police chiefs, sheriffs, prosecutors and victims of violence.

“Florida now has a special opportunity to take a big step forward in crime prevention. Let’s not be penny-wise and pound-foolish. Let’s create a program that is a model for America as we move forward in this new century,” said Harry Shorstein, state attorney for Duval, Clay and Nassau Counties and a member of Fight Crime: Invest in Kids, in the report’s cover letter.

To view the full report and for more information please, visit www.fightcrime.org.

Legislators Provide Funding to Critical Medicaid Services

Last weekend, and early this week, the Health and Human Service Conference Committee made up of House and Senate negotiators agreed to restore funding for Florida’s Medically Needy Program, restored cuts that had been slated in the Senate budget for pregnant women up to 185 percent of the federal poverty level, funded transportation for the disadvantaged, restored funding for dentures, and made some changes to nursing home staffing increases. Funding for eyeglasses and hearing aids were not restored

However, as the week proceeded, the House was only proposing to fund 72,000 children on the Kid Care waiting list, while the Senate was proposing to provide services to 90,000; the number the House and Senate stated they would fund at the beginning of session.

Growing Older

First, Eventually you will reach a point when you stop lying about your age and start bragging about it.

Second, The older we get, the fewer things seem worth waiting in line for.

<p style="text-align: center;">PUBLIC GUARDIAN FUNDS SLASHED</p> <p>This year, Florida’s public guardian program received \$4 million. Because the Department of Elder Affairs suggested that there were about 3,000 Floridians waiting for guardians, it recommended that the budget be expanded to \$5 million next year. Governor Jeb Bush concurred, and included the \$5 million in his budget on a 50/50 matching grant basis.</p> <p>Unfortunately, House and Senate budget negotiators appear to be poised to slash the budget, with the House providing only \$1 million at this point for guardianship, and the Senate, which originally had nothing in its budget, targeting about \$250,000 for the program.</p> <p>Such a cut would be devastating for the thousands of mostly senior citizens who need public guardians as their caretakers, to help them find a place to live, receive medical care, and get the food they need to live.</p> <p>Part of the problem is that the Legislature is letting a law expire in July that currently allows district courts to assess filing fees to pay for a portion of guardianship costs to. As a result, the moneys from those fees will no longer be available.</p>	<p style="text-align: center;">LONG-TERM CARE IN FLORIDA: A Policy Blueprint</p> <p>“This report finds that, even though Florida’s demographics may seem ominous when looking at the potential public cost of long-term care, there are a number of trends that work against these widely held perceptions of future fiscal ‘gloom and doom’.”</p> <p>This is the conclusion of the Office of Long-Term Care Policy and the Long-Term Care Policy Advisory Council</p> <p>To benefit from these favorable conditions in the future, the state needs to be proactive now in providing incentives and assistance to family caregivers and to continue enhancing funding for community-based alternatives to institutional care. The evidence presented in the report strongly suggests that the state has a window of opportunity to make needed changes in the way that it delivers and finances long-term care services before baby-boomers enter their high-risk years.</p> <p>To access the full report, go to www.elderaffairs.state.fl.us/doea/english/LongTermCare/DOCS/Full%20report.pdf.</p> <p><i>Source: The Department of Elder Affairs’ Office of Long-Term Care Policy and the Long-Term Care Policy Advisory Council.</i></p>
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FAT FLORIDA

According to the Department of Health, more than half of Florida’s adults are overweight, contributing to huge health-health financing problems linked to heart disease, diabetes, and some forms of cancer. Every year Floridian’s spend more than \$38 billion just to treat those illnesses, which caused about 100,000 deaths in 2002. In Florida, heart disease is the number one killer, cancer the number two killer, and diabetes the number six killer.

In October, Governor Bush appointed a task force to develop an action plan to confront obesity. Contributors to obesity: no time for physical activity, easy availability of fast food, TV, Internet. Bills requiring that students have regular phys ed classes and addressing junk food n schools is wending its way through both houses.

Question of the Ages . . .

- *Why do "overlook" and "oversee" mean opposite things?*
- *Why is "phonics" not spelled the way it sounds?*

MEDICAID (AGAIN) – AND MENTAL HEALTH

In the state's rush to address soaring Medicaid costs – and cap those costs through applications for Medicaid waivers to the federal government – mental health services may also suffer. HB 1843 would reverse more than 20 years of mental health policy in Florida by shifting provision of services from community health care providers to a managed behavior health care system. 550,000 Medicaid recipients would no longer be able to receive services from the myriad of community organizations that currently have state contracts, but would have to go to their HMO to see which providers are available.

One huge implication is that the \$140 million invested in the system each year by the state will be funneled to an HMO, and the community behavioral health care system that has evolved over the last two decades could be disseminated, to the detriment of mental health patients.

Why move these services to Medicaid for-profit HMO providers...Because those providers will reduce costs. They will do so by restricting services.

And they will make good profits, at least until the state/feds tighten the purse strings. Then they will

leave. And where will the community provider system be? Good question.

The real irony with the mental health program is that the 2003 Legislature passed a law allowing community providers and HMOs to compete for the opportunity to provide behavioral health care services. By changing that law, and basically identifying HMOs as soul source providers, the competitiveness the Legislature infused in the system last year will be gone, as will market pressures to keep services at manageable rates.

That 2003 law was passed only after it passed through eight substantive committees and was subjected to intense debate and scrutiny. This year's proposal was slipped into the Medicaid Implementing bill without a hearing. It doesn't bode well. It's been reported that in the Tampa pilot program upon which the bill is based, HMOs spent only about 40 percent of the money received for behavioral health care on actual services, while community-based providers spent about 80 percent.

The Florida Mental Health Institute in Tampa reports that HMO clients receive fewer mental health services and are less likely to get the newer – and better – psychiatric drugs they need.



DON'T MESS WITH TRUCKS!

The Road Information Program, a Washington-based transportation research group, released a study in February showing that Florida ranks 3rd – behind Texas and California – in the number of people killed in crashes involving large trucks from 1998 to 2002. According to the report, large trucks carry 71 percent of the 15 billion tons of goods moved annually in the United States, and with trucking projected to increase 56 percent in Florida and 49 percent nationwide by 2020, more money is needed to make highway improvements to reduce accidents.

OUCH!

Health insurance premiums rose 13.9 percent in the United States in 2003. Major factors cited by the insurance industry for the sharp premium increases are outpatient hospital costs, prescription drugs, “lifestyle” issues such as smoking, obesity, and substance abuse, and regulations ranging from mandatory policy benefits to new federal HIPAA regulations on insurance portability and patient privacy.

WORKER'S COMPENSATION FOR NON-PROFITS – 2003 JUA PROVISIONS MAY CHANGE

The 2003 Legislature, recognizing the significant hardships small employers and non-profits were having in accessing affordable worker's compensation insurance, created a special sub plan "D" in the State's Worker's Compensation Joint Underwriting Association. The sub plan provides worker's compensation insurance to nonprofit employers with experience modification of 1.1 or less at a rate of 10 percent above commercial market rates.

Unfortunately, the Legislature knew that the rate was not actuarially sound and, as a result, sub plan "D" experienced a \$35 million deficit this year. As a result, the Legislature is poised to appropriate funds to eliminate the deficit, but is also changing JUA provisions to provide that all JUA rates are actuarially sound and all JUA policies are assessable. In other words, if a deficit arises again, the policyholders in the JUA will have to pay the assessment based upon their proportionate share of JUA premium. The state will not bail the JUA out.

Under CS/CS/SB 2270 the sub plan "D" is eliminated, and three new "Tiers" are created. Tier One generally would be available to employers with experience modification below 1.00, combined with other factors, at premium levels 25 percent above comparable voluntary market premiums. Tier Two would be for employers with experience modification of 1.00 up to 1.10, and other factors, to a premium level of 50 percent above comparable

voluntary market premiums. Tier Three would be for all other employers. All existing insureds will be moved into the three new Tiers and all will be subject to assessable policies.

This bill specifically states, however, that no policy in sub plan "D" is subject to assessment for purposes of funding this year's deficit.

The bill also states the Senate's intent to create a State Worker's Compensation Mutual Fund if worker's compensation coverage is not generally available and affordable to small employers. A Worker's Compensation Insurance Market Evaluation Committee is created to monitor and report on the number of insurers actively writing worker's compensation insurance in the state for small employers, the number of policies issued, premium volume written, types of underwriting restrictions utilized, and the extent to which actual premium charges vary from standard rate.

The United Way of Florida is working with to ensure that the committee also addresses the plight of the nonprofit market. If, from the committee's report, the Legislature determines that worker's comp coverage is not generally available, it will create a state mutual fund as a nonprofit entity for the benefit of small employer policy holders – and, hopefully, nonprofits - that will compete with private carriers for insurance.

SMALL CHILDREN ARE BIG BUSINESS FOR FLORIDA'S ECONOMY

The Child Care Industry . . .

- ✓ Generates \$3.87 billion in total revenue to industries
- ✓ Employs 46,561 child care providers and related employees
 - ✓ Supports 626,483 children in Florida
 - ✓ Creates more than 67,000 statewide jobs;
 - ✓ Produces \$138 million in tax revenue.

*Source: The Economic Impact of Child Care in Florida
Florida Children's Forum*

SUMMER NUTRITION BILL STALLS

It's hard to believe Florida leaves more than \$100 "on the table" in Washington each year that can be used to buy summer meals for children who are eligible for free and reduced priced meals during the school year. There's not even a match required. All the state has to do is commit to use the money to provide the meals.

What's harder to believe is that legislation that would require all school districts to implement the program (al but about 5 already provide limited programs) is having trouble getting passed out of the Legislature.

By the summer of 2005, it would require at least one summer food program in each school district to operate for at least 40 days during the summer months within five miles of an elementary school where 50 percent or more children are eligible for free or reduced-price school meals. If a school board wishes to be exempt from this requirement, it must include the issue on an agenda at a regular or special school board meeting publicly noticed, provide citizens an opportunity to participate in the discussion, and then vote on whether to elect to be exempt from this section of the law. Each year the school board files for an exemption, it must formally reconsider its decision and annually vote to continue the exemption and then notify the Florida Department of Education.

It's even harder to believe when you consider:

- This bill is not controversial; it now contains language enabling local districts to opt out, if needed.
- It has passed every one of its committee with a unanimous vote!
- The bill has no state fiscal impact; in fact, it brings money into Florida's local communities where it is needed during the summer months.
- The bill's supporters include the Florida Association of Counties, Florida Department of Education, Florida School Food Service Association, Florida Academy of Family Physicians, United Way of Florida, Florida Catholic Conference, the Florida Association of Jewish Federations, and Florida Impact, which represent many of the state's major Protestant and Jewish religious organizations.

To see how the program could affect your county visit the Florida Impact website: www.flimpact.org.

WHY WE LOVE KIDS. . . .

POLICE # 1

While taking a routine vandalism report at an elementary school, I was interrupted by a little girl about 6 years old. Looking up and down at my uniform, she asked, "Are you a cop?" "Yes," I answered and continued writing the report. "My mother said if I ever needed help I should ask the police. Is that right?" "Yes, that's right," I told her. "Well, then," she said as she extended her foot toward me, "would you please tie my shoe?"

POLICE # 2

It was the end of the day when I parked my police van in front of the station. As I gathered my equipment, my K-9 partner, Jake, was barking, and I saw a little boy staring in at me. "Is that a dog you got back there?" he asked. "It sure is," I replied. Puzzled, the boy looked at me and then towards the back of the van. Finally he said, "What'd he do?"

BILLS HEARD THIS WEEK

(The bills summarized below relate to human service issues and other issues of interest to United Ways, United Way agencies, and United Way supporters. Much of the information below has been excerpted from Legislative staff analyses.)

TO OBTAIN A COPY OF A BILL, STAFF ANALYSIS, LEGISLATIVE CALENDARS
OR OTHER LEGISLATIVE INFORMATION:

House Bills: House Documents, Rm. 325, Capitol, Tallahassee, FL 32399 ♦ 850/488-7475

Senate Bills: Senate Bill Rm. 303, Capitol, Tallahassee, FL 32399 ♦ 850/487-5285

Website Address: <http://www.leg.state.fl.us/>

CS/CS/SB 206 - Florida Council on Deafness (Sponsor: Appropriations Subcommittee on Education)

Over 2 million deaf and hard of hearing individuals live in Florida, making the state one of the largest communities of such persons in the United States. State organizations for the deaf report the following issues encountered by deaf and hard of hearing persons in the state:

- lack of captioning,
- poor quality of sign language interpreters,
- enforcement issues regarding Americans with Disabilities Act accessibility requirements,
- lack of funding to provide services for deaf/hard of hearing persons,
- lack of resources for persons who work with deaf/heard of hearing persons, and
- lack of regulation for persons serving the deaf/hard of hearing community, including sign language interpreters, captionists, and hearing aid dealers.

CS/CS/SB 206 creates the Florida Council on Deafness, which would recommend policies addressing the needs of deaf and hard of hearing persons and recommend changes to improve coordination of services for such persons. It is authorized to provide technical assistance, advocacy and education. The council is assigned to the Florida Department of Education for administrative and fiscal purposes. The committee substitute provides for the appointment of and membership on the council. The council is charged with preparing a report to the Governor, President of the Senate, Speaker of the House of Representatives and Chief Justice of the Supreme Court on specified issues. The committee substitute provides that the council's activities will not extend to any program, service, or activity that is subject to the jurisdiction or oversight of the Public Service Commission or that is subject to regulation under Part I of ch. 468, F.S., or Part II of ch. 484, F.S.

Last Action: 4/22/04 SENATE Read Second Time; Amendment(s) Withdrawn

CS/SB 218 – Crimes Against Minors (Sponsor: Criminal Justice)

Committee Substitute for SB 218 makes it a life felony to kidnap a child under the age of 16 when one or more statutorily-specified offenses are committed in the course of committing the kidnapping. Current law also punishes this act as a life felony, but the kidnapped child must be under the age of 13.

This CS also makes it a first degree felony punishable by a term of years not exceeding life (PBL) to falsely imprison a child under the age of 16 when one or more statutorily-specified offenses are committed in the course of committing the false imprisonment. Current law also punishes this act as a first degree felony (PBL), but the falsely imprisoned child must be under the age of 13.

This CS also makes it a second degree felony for a person to commit the offense of luring. To commit the offense of luring the person must: 1) be over the age of 18; 2) have previously been convicted of a sexual battery offense under ch. 794, F.S., or a lewd offense under s. 800.04, F.S., or a violation of a similar law of another jurisdiction; and 3) intentionally lure or entice, or attempt to lure or entice, a child under the age of 16 into a structure, dwelling, or conveyance for other than a lawful purpose. Current law punishes this same act as a third degree felony and the lured child must be under the age of 12.

Last Action: 4/22/04 SENATE Read Third Time; Amendment(s) Adopted; CS passed as amended

Bills Heard this Week (continued)

CS/HB 321 – Immunity form Civil Liability (Sponsor: Health Care)

The Good Samaritan Act 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. The Act requires a showing of reckless disregard in an action seeking recovery of civil damages from licensed hospitals, employees of such hospitals working in a clinical area within the facility, and physicians in connection with emergency-room treatment rendered in good faith, but does not extend that protection to all emergency care providers.

The Good Samaritan Act currently provides immunity if any person acts as an ordinary, reasonably prudent person while rendering emergency care or treatment to people and animals.

This bill extends immunity from civil liability under the Good Samaritan Act to any person whose acts or omissions are not otherwise covered under the act and who participates in emergency response activities under the direction of or in connection with a community response team, local emergency management agency, the Division of Emergency Management of the Department of Community Affairs, or the Federal Emergency Management Agency. The person would not be liable for any civil damages which are the result of care, treatment, or services provided gratuitously in such capacity as a result of any act or failure to act in such capacity in providing or arranging further care, treatment, or services, if such person acts as a reasonably prudent would have acted under the same or similar circumstances.

Last Action: 4/22/04 HOUSE Read Second Time; Substituted SB 532; Laid on Table

CS/CS/SB 448 – Elder Abuse and Neglect (Sponsor: Criminal Justice)

CS/CS/SB 448 upgrades the crime of aggravated abuse of an elderly or disabled person from a second degree felony to a first degree felony, and requires certified law enforcement personnel to receive training in the identification and investigation of elder abuse and neglect.

The CS also designates a new Memory Disorder Clinic as part of the Alzheimer’s Disease Initiative, and establishes a workgroup to evaluate the use of the Florida Mental Health Act for persons with dementia. The workgroup must submit its report and recommendations by January 1, 2005, and stands repealed February 1, 2005.

Last Action: 4/22/04 SENATE Read Third Time; CS passed as amended

HJR 659 – Term Limits (Sponsor: Troutman)

Art. VI, s. 4, of the Florida Constitution, provides that a Florida Representative or Senator, Lieutenant Governor, Florida cabinet member, United States Representative or United States Senator from Florida may not have his or her name placed on the ballot if the person has served eight consecutive years in that office. In 1992, Florida voters approved term limits under the “eight is enough” proposal (citizen initiative) by a margin of 77 percent to 23 percent.

HJR 659 proposes to amend the Constitution to increase the current term limits from eight years to twelve years for Florida Representatives and Senators or any member of the Cabinet. It retains the eight year term limit for the Office of Lieutenant Governor.

HJR 659 also proposes to delete the eight-year term limitation for United States Representatives and United States Senators from Florida, which was declared unconstitutional by the United States Supreme Court in 1995.

If enacted, the proposed constitutional amendment will be presented to the electors of Florida at the November 2004 general election, and if approved, will apply only to those officers whose consecutive years in office begin in November 2004 or after.

Last Action: 4/22/04 HOUSE Read Second Time

FUNNY SIGNS

In a restaurant window: "Don't stand there and be hungry. Come on in and get fed up."

Outside a muffler shop: "No appointment necessary. We hear you coming."

Bills Heard this Week (continued)

CS/CS/CS/SB 700 – Mental Health (Sponsor: Criminal Justice)

CS/CS/CS/SB 700 substantially amends Florida's involuntary civil commitment law, also known as the Baker Act, as follows:

· Establishes a process for long-term involuntary placement for outpatient services for persons 18 years of age or older who meet other statutory criteria but only if services or programs, space therein or funding are available in the person's local community;

- Provides the option for a person to agree voluntarily to submit to involuntary outpatient services;
- Adds a process for continued involuntary placement for outpatient services based on maximum 6-month intervals;
- Revises the criteria for involuntary examination under the Baker Act;
- Makes other conforming changes to the Baker Act to distinguish between the procedures for involuntary placement for inpatient treatment versus involuntary outpatient placement; and
- Provides rulemaking authority to the Department of Children and Family Services.

Last Action: 4/22/04 SENATE Placed on Special Order Calendar for 4/24/04

CS/HB 935 – Physical Fitness and Health (Sponsor: Benson)

HB 935 requires the Department of Health (DOH) to promote healthy lifestyles to reduce the prevalence of overweight and obesity in Florida by implementing appropriate physical activity and nutrition programs that target all Floridians. The bill also requires the Florida Sports Foundation to promote education and recognition programs in Florida schools.

Last Action: 4/20/04 HOUSE Original reference(s) removed; CS referred to Appropriations

CS/HB 1059 – Florida School for the Deaf and Blind (Sponsor: State Administration)

Founded in 1885, the Florida School for the Deaf and the Blind is a state-supported boarding school for eligible hearing-impaired and visually-impaired students pre-school through 12th grade. The school serves approximately 700 students from its St. Augustine campus. In a 2002 report, the Auditor General found numerous operational and accounting problems with the school's operation. This bill addresses some of the audit findings by limiting the powers of the school and directing that the school be audited annually.

Last Action: 4/22/04 HOUSE On Committee Agenda - Appropriations

CS.HB 1245 – Credit Counseling Services (Sponsor: Judiciary)

Credit counseling services generally advertise a service intended to assist people with managing their personal debt. Credit counseling services may attempt to help an individual avoid foreclosure and bankruptcy, reduce interest rates, and lower or consolidate monthly payments.

Many credit counseling services offer assistance through "debt management plans" (DMP). The DMP is advertised as a way to pay down debt through monthly deposits to the credit counseling service, which in turn distributes these funds to the creditors. Credit counseling services advertise that they work with clients and creditors to design a debt repayment program that will minimize monthly payments, interest and related fees, providing a manageable plan for clients.

This bill allows a maximum of \$50 for an initial set up or consultation fee for a debt management plan and \$120 per year for additional consultations. Additionally, the bill establishes a services fee cap of the greater of 7.5% of the monthly payment made by a debtor to the debt manager for disbursement to creditors or \$35 per month. The bill requires any debt manager or credit counselor to have a certified public accountant audit the accounts in which funds of debtors are deposited on an annual basis. The bill requires a debt manager or credit counselor to maintain a fidelity bond in the amount of \$100,000, or 10 percent of the monthly average for the immediately preceding six months of the aggregate amount of all deposits made with the debt manager by debtors, whichever is greater, but not to exceed \$500,000. The bill requires that a debt manager or credit counselor disburse funds of the debtor to the proper creditor not more than 30 days after receiving such funds.

Bills Heard this Week (continued)

The bill provides exceptions for certain persons who may engage in debt management and credit counseling services provided in the practice of law or any person or entity who engages in debt adjustment to adjust the indebtedness owed to such person or entity. Additionally the following organizations or their subsidiaries are exempt from the bill's provisions: Federal National Mortgage Association; Federal Home Loan Mortgage Corporation; Florida Housing Finance Corporation; banks; bank holding companies; trust companies; savings and loan associations; credit unions; credit card banks; or savings bank that is regulated by the Office of the Comptroller of the Currency, the Office of Thrift Supervision, the Federal Reserve, the Federal Deposit Insurance Corporation, the National Credit Union Administration, or the Department of Financial Services.

Last Action: 4/22/04 HOUSE Ordered engrossed

CS/HB 1621 – Care for Elderly Persons (Sponsor: Negron)

CS/HB 1621 directs the Agency for Health Care Administration (AHCA) and the Department of Elderly Affairs (DOEA) to assist a private, not-for-profit organization located in Lee County, and a private, not-for-profit organization in Martin County, that provide comprehensive services, including hospice services to the frail and elderly, to gain approval as Program of All-inclusive Care for the Elderly (PACE) sites. The Program of All-inclusive Care for the Elderly is a capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) that features a comprehensive service delivery system that integrates Medicare and Medicaid financing for the elderly. By September 30, 2005, subject to federal approval and provider readiness, AHCA must approve 50 initial enrollees and up to 200 enrollees within 2 years, subject to the ability of a private organization to expand its capacity to do so. Any authorization for enrollment levels above 200 requires documentation of program effectiveness.

If the two sites have sufficient capacity for additional enrollment, AHCA is directed to approve enrollment of an additional 200 participants no later than September 30, 2007.

The bill designates a memory disorder clinic at Morton Plant Hospital and directs the Louis de la Parte Florida Mental Health Institute within the University of South Florida to establish a workgroup to focus on the needs of older adults who have dementia or related disorders and are subjected to the Florida Mental Health Act (the "Baker Act") for involuntary mental health treatment. The workgroup is to report to the Legislature and the Governor no later than January 1, 2005, and the authority for the workgroup is repealed February 1, 2005.

Last Action: 4/21/04 HOUSE Ordered engrossed

HB 1775 – Guardianship (Sponsor: Future of Florida's Families)

House Bill 1775 creates the Joining Forces for Public Guardianship Act, which is intended to assist counties to fund public guardianship needs and to open local offices of public guardian, and establishes a matching grant program. The matching grant program established within the Joining Forces for Public Guardianship Act specifies that the program is subject to a specific appropriation by the Legislature; there is \$1,812,426 in general revenue/tobacco settlement funds in House Bill 1835 (General Appropriations Act). House Bill 1775 also requires any applicant for a grant to obtain a commitment from a local funding source, including county or local governments, for a one-to-one match of grant funds awarded. The match may be in the form of in-kind contributions.

The bill also provides operational requirements for the direct-support organization that supports the Statewide Public Guardianship Office (SPGO).

In addition, the bill requires the SPGO to review credit and criminal investigations prior to registration of a public or professional guardian.

Finally, the bill clarifies the definition and role of a guardian advocate in both the law on developmental disabilities and guardianship. The bill also exempts guardian advocates from the requirement to file an annual accounting under certain circumstances.

Bills Heard this Week (continued)

The bill establishes a matching grant program intended to increase the number of local offices of public guardian statewide.

Last Action: 4/22/04 HOUSE On Committee Agenda - Appropriations

CS/SB 2092 – Financial Protection for Elderly Act (Sponsor: Judiciary)

CS for SB 2092 creates the Financial Protection for the Elderly Act. The measure provides a statutory cause of action for any person over age 60, defined as an “elderly person,” against a financial institution due to the financial exploitation of that person by such institution. An elderly person may recover civil damages, including attorneys fees and costs, plus punitive damages, which are capped at \$1 million. The bill defines financial exploitation to mean obtaining or using an elderly person’s moneys, funds, assets, or property by deception, intimidation, or by unfair or unconscionable acts or practices.

The bill also authorizes the Attorney General to investigate and file civil actions in cases of financial exploitation against an elderly person. Funding for the Elder Victims Trust Fund, created under separate legislation, includes one-half of all punitive damages awarded and moneys received by the Attorney General for attorney’s fees and costs of investigation or litigation under this authority.

The bill requires the Department of Elderly Affairs to create statewide initiatives to educate the public, including the elderly, law enforcement, judiciary, and social service professionals of deceptive and unfair acts against the elderly.

Last Action: 4/20/04 SENATE Favorable by Banking and Insurance

CS/CS/SB 2262 - Prescription of Psychotropic Medications to Dependent Minors (Sponsor: Education)

A substantial number of children in the U.S. have diagnosed mental disorders. A recent study reported that a review of Medicaid prescription records (from unidentified states) during 1995 indicated that 150,000 preschoolers under the age of six were prescribed psychotropic medications. Additionally, the 1999 MECA Study (Methodology for Epidemiology of Mental Disorders in Children and Adolescents) estimated that almost 21 percent of children in the U.S. between the ages of nine and 17 had a diagnosable mental or addictive disorder that caused impairment, and 11 percent of these children (approximately 4 million) had a significant impairment that limited their ability to function. Primary care physicians identify approximately 19 percent of the children they see as having behavioral and emotional problems. A number of treatment options are available to address mental health problems in children including psychotropic medications.

CS/CS/SB 2262 creates the Center for Juvenile Psychotropic Studies within the Department of Psychiatry in the College of Medicine at the University of Florida. The center is directed to work with the Department of Children and Family Services (DCF), the Department of Juvenile Justice (DJJ), and the Agency for Health Care Administration (AHCA) to collect specific information relating to children in custody of the state who are receiving or have received psychotropic medications. The bill also directs DCF, DJJ, and AHCA to provide client information to the center, in accordance with state and federal privacy laws.

The bill provides for the appointment of a director for the center, creates an advisory board, and specifies the membership of the board. The center is required to provide a report to the Legislature regarding the treatment of dependent minors with psychotropic medications by January 1, 2005. The provisions of this section of the bill are repealed on July 1, 2005.

The bill also sets forth requirements regarding the provision of medication to children taken into protective custody, in child care settings, and public schools. The bill prohibits a child from being taken into custody due to a parent’s refusal to administer psychotropic medications unless such refusal caused the child’s neglect or abuse. The bill establishes requirements for obtaining parental authorization to administer medications to children in child care programs, with criminal penalties created for violations of these requirements. The bill also specifies that school personnel are prohibited from recommending the use of psychotropic medications for students.

Last Action: 4/20/04 SENATE Now in Appropriations Subcommittee on Educations

SB 2420 – Senior Services (Sponsor: Campbell)

This bill authorizes counties to create, by ordinance, an independent special district to provide funding for seniors' services throughout the county. Upon approval by the electors in the county, the district may annually levy ad valorem taxes, not to exceed 0.5 mills. In addition, the bill:

- provides for an appointed district governing board;
- specifies the powers and functions of the governing board;
- requires each governing board to identify and assess the needs of the seniors in the county served by the district and to provide an annual report and budget;
- requires the governing board to prepare and file a financial report with the governing body of the county;
- provides that a district may be dissolved by a special act of the Legislature or by ordinance by the governing body of the county; and
- authorizes the creation of dependent special districts under certain circumstances.

Last Action: 4/21/04 SENATE Now in Appropriations

CS/SB 2808 – Department of Children and Family Services (Sponsor: Lynn)

Committee Substitute for SB 2808 is an omnibus bill setting forth the following provisions relative to the services and responsibilities of the Department of Children and Families:

- Clarifies that the risk assessment conducted when there is a report of child abuse, neglect, or abandonment begins immediately, is on-going to reflect changes in the child's risk, and can include a safety plan.
- Modifies the description of the citizen review panel process to use terminology that will allow for the receipt of federal funding, to clarify the application of the six month review process to the court review and citizen review panel reviews, and to require the court to stipulate its findings relative to the care the child is receiving when the child is not required to appear before the court;
- Shifts the responsibility for conducting Medicaid related fair hearings, with the exception of Medicaid eligibility determination hearings, from the Department of Children and Families to the Agency for Health Care Administration;
- Directs the Department of Children and Families to support individuals with developmental disabilities who are in the Medicaid Home and Community-Based Waiver or the Medicaid Consumer Directed Care Waiver and who choose to seek employment;
- Adds employment history screening to the employment screening required for direct service providers of developmental disabilities services and mental health personnel working in the mental health programs;
- Sets forth the legal parameters of the residential facility license and comprehensive transitional education program license, including that these licenses are not professional licenses, they do not create a property right, and they are a privilege, not an entitlement;
- Requires that community mental health providers, inpatient mental health providers, substance abuse providers, and providers of child protection services receive a contract to participate in the provider network for pre-paid behavioral health services;
- Includes self neglect in the definition of "neglect" for the purposes of identifying adult neglect and providing adult protective services;
- Specifies that the notification of a person's right to legal counsel in an administrative hearing being held to consider the imposition of an administrative fine for false reporting of adult abuse is to be included in the notification of the intent to impose the fine;
- Amends provisions relative to homelessness services to correct the name of the Florida Supportive Housing Coalition in the Council on Homelessness membership, to articulate the construction and rehabilitation activities for which the Homelessness Housing Assistance Grant funds may be used to change the due date of the annual report on local homeless coalitions, and to require a statement of assurance from local lead agencies that the proposed services for the grant-in-aid funding is consistent with the local coalitions' continuum of care plan;

Bills Heard this Week (continued)

- Establishes a specific prohibition to acts of sexual misconduct for employees of the department or the Agency for Health Care Administration who engage in certain activities with an individual in the care of the department or living in certain facilities which could result in criminal penalties for performing such an act or failing to report the act, is added to the list of crimes identified in employment screening that prohibits employment, and could prohibit any future employment in either the developmental disabilities service system or the mental health service system regardless of the sexual misconduct was prosecuted;
- Requires the department to use a competitive bid process to contract in two pilot districts for the performance of certain eligibility determination functions for public assistance programs, to assess the service delivery in the pilots, to provide a report to the Governor and Legislature, and to authorize the Governor to provide direction relative to expansion of contracted public assistance eligibility determination;
- Adds law enforcement agencies to the groups that can receive medical reports from hospitals regarding children who have been abused and for whom a protective investigation is being conducted;
- Strengthens the actions that may be taken in institutions in response to child abuse, removes outdated provisions, and requires procedures specific to investigations in different institutional settings;
- Directs the department to adopt rules for the hiring and training of child protective staff, to develop a program design to test an alternative response system, and to report to the legislature on the implementation of the recommendations of the Protective Investigator Retention Workgroup;
- Provides the department with direction relative to the course approval process for the Parent Education and Family Stabilization Course; and
- Repeals the fee charged to certain individuals receiving services of the Community Care for the Disabled Adults program.

Last Action: 4/22/04 SENATE Now in Appropriations Subcommittee on Health and Human Services

CS/SB 3002 – Affordable Housing (Sponsor: Comprehensive Planning)

This Committee Substitute (CS) implements many of the recommendations of the Florida House of Representatives Select Committee on Affordable Housing. This CS:

- Provides requirements for assessing property subject to a low-income housing tax credit;
- Increases from \$10 million to \$20 million the total annual amount of tax credits which may be granted under the community contribution tax credit program; increases, from 50 percent to 80 percent, the amount of available tax credits to be reserved for businesses that contribute to housing projects for low-income and very-low-income households; and extends the repeal of the program until 2015;
- Expands the list of permitted uses of state surplus land to include affordable housing;
- Expands the authority, responsibilities, and assessment and reporting requirements of the FHFC;
- Increases, from \$200,000 to \$500,000, the SAIL loan cap for projects for elderly persons;
- Amends a number of provisions in ch. 421, F.S., related to public housing authorities;
- Imposes additional requirements on local affordable housing advisory committees; and
- Appropriates \$350,000 in General Revenue to the FHFC to promote single family homeownership; \$350,000 in General Revenue to match rent set-asides in home purchases; and \$5,000,000 in General Revenue to establish incentives which defer, reduce or waive impact fees.

GROWING OLDER

- Third, Some people try to turn back their odometers. Not me, I want people to know "why" I look this way. I've traveled a long way and some of the roads weren't paved.
- Fourth, When you are dissatisfied and would like to go back to youth, think of Algebra.
- Fifth, You know you are getting old when every thing either dries up or leaks.
- Sixth, I don't know how I got over the hill without getting to the top.

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