

**THE FLORIDA ALLIANCE FOR
RETIRED AMERICANS, INC.**

LEGISLATIVE REPORT



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Florida's Redistricting Case-Back to Court

The Florida Supreme Court on Friday sent the congressional redistricting case back to the trial court, although the justices did not block the Legislature from meeting in another special session to resolve the issue.

The case ended up at the state's highest court after the House and Senate failed to pass a new congressional map in a two-week special session last month. Lawmakers had been forced into the session by a July order from the Supreme Court, which found eight of 27 districts violated the state constitutional prohibition against drawing lines to favor incumbents or political parties.

This decision means Circuit Judge Terry Lewis will hold a trial court hearing that would decide what map will be used, with the House and Senate advancing their versions of a new congressional map. But the justices also said nothing precludes lawmakers from holding another special session to try to resolve their differences before then.

The justices also retained the 100-day deadline, which expires Oct. 17, for correcting the flaws in the congressional districts.

"Sufficient time exists for the Legislature to accomplish this task before the matter is scheduled for a hearing before the trial court, should the House and Senate agree to convene for another special session," Chief Justice Jorge Labarga wrote in a concurring opinion.

But Labarga also said if lawmakers fail to act again "the judiciary must take steps to ensure that a constitutionally compliant congressional redistricting plan is in place ... to provide certainty to candidates and voters" in the upcoming 2016 elections.

The House and Senate were largely in agreement on the statewide map but differed over districts in Hillsborough County, the Orlando area and the issue of splitting Sarasota County into two districts. The House map splits Sarasota County between districts now held by U.S. Reps. Vern Buchanan, R-Longboat Key, and Tom Rooney, R-Okeechobee. The Senate map consolidates Sarasota into one district.

Since the session, Senate leaders have put out feelers to the House about holding another special session, with Senate Reapportionment Chairman

Bill Galvano, R-Bradenton, offering a “compromise” map that incorporated most of the provisions of the House map, while keeping Sarasota County in one district.

House Redistricting Chairman Jose Oliva, R-Miami, said Galvano’s map would have been “seriously” considered by the House if lawmakers were still in session, but thus far House leaders have stuck to their position that the map differences might best be settled in the trial court.

Following the ruling, House Speaker Steve Crisafulli, R-Merritt Island, neither endorsed nor rejected another special session.

“Today the court provided a measure of certainty for how we may go forward to adopt a constitutional congressional map, as the voters expect from us,” Crisafulli said. “We look forward to further reviewing the order to determine our next steps.”

Senate President Andy Gardiner, R-Orlando, said the Legislature “still has time to enact a unified congressional plan.”

“This decision has not precluded the opportunity for the House and Senate to draw a map, and each chamber should take advantage of the ample time to address the differences between our respective plans,” Gardiner said. “As we have expressed since the conclusion of the special session, the Senate is willing to reconvene to fulfill our constitutional obligation.”

Lawmakers are already scheduled to return to Tallahassee for a series of committee meetings during the third week of September as they prepare for their 2016 regular session, which begins in January.

Advocates for the Florida League of Women Voters and Common Cause, which had challenged the original Congressional map as an unconstitutional violation of the Fair Districts amendment, said they are pleased by Friday’s decision, although the justices rejected their request to have the appellate court draw the new map.

“We very much appreciate the Florida Supreme Court’s guidance and look forward to appearing before Judge Lewis to ensure that Florida’s citizens have a constitutionally compliant congressional map for 2016,” said David King, a lawyer for the LWV and other challengers.

Florida's Republican Mess

It appears to me that our Florida government is in a real mess. We have two parties which are in a lot of conflict. The parties I am referring to are the far-right Republicans and the even-farther-right tea party Republicans. And, of course, they are led by our flip-flopping governor whose positions on most everything seem to depend on what he thinks is the most politically expedient.

His current position is to deny the expansion of Medicaid to many poor, leaving them without health care. The reason, of course, is that the Affordable Care Act is bad, although no one really comes out and states why they think it is bad.

I believe what they really dislike about this act is that was passed by Democrats and signed into law by a president who happens to be a black Democrat.

Gov. Rick Scott spent a lot of "his" money to get elected, money that came from his company that stole billions from us by falsifying healthcare claims. So, when the federal government forced Scott out of his company, he received many millions of dollars from that company in the form of a golden parachute retirement.

This is logically part of the money his company stole from us and our government. So we re-elected him; that was just crazy stupid. Meanwhile, Florida is in a financial mess and a huge number of our citizens still have no affordable health care.

We need to get away from these two radical Republican parties and vote next time for more responsible leaders. Maybe we will find them in the Democratic Party; we have done so successfully in the past.

Medicare should also be allowed to use its huge bargaining leverage to negotiate lower rates with pharmaceutical companies -- which Obamacare barred in order to get Big Insurance to go along with the legislation. These moves would give more Americans quality health care, slow rising healthcare costs, help reduce federal budget deficit, and keep Medicare going.

Let me say it again: Medicare isn't the problem. It's the solution.

But doctors and hospitals often do expensive MRI's, and then refer patients to orthopedic surgeons for costly surgery. Why? Physical therapy doesn't generate much revenue.

Or say your diabetes, asthma, or heart condition is acting up. If you seek treatment in a hospital, 20 percent of the time you're back within a month. It would be far less costly if a nurse visited you at home to make sure you were taking your medications, a common practice in other advanced nations. But nurses don't do home visits to Americans with acute conditions because hospitals aren't paid for them.

America still spends about over \$19 billion a year fixing medical errors, the worst rate among advanced countries. Such errors are the third major cause of hospital deaths.

One big reason is we keep patient records on computers that can't share the data. Patient records are continuously re-written and then re-entered into different computers. That leads to lots of mistakes.

Meanwhile, administrative costs account for 15 to 30 percent of all health care spending in the United States, twice the rate of most other advanced nations.

Most of this is to collect money: Doctors collecting from hospitals and insurers, hospitals collecting from insurers, insurers collecting from companies or policy holders. A third of nursing hours are devoted to documenting what's done so that insurers have proof.

Cutting back Medicare won't affect any of this. It will just funnel more money into the hands of for-profit insurers while limiting the amount of care seniors receive.

The answer isn't to shrink Medicare. It's to grow it -- allowing anyone at any age to join.

Medicare's administrative costs are in the range of 3 percent.

That's well below the 5 to 10 percent costs borne by large companies that self-insure. It's even further below the administrative costs of companies in the small-group market (amounting to 25 to 27 percent of premiums).

And it's way, way lower than the administrative costs of individual insurance (40 percent). It's even far below the 11 percent costs of private plans under Medicare Advantage, the current private-insurance option under Medicare.

Meanwhile, as for-profit insurance companies merge into giant behemoths that reduce consumer choice still further, it's doubly important to make Medicare available to all.

Happy Birthday Medicare

Medicare turns fifty. It was signed into law July 30, 1965 -- the crowning achievement of Lyndon Johnson's Great Society. It's more popular than ever.

Yet Medicare continues to be blamed for America's present and future budget problems. Recently Jeb Bush even suggested phasing it out. Seniors already receiving benefits should continue to receive them, he said, but "we need to figure out a way to phase out this program for others and move to a new system that allows them to have something, because they're not going to have anything."

Bush praised Rep. Paul Ryan's plan to give seniors vouchers instead. What Bush didn't say was that Ryan's vouchers wouldn't keep up with increases in medical costs -- leaving seniors with less coverage.

Medicare isn't the problem. In fact, it's the solution.

Its costs are being pushed upward by the rising costs of health care overall which have slowed somewhat since the Affordable Care Act was introduced but are still rising faster than inflation.

Medicare costs are also rising because of the growing ranks of boomers becoming eligible for Medicare.

Medicare offers a way to reduce these underlying costs -- if Washington would let it.

Let me explain;

Americans spend more on health care per person than any other advanced nation and get less for our money. Yearly public and private healthcare spending is almost two and a half times the average of other advanced nations.

Yet the typical American lives 78.1 years, less than the average 80.1 years in other advanced nations. And we have the highest rate of infant mortality of all advanced nations.

Medical costs continue to rise because doctors and hospitals still spend too much money on unnecessary tests, drugs, and procedures.

Consider lower back pain, one of the most common ailments of our sedentary society. Almost 95% of it can be relieved through physical therapy.

Lawmakers sweep trust funds clean

Florida's budgeting devices have become more sophisticated, thanks to technology, but state legislators and the governor rely on a simple tool, the broom to balance the budget.

A handy "pocket guide" to the state's budget, recently released by Florida TaxWatch, documents the extent to which the Legislature sweeps trust funds and directs their revenue to the overall budget. The 2015-16 budget approved by the Legislature in special session swept \$230 million from 22 trust funds, all of which had been established for specific programs or projects.

The good news is that the sweeping total has trended downward in recent, post-recession years; just three fiscal years ago, the amount was \$542 million. Nevertheless, since 2008, nearly \$4 billion has been taken out of trust funds to make up for shortfalls in general revenue (mainly the statewide sales tax).

In fairness, these totals are relatively small compared with the overall budget, which is \$78 billion this fiscal year.

But as stated by TaxWatch — a privately funded, independent, nonpartisan organization — the sweeps break political compacts with taxpayers. For example, the documentary stamp tax on real estate transactions was slightly increased in 1992 to bring in revenue for the state's affordable housing trust funds. The Legislature and governor have repeatedly raided those funds and did so again this year to the tune of \$80 million.

Another example: This year, the Legislature swept \$67 million from environmental trust funds. That harm was compounded by the fact that the Legislature failed to heed the direction from voters who approved constitutional Amendment 1 during the 2014 general election. That amendment, supported by 75 percent of voters, was intended to ensure that one-third of documentary tax revenue would be directed to the Land Acquisition Trust Fund. Some \$244 million should have been budgeted for that fund but, according to TaxWatch, only \$52 million was dedicated to land acquisition, although "another \$15 million went to conservation and rural-lands easement and \$20 million for the Kissimmee River restoration." Bottom line, TaxWatch concluded: The passage of Amendment 1 "did not lead to an increase in funding for land acquisition, or even environmental

programs. In fact, funding for all environmental agencies was reduced in the FY 2015-16 budget.”

Most trust funds are financed by revenue from fees or other charges collected by the state. They are supposed to be dedicated to specific programs. Using those dollars for other purposes breaks what TaxWatch calls a “social contract.”

We agree with TaxWatch that, in dire circumstances such as the Great Recession, some trust-fund sweeps were necessary. But when the strategy is used over and over, in good times and bad, it becomes a crutch.

TaxWatch has recommended that the Legislature require a separate bill — analyzed, reviewed and voted on by lawmakers — each time a revenue sweep from a trust fund is proposed. Staff analysis (typically done on other proposed bills) “should compare what would be funded with and without the sweep, the associated costs and benefits, and should address the current tax or fee structure that funds that trust fund to determine if the current levels are appropriate,” TaxWatch advised.

Lawmakers already should be asking those questions themselves. Still, a formal bill requirement for this level of vetting would bring needed scrutiny, and give the public greater opportunity to “follow the money.”

A tougher sweep review would represent a big but needed change in the budget process. We urge lawmakers to get to work on these reforms now, before patience and public trust in the trust funds runs out.

Understanding Florida's Medicaid debate

The story eclipsing everything else in Tallahassee is the battle over Medicaid money.

But a lot of people are still confused about what's going on. So here's an attempt to break down the basics in 9 easy steps.

1) More than \$50 billion is at stake. That's Florida's share of the money the feds want to give states to expand health care as part of the Affordable Care Act. That's right, it's "Obamacare."

2) Without this money, 800,000 Floridians will not get health insurance - mostly the working-poor, since the Florida plan has an emphasis on recipients actually "working."

3) Most states in America have accepted this money ... including several with Republican leaders. Florida has not, citing complaints about Medicaid and concerns that include federal funding dropping from 100 percent to 90 percent in future years.

4) Florida Democrats want the money. So do Republicans in the Senate. But House Republicans do not. Gov. Rick Scott used to support the expansion, but recently changed his mind.

5) Florida's hospitals and many in the business community have urged legislators to accept the Medicaid money to provide private health insurance. They point to the massive number of jobs that will also be created.

6) Conservative political and issue groups, including the Koch-Brothers-funded Americans for Prosperity are urging legislators to turn this money down, arguing the

system is bad, bloated and ineffective. What's more, they are attacking Republicans who defy them.

7) Now it looks like Florida hospitals could lose even more money – since the feds have tied existing funding to the Medicaid expansion. Without a solution, hospitals are predicting serious cuts. Today, Rick Scott decided to sue over this.

8) Neither side is budging. It's now looking like the stand-off will force the Legislature into a special or extended session

9) Regardless of what happens, state legislators will keep their own taxpayer-subsidized health care packages -- which are some of the more generous in America. (They get full benefits in exchange for premiums of **\$50**/month for individuals.)