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PREPARE 2014

FLORIDA IMPACT

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Mobilizing Communities Against Hunger and Poverty

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BRIDGING THE HEALTH INSURANCE COVERAGE GAP FOR FLORIDA'S WORKING POOR THROUGH MEDICAID EXPANSION

In recent years, Florida has been at the center of the Medicaid expansion dispute, having yet to accept $51 billion in federal funds to expand coverage to more low-income Floridians. This decision leaves a significant amount of the working poor in Florida uninsured and without access to affordable health care.

When the Supreme Court upheld the Affordable Care Act in 2012, states were granted the option to adopt the health reform law's Medicaid expansion provision supported by federal funds. In Florida, opting to expand Medicaid would extend affordable coverage to uninsured adults under age 65 up to 138% of the federal poverty level, including adults without children and very low-income parents, especially low-wage and/or part-time workers.

Florida's existing Medicaid program only offers eligibility to certain low-income families and individuals, including children, pregnant women, the elderly, adults with disabilities and extremely poor parents. Under current requirements, adults under age 65 without children are never eligible for Medicaid, even if they have zero income.

According to the Kaiser Family Foundation, almost 800,000 low-income Floridians remain uninsured after Affordable Care Act implementation because they fall into the coverage gap: they make too little to qualify for health insurance subsidies under the new Affordable Care Act and too much to qualify for Medicaid before expansion.

During the 2013 legislative session, Gov. Rick Scott and the Florida Senate agreed on the health and economic benefits of using federal funds to insure more Floridians, as legislation expanding Medicaid successfully moved through the Senate. However, it died in the Florida House of Representatives, where those who opposed the expansion expressed concerns about whether the federal government would fulfill its commitment to fund 100% of the costs, believing expansion would create a greater dependency on government programs. As a result, the House instead endorsed a "free-market solution" that would cost the state more and cover far fewer people. In 2014, Gov. Scott has remained silent on the issue, and the subject of Medicaid expansion has since been losing steam.

Currently, Florida has the second-highest rate of uninsured citizens in the nation, with 1 in 4 Floridians living without basic health coverage, according to the Kaiser Family Foundation. Medicaid expansion would extend eligibility to

individuals and families that earn up to 138% of the federal poverty level, unlocking coverage for many groups, like single men, who are not eligible now. That means a single nondisabled adult with no children could earn up to $15,856 annually and still be eligible for Medicaid, according to 2013-2014 income calculations from the U.S. Department of Health and Human Services. By the same token, a parent with two children earning up to $26,951 annually would qualify for Medicaid under expansion.

Not only would expanding Medicaid have positive impacts on our state's low-income families and individuals, it would generate a significant economic stimulus for Florida by drawing down $51 billion in federal funds and creating tens of thousands of new jobs in the process, according to the Florida Hospital Association and other health advocacy groups.

During the 2014 legislative session, Sen. René García (R-Hialeah) is sponsoring Senate Bill 710 that would allow Florida to accept the $51 billion in federal funding over the next 10 years to expand health care coverage through Medicaid. Rep. Amanda Murphy (D-New Port Richey) is sponsoring the House's companion bill, House Bill 869. Both legislators and health advocacy groups statewide hope politics can be put aside to pass expansion and offer the opportunity for a healthier, happier life to low-income Floridians who contribute to our economy but fail to qualify for affordable health care.

As a result of expanding Medicaid, the federal government will assume 100% of the costs of covering those newly eligible for the first three years (2014-2016). Federal support will incrementally phase down over the next several years until 2020, when Florida will only be responsible for covering 10% of the costs. The total cost to Florida is estimated at $2.7 billion over the 10 years, but does not include state savings resulting from reduced state spending in other areas, such as uncompensated care, according to Florida CHAIN. This figure is a minimal cost to Florida over a long period of time when compared to the significant benefits to the one million uninsured Floridians who would gain vital health coverage through Medicaid expansion.

Ultimately, Florida is losing out on its own federal tax dollars, which are instead funding other states that have already adopted Medicaid expansion. Every day the state delays the decision to expand, $7 million in Florida tax money leaves our state and goes to others who have already accepted the federal funding. Should Florida implement the expansion, these tax dollars will return to the state and begin stimulating the economy. Not only will these tax dollars return to our state, they will go to help working citizens afford the health care they desperately need. Many uninsured refrain from seeking treatment or are unable to pay medical bills, all of which hurts the quality of Florida's workforce and costs taxpayers millions in uncompensated care and services.

Relevant Legislation

SB 710: HEALTH CARE

Sponsor: Sen. René García (R-Hialeah).
Companion Bill: HB 869 by Rep. Amanda Murphy (D-New Port Richey).
Description: Revising the Florida Healthy Kids Corporation Act to include the Healthy Florida program; prohibiting a cause of action from arising against the Florida Healthy Kids Corporation for failure to make health services available; revising eligibility requirements for Florida Kidcare; revising certain minimum health benefits coverage under Florida Kidcare; revising the duties of the Department of Children and Families and the Agency for Health Care Administration with regard to the Kidcare program; creating the Healthy Florida program, etc.

Medicaid expansion is an opportunity that Florida cannot continue to forgo. Expansion would allow low-income workers to qualify for Medicaid, all while boosting the state's economy, improving Florida's health care system and bringing Floridians' tax dollars back into the state. Medicaid is an indispensable resource that should not remain untapped — a chance for our most vulnerable citizens to no longer fall through the cracks and instead begin receiving the quality services they deserve.

Sources: Florida CHAIN, Kaiser Family Foundation, Florida Hospital Association, Florida Senate, Florida House of Representatives

TABLE 1: HEALTH COVERAGE FOR ADULTS IN FLORIDA (MEDICAID)

COUNTY	# OF ADULTS AT ALL INCOME LEVELS	# OF UNINSURED ADULTS AT ALL INCOME LEVELS	% OF UNINSURED ADULTS AT ALL INCOME LEVELS	# OF ADULTS AT OR BELOW 138% OF POVERTY *	# OF UNINSURED ADULTS AT OR BELOW 138% OF POVERTY *	% OF UNINSURED ADULTS AT OR BELOW 138% OF POVERTY *
Alachua	167,187	38,983	23.3	59,210	20,351	34.4
Baker	14,905	3172	21.3	3,599	1324	36.8
Bay	106,013	24,393	23	24,186	9,269	38.3
Bradford	14,159	3289	23.2	3,940	1457	37
Brevard	320,552	74,480	23.2	64,095	29,456	46
Broward	1,144,866	349,088	30.5	244,933	131,772	53.8
Calhoun	7,518	1962	26.1	2,456	917	37.4
Charlotte	80,075	20,019	25	16,744	7,861	47
Citrus	70,353	17,359	24.7	17,915	7,672	42.8
Clay	119,516	24,839	20.8	20,694	8,853	42.8
Collier	173,392	57,959	33.4	38,921	23,216	59.6
Columbia	37,997	9,473	24.9	10,748	4064	37.8
DeSoto	17,660	6,900	39.1	6,743	3561	52.8
Dixie	8,305	2013	24.2	2,615	932	35.7
Duval	556,418	129,598	23.3	129,731	53,164	41
Escambia	177,051	42,340	23.9	45,277	18,134	40.1
Flagler	53,404	13,570	25.4	12,156	5,798	47.7
Franklin	5,786	1444	25	1,589	604	38
Gadsden	26,937	7,758	28.8	9,437	4064	43.1
Gilchrist	9,334	2376	25.5	2,569	1103	42.9
Glades	6,042	2202	36.5	1,690	962	56.9
Gulf	7,249	1859	25.7	1,904	766	40.2
Hamilton	6,894	1719	24.9	2,156	840	38.9
Hardee	14,692	5,562	37.9	5,491	2848	51.9
Hendry	21,733	9,127	42	8,390	4,604	54.9
Hernando	93,054	23,489	25.2	22,727	9,898	43.6
Highlands	47,649	14,760	31	14,508	6,752	46.5
Hillsborough	806,809	211,219	26.2	197,105	89,088	45.2
Holmes	10,500	2612	24.9	3,334	1168	35
Indian River	73,837	21,465	29.1	17,681	9,319	52.7
Jackson	23,818	5350	22.5	6,315	2219	35.1
Jefferson	7,970	1853	23.3	2,247	847	37.7
Lafayette	4,059	1325	32.6	1,243	602	48.5
Lake	162,937	40,270	24.7	35,418	15,534	43.9
Lee	355,477	108,148	30.4	82,141	43,360	52.8
Leon	188,217	38,167	20.3	60,978	18,996	31.2
Levy	23,242	6,594	28.4	7,461	3058	41
Liberty	3,750	954	25.4	1,066	418	39.2
Madison	10,099	2638	26.1	3,147	1225	38.9

TABLE CONTINUED →

TABLE 1 CONTINUED

COUNTY	# OF ADULTS AT ALL INCOME LEVELS	# OF UNINSURED ADULTS AT ALL INCOME LEVELS	% OF UNINSURED ADULTS AT ALL INCOME LEVELS	# OF ADULTS AT OR BELOW 138% OF POVERTY *	# OF UNINSURED ADULTS AT OR BELOW 138% OF POVERTY *	% OF UNINSURED ADULTS AT OR BELOW 138% OF POVERTY *
Manatee	182,825	51,083	27.9	40,061	20,108	50.2
Marion	175,819	51,753	29.4	48,234	22,825	47.3
Martin	78,092	19,781	25.3	14,311	7,863	54.9
Miami-Dade	1,645,387	652,795	39.7	469,051	276,753	59
Monroe	48,508	14,448	29.8	9,739	5,130	52.7
Nassau	44,795	9,225	20.6	7,753	3271	42.2
Okaloosa	116,691	24,640	21.1	22,854	9,069	39.7
Okeechobee	21,546	7,786	36.1	7,281	3710	51
Orange	781,699	229,234	29.3	196,438	95,523	48.6
Osceola	178,692	54,824	30.7	50,573	23,603	46.7
Palm Beach	769,365	229,200	29.8	167,482	91,504	54.6
Pasco	268,117	67,488	25.2	60,900	27,585	45.3
Pinellas	549,672	138,785	25.2	112,549	50,063	44.5
Polk	350,301	98,165	28	91,714	41,438	45.2
Putnam	41,720	11,927	28.6	14,350	6,036	42.1
St. Johns	120,221	20,913	17.4	17,376	7,531	43.3
St. Lucie	160,676	47,933	29.8	39,763	19,716	49.6
Santa Rosa	95,077	18,950	19.9	16,663	6,931	41.6
Sarasota	198,557	52,094	26.2	39,499	19,622	49.7
Seminole	276,552	63,570	23	49,147	23,034	46.9
Sumter	34,966	7386	21.1	6,879	3256	47.3
Suwannee	23,138	6,624	28.6	7,271	3111	42.8
Taylor	11,182	2621	23.4	3,098	1118	36.1
Union	6,210	1487	23.9	1,779	692	38.9
Volusia	287,373	70,913	24.7	70,665	28,197	39.9
Wakulla	17,207	3486	20.3	3,474	1341	38.6
Walton	34,169	9,504	27.8	8,176	3,912	47.8
Washington	13,124	3130	23.8	3,869	1371	35.4
TOTAL	**11,511,136**	**3,300,071**	**28.7**	**2,773,506**	**1,350,390**	**48.7**

Note: Adults in this table are defined as ages 18-64. Adults age 65 and above are eligible for health care coverage under Medicare.
*Medicaid expansion in Florida would extend affordable health care coverage to adults age 18-64 at or below 138% of the federal poverty level.
Source: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE), 2012

All of Florida's Children Deserve a Healthy Start to Life

KEEPING PROMISES TO KIDS BY REMOVING THE 5-YEAR WAITING PERIOD FOR IMMIGRANT CHILDREN LAWFULLY RESIDING IN FLORIDA

In recent years, Florida has shown an ambivalent track record of providing health insurance to our state's children. Although Florida continues to lead the nation in reducing the number and rate of uninsured children 18 and under, we remain a state with one of the highest numbers and rates of children without health coverage.

According to a 2013 study by the Georgetown University Center for Children and Families, the number of Florida's uninsured children fell by more than 70,000 to 436,166 between 2010 and 2012 — an overall drop from 12.7% to 10.9%. And yet, that rate is still higher than the national average of 7.2%, putting Florida among the top six states with the highest rates of uninsured children. Additionally, Florida has the third highest total number of children without health coverage in the country.

This most recent decrease in the number of uninsured children reflects even greater reductions than those in recent years since 2008, revealing a promising trend attributable to the success of Florida KidCare, the state's subsidized health insurance program for children funded through Medicaid or the federal Children's Health Insurance Program (CHIP).

Despite notable progress in the right direction, health coverage remains solidly out of reach for one distinct group in Florida: tens of thousands of immigrant children who are lawfully residing in our state but are ineligible for KidCare.

Under Florida law, children who are born outside the United States but live here legally must wait five years to qualify for Florida KidCare.

In 2009, the Children's Health Insurance Program Reauthorization Act (CHIPRA) gave states the option of extending eligibility for Medicaid and CHIP to all lawfully residing immigrant children without requiring the five-year waiting period that applies to most public assistance programs for immigrants.

Today, 26 states have set a precedent by changing their laws to allow legal immigrant children to enroll in Medicaid or

CHIP without having to endure a waiting period. Florida is not among them. Legal immigrant children still are required to have been living in the country for five years in order to be eligible for Florida KidCare.

As a result, these children, who are denied access to the high-quality, affordable health coverage available through KidCare, are at considerable risk.

Low-income immigrant children who lack insurance are less likely to receive preventive health care and are more likely to visit hospital emergency rooms as their primary source of care. These kids are 10 times more likely to have unmet medical needs, five times more likely to go two or more years without seeing a doctor, and 25% more likely to be absent from school. Extending coverage to legal immigrant children not only improves their health status, but also reduces costs associated with uncompensated care in the health care system as a whole.

With the creation of Florida KidCare, which includes programs to cover almost all Florida children, the state fully recognized the importance of a healthy childhood to a child's development and future success. But Florida fails to meet the obligation to protect our children if thousands are blocked from receiving the coverage they need to ensure healthy, happy lives.

Two lawmakers have acknowledged this contradiction and are fighting to reverse it with their support of legislation repealing the five-year wait for lawfully residing immigrant children to become eligible for health insurance through Medicaid and CHIP.

House Bill 7, sponsored by Rep. Jose Felix Diaz (R-Miami) — and its companion, Senate Bill 282, sponsored by Sen. René García (R-Hialeah) — would open KidCare coverage to approximately 25,555 immigrant children lawfully residing in Florida, according to the state's Agency for Health Care Administration.

The agency estimates the change would cost about $69 million in total, incurring for the state a maximum cost of about $21 million for all KidCare components, including Florida Healthy Kids, MediKids, CMS and Medicaid for Children, if enacted in 2014-15. By investing in the expansion of eligibility, the state could draw down the remaining cost of approximately $49 million as federal matching funds.

If every newly eligible child enrolled in KidCare, total enrollment would increase by only 1%. But fully covering this group of more than 25,000 children would amount to a 6% decrease in Florida's number of kids without health insurance, effectively reducing the state's rate of uninsured children from 10.9% to 10.3% — a modest, but important and overdue, step.

Similar bills sponsored by the same legislators have failed to pass during the 2012 and 2013 legislative sessions.

In response to opponents' criticisms of previous bills that they aimed to include undocumented immigrant children, the sponsors this year reworked the provisions to specifically exclude undocumented immigrants

from optional Medicaid services like KidCare. The current legislation does not seek to eliminate the waiting period for adult legal immigrants. Furthermore, HB 7 and SB 282 reaffirm that undocumented immigrants will continue to be ineligible for both Medicaid and CHIP, regardless of how long they have resided in the country.

Additionally, opponents of the legislation have said it will lead to increased state spending. But the initial costs to Florida for expanding subsidized health coverage to uninsured children ultimately would save money by offering preventive care, which tends to reduce hospital visits and unchecked illnesses that become a costly burden on the health care system overall.

The many supporters of HB 7 and SB 282 are keenly aware of the benefits of repealing the five-year waiting period for immigrant children lawfully residing in Florida.

THE FOLLOWING ORGANIZATIONS HAVE ENDORSED THE BILLS:

- → Florida Impact
- → United Way of Florida
- → KidsWell Florida
- → Greater Miami Chamber of Commerce
- → Children's Hospital Association
- → Children's Movement of Florida
- → Florida Conference of Catholic Bishops
- → Florida Covering Kids & Families
- → Florida Children's Council
- → The Children's Trust
- → Early Learning Coalition of Miami-Dade/Monroe
- → Fatherhood Task Force of South Florida
- → Florida CHAIN
- → Florida Center for Fiscal and Economic Policy
- → PICO United Florida
- → Florida Chapter of the American Academy of Pediatrics

Floridians understand that children cannot and should not be unfairly forced to wait for needed health care. They shouldn't have to go years without seeing a doctor or pediatrician, and they shouldn't lack access to the prescription medicines they need to stay healthy. Delaying care often results in the development of chronic conditions that can be difficult and more expensive to treat.

Legally residing immigrant children deserve the same chance at a healthy and productive start available to all other children living in Florida. When children are healthy, they are able to learn and achieve more in school.

Florida can continue to make progress and cover the remaining uninsured children by removing roadblocks such as the five-year waiting period for children of lawfully residing immigrants.

Sources: Florida House of Representatives Staff Analysis of HB 7 (2014), Georgetown University Center for Children and Families, KidsWell Florida

About Florida KidCare

The Florida KidCare Program was created by the Florida Legislature in 1998 in response to the federal enactment of the State Children's Health Insurance Program in 1997.The Children's Health Insurance Program (CHIP) provides subsidized health insurance coverage to uninsured children who do not qualify for Medicaid but who meet other eligibility requirements.

KidCare consists of Medicaid, MediKids, the Children's Medical Services Network and Florida Healthy Kids. KidCare coverage is funded by state and federal funds through Title XIX (Medicaid) and Title XXI (CHIP) of the federal Social Security Act. Families also contribute to the cost of the coverage under the Title XXI-funded components of KidCare based on their household size, income and other eligibility factors. For families with incomes above the income limits for premium assistance or who do not otherwise qualify for assistance, KidCare also offers an option under the Healthy Kids component and the MediKids component for the family to obtain coverage for their children by paying the full premium.

Federal law restricted the eligibility of documented immigrants, including children and pregnant women, for social service benefits and programs such as Medicaid and CHIP. Documented immigrants were ineligible to apply for and receive these benefits for five years, beginning with the date of their arrival in the U.S. In 2009, the Children's Health Insurance Program Reauthorization Act (CHIPRA) permitted states to remove the five-year waiting period and allow certain children immediate eligibility for Medicaid and CHIP coverage.

Relevant Legislation

HB 7: FLORIDA KIDCARE PROGRAM

Sponsor: Rep. Jose Felix Diaz (R-Miami)

Companion Bill: SB 282 by Sen. René García (R-Hialeah)

Description: Defines term "lawfully residing child"; revises eligibility for Kidcare program; excludes undocumented immigrants from eligibility; provides eligibility for optional payments for medical assistance & related services for certain lawfully residing children; excludes undocumented immigrants from eligibility for optional Medicaid payments or related services.

TABLE 2: HEALTH COVERAGE FOR CHILDREN IN FLORIDA (KIDCARE)

COUNTY	# OF CHILDREN AT ALL INCOME LEVELS	# OF UNINSURED CHILDREN AT ALL INCOME LEVELS	% OF UNINSURED CHILDREN AT ALL INCOME LEVELS	# OF CHILDREN AT OR BELOW 200% OF POVERTY *	# OF UNINSURED CHILDREN AT OR BELOW 200% OF POVERTY *	% OF UNINSURED CHILDREN AT OR BELOW 200% OF POVERTY *
Alachua	46,583	4,758	10.2	21,572	3,303	15.3
Baker	7,123	564	7.9	3,788	330	8.7
Bay	38,433	3,922	10.2	18,826	2,338	12.4
Bradford	5,662	529	9.3	3,371	340	10.1
Brevard	108,648	11,074	10.2	46,974	6,958	14.8
Broward	408,227	52,637	12.9	182,630	33,591	18.4
Calhoun	3,187	334	10.5	2,033	214	10.5
Charlotte	22,950	2,626	11.4	11,188	1,685	15.1
Citrus	22,193	2,358	10.6	12,443	1,543	12.4
Clay	50,652	4,445	8.8	19,480	2,649	13.6
Collier	65,498	8,707	13.3	33,334	5,683	17
Columbia	15,348	1,535	10	9,077	985	10.9
DeSoto	7,859	1,183	15.1	5,673	871	15.3
Dixie	3,259	327	10	2,156	215	10
Duval	210,039	18,248	8.7	104,767	11,511	11
Escambia	66,303	5,902	8.9	36,263	3,780	10.4
Flagler	19,288	2,393	12.4	9,988	1,739	17.4
Franklin	1,974	216	11	1,253	143	11.4
Gadsden	11,089	1,127	10.2	7,683	835	10.9
Gilchrist	3,668	417	11.4	2,107	297	14.1
Glades	2,459	504	20.5	1,546	357	23.1
Gulf	2,598	303	11.6	1,471	184	12.5
Hamilton	2,902	300	10.4	1,971	231	11.7
Hardee	7,736	1,037	13.4	5,519	753	13.6
Hendry	10,972	1,652	15.1	7,863	1,171	14.9
Hernando	34,653	3,493	10.1	18,679	2,264	12.1
Highlands	18,521	2,412	13	12,001	1,702	14.2
Hillsborough	308,261	29,560	9.6	150,076	19,661	13.1
Holmes	4,285	412	9.6	2,712	245	9
Indian River	26,550	3,294	12.4	13,515	2,087	15.4
Jackson	9,628	907	9.4	5,425	584	10.8
Jefferson	2,682	304	11.3	1,515	197	13
Lafayette	1,866	281	15	1,149	199	17.3
Lake	63,854	6,201	9.7	31,399	3,759	12
Lee	128,286	16,523	12.9	68,141	11,132	16.3
Leon	55,042	4,890	8.9	24,047	3,214	13.4
Levy	8,458	1,012	12	5,492	721	13.1
Liberty	1,729	178	10.3	1,016	112	11
Madison	3,958	419	10.6	2,513	289	11.5

TABLE CONTINUED →

TABLE 2 CONTINUED

COUNTY	# OF CHILDREN AT ALL INCOME LEVELS	# OF UNINSURED CHILDREN AT ALL INCOME LEVELS	% OF UNINSURED CHILDREN AT ALL INCOME LEVELS	# OF CHILDREN AT OR BELOW 200% OF POVERTY *	# OF UNINSURED CHILDREN AT OR BELOW 200% OF POVERTY *	% OF UNINSURED CHILDREN AT OR BELOW 200% OF POVERTY *
Manatee	69,234	7,906	11.4	34,985	5,113	14.6
Marion	65,630	8,045	12.3	39,033	5,571	14.3
Martin	26,778	3,107	11.6	10,705	1,873	17.5
Miami-Dade	568,261	80,521	14.2	309,070	53,529	17.3
Monroe	11,629	1,738	14.9	5,050	1,108	21.9
Nassau	16,342	1,490	9.1	6,811	826	12.1
Okaloosa	43,286	3,588	8.3	19,464	2,261	11.6
Okeechobee	9,529	1,272	13.4	6,559	888	13.5
Orange	288,847	32,063	11.1	149,691	22,136	14.8
Osceola	76,638	8,596	11.2	46,112	6,297	13.7
Palm Beach	283,398	37,653	13.3	131,307	24,529	18.7
Pasco	100,650	8,761	8.7	45,924	5,492	12
Pinellas	166,266	16,608	10	73,677	10,052	13.6
Polk	146,694	17,038	11.6	84,543	11,487	13.6
Putnam	16,653	1,844	11.1	11,283	1,302	11.5
St. Johns	46,508	3,522	7.6	12,381	1,863	15
St. Lucie	63,514	7,994	12.6	35,233	5,311	15.1
Santa Rosa	37,574	3,378	9	15,307	1,987	13
Sarasota	61,689	6,625	10.7	27,411	4,187	15.3
Seminole	98,640	10,693	10.8	36,786	6,642	18.1
Sumter	8,726	934	10.7	4,461	631	14.1
Suwannee	9,812	1,166	11.9	6,385	828	13
Taylor	4,492	404	9	2,660	240	9
Union	2,954	298	10.1	1,727	218	12.6
Volusia	94,926	10,061	10.6	49,470	6,468	13.1
Wakulla	6,950	642	9.2	3,314	394	11.9
Walton	11,943	1,589	13.3	6,258	1,048	16.7
Washington	5,316	528	9.9	3,194	323	10.1
TOTAL	**4,155,298**	**475,048**	**11.4**	**2,069,457**	**310,479**	**15**

Note: Children in this table are defined as ages 18 and below.

* Family income must be at or below 200% of the federal poverty level to qualify for subsidized coverage through Florida KidCare.

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE), 2012

EXPLORING BEST PRACTICES FOR PREVENTING HUMAN TRAFFICKING AND PROTECTING SEXUALLY EXPLOITED CHILDREN IN FLORIDA

Over the last several years, human trafficking has risen to prominence among human rights organizations, law enforcement agencies and news media as a global epidemic. Although trafficking as a form of modern-day slavery is nothing new, improved reporting mechanisms and increased data collection in recent years has allowed the phenomenon to reveal its broad reach, powerful affiliations, and increasingly innovative strategies and tactics at recruiting and retaining victims.

Relevant Legislation

HB 7141 (FORMERLY PCB HFS14-02): HUMAN TRAFFICKING

Sponsor: Rep. Gayle Harrell (R-Stuart)
Companion Bill: SB 7088
Description: Requires DCF to employ screening & assessment instruments to determine appropriate services provided to sexually exploited children; provides criteria for placement in safe houses, safe foster homes, or secure safe houses; directs DCF, DJJ, & lead agencies to participate in coordination of local responses to human trafficking; authorizes department to certify safe houses & safe foster homes & provides requirements for certification; allows department to certify secure safe house to operate as pilot program; permits service providers to obtain federal or local funding; authorizes placement of child in settings other than safe houses & safe foster homes under certain conditions; provides criteria for placement of child for evaluation in secure safe house; authorizes department to file petition for placement in secure safe house if child meets certain criteria; provides for court determination & judicial review.

A GROWING PROBLEM

According to the International Labor Organization and other social science experts, there are more slaves in the world today than at any other point in human history, with an estimated 21-30 million in bondage across the globe at any given time.* And yet, only about 40,000 victims of human trafficking worldwide are identified annually by national governments, according to the U.S. Department of State.

Human trafficking recently achieved ranking as the second largest illegal trade that funds organized crime, according to the United Nations Office on Drugs and Crime. Every 30 seconds another person becomes a victim of human trafficking.

The United States is not immune. Available trends in human trafficking show a dramatic uptick over the years since 2008, primarily based on tip call data from the National Human Trafficking Resource Center gathered through its hotline. Although official estimates do not exist for the total number of trafficked persons in the U.S. annually, human trafficking is considered by the government and researchers to be one of the fastest growing criminal industries.

With 100,000 children estimated by Shared Hope International to be in the U.S. sex trade each year, analysis suggests that the total number of human trafficking victims in the U.S. reaches into the hundreds of

thousands when estimates of both adults and minors, as well as sex trafficking and labor trafficking, are combined. The U.S. Department of State estimates that 14,500-17,500 people are trafficked into the U.S. each year.

And Florida is not immune. The state has been labeled a hub for human trafficking activity, citing one of the highest rates in the U.S. Since the establishment of the National Human Trafficking Hotline in 2007, Florida has ranked third nationally for calls to the tip line, following California and Texas. Half of all trafficking victims in Florida are children. According to the Florida Department of Children and Families (DCF), the number of children reported for human trafficking in Florida is increasing. From 2010 to 2013, DCF investigated 1,266 cases of alleged human trafficking involving child sexual exploitation. In 2012, around 200 minors received services related to trafficking through DCF and community partners. In the same year, the Florida Department of Juvenile Justice identified 717 potential victims of human trafficking in its system. Children as young as 8 have been reported for human trafficking in Florida, according to DCF.

About Human Trafficking

Criminalized under both federal and Florida law, human trafficking is the recruiting, harboring, transporting, providing or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud or coercion. Traffickers use abuse, torture, force, fraud, rape and murder to enslave their victims for a profit. Indentured servitude, forced prostitution and labor trafficking are labeled now as a form of modern-day slavery.

The two basic categories of human trafficking are:

Labor trafficking: Using force, fraud or coercion to recruit, harbor, transport, obtain or employ a person for labor or services in involuntary servitude, peonage, debt bondage or slavery. Victims can be found in domestic situations as nannies or maids, sweatshop factories, janitorial jobs, construction sites, farm work, restaurants and panhandling.

Sex trafficking: Involving commercial sex acts (such as prostitution, pornography, exotic dancing, etc.) induced by force, fraud or coercion, or in which the person performing the act is under age 18. Victims can be found working in the streets, massage parlors, brothels, strip clubs and escort services. Child sex trafficking is often referred to as domestic minor sex trafficking (DMST) or commercial sexual exploitation of children (CSEC).

A victim need not be physically transported from one location to another in order for the crime to fall within these definitions. Victims include U.S. citizens or foreign nationals, adults or minors, and men or women. Foreign-born victims in the U.S. may be either documented or undocumented.

FLORIDA'S SHAKY RESPONSE

These recent trends have elicited a strong focus among political leaders, state agencies and community-based organizations on the commercial sexual exploitation of children in Florida. Responding to the statistics and feedback from law enforcement and social services, Florida leaders re-evaluated the state's approach to the protection of children from sex trafficking and the prosecution and prevention of child sex trafficking with the passage of the Safe Harbor Act in 2012.

Prior to the Safe Harbor Act, victims of child sex trafficking could be arrested for prostitution and placed in the juvenile justice system as delinquents. With the enactment of the law in 2013, children caught up in sex trafficking are no longer treated as criminals, but as victims eligible for safe shelter and quality therapeutic services for rehabilitation and recovery.

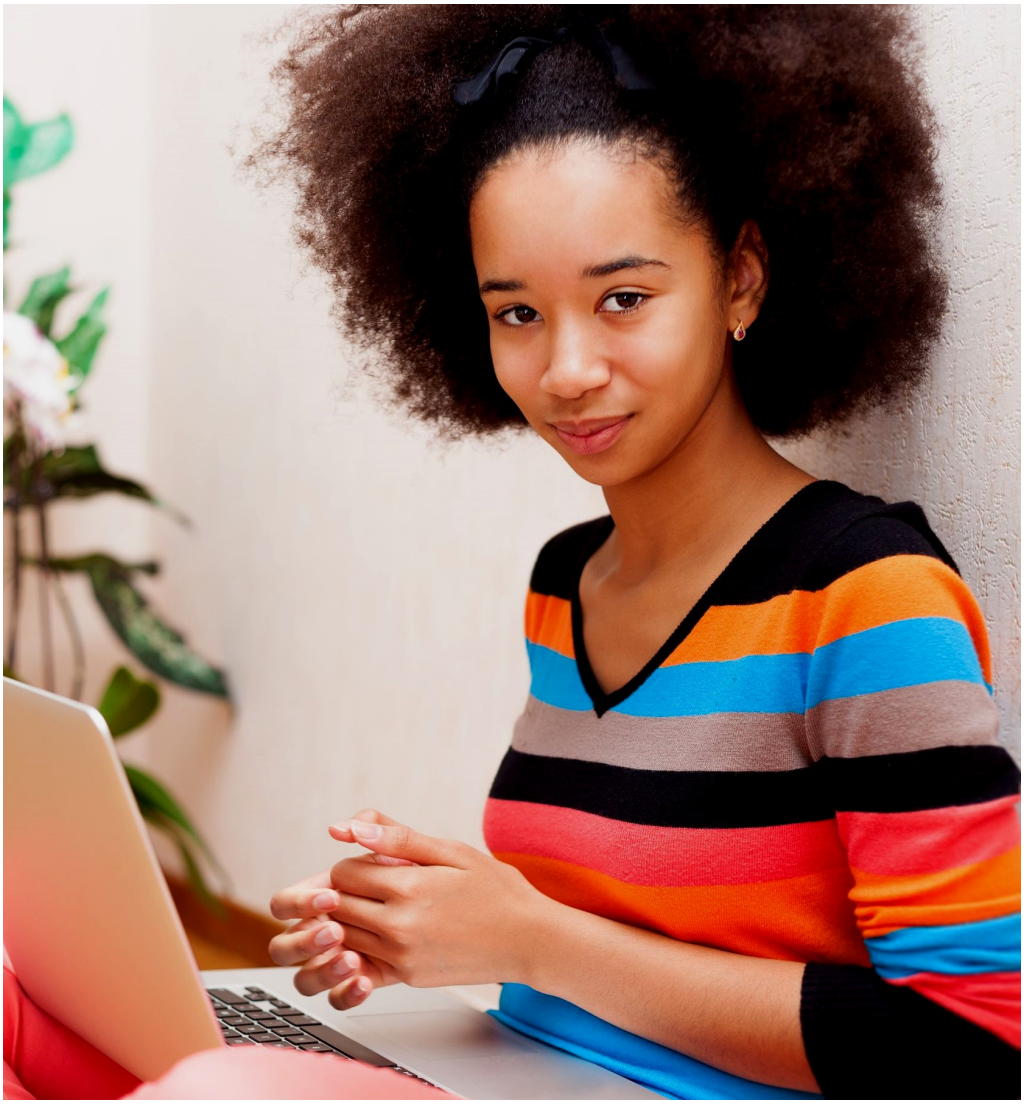
The Safe Harbor Act decriminalized child prostitution, redefining it as abuse of the child rather than a crime by the child. The law grants law enforcement discretion in arresting minors for prostitution and instead allows victims to receive help from child welfare professionals. Under the Act, law enforcement can refer trafficked children to DCF so that the agency can provide services to treat and stabilize minors and their families. When victims have no guardian, they may be deemed dependent and voluntarily placed in

Relevant Legislation

HB 1071: COMMERCIALLY SEXUALLY EXPLOITED CHILDREN

Sponsor: Rep. Erik Fresen (R-Miami)

Description: Specifies when child believed to be commercially sexually exploited may be taken into custody; provides requirements for handling such children when taken into custody; provides for assessment of such children who are placed in custody of DCF; provides for placement of children found to be at high risk of continued sexual exploitation in protective secure residential treatment programs; provides criteria for placement in residential programs; provides for reports of examiners; requires dependency petitions in certain circumstances; requires report if child does not meet criteria for placement under specified provisions; specifies requirements for DCF if child is placed under specified provisions; requires reassessment of child who runs away & returns; specifies burden of proof in hearings; specifies that safe harbor provisions apply to children who are victims of commercial sexual exploitation.



safe environments specializing in recovery from commercial sexual exploitation.

While the original intent of the Safe Harbor Act is commendable as policy, in practice Florida remains unable to meet demand and unprepared to address the unique needs of sex-trafficked children, including risk factor identification and intervention for at-risk youth, according to children's advocacy groups like The Children's Campaign and the Delores Barr Weaver Policy Center.

In line with similar tendencies in domestic violence and substance abuse prevention and treatment, service providers experience high rates of relapse and re-victimization in the rehabilitation of sex trafficking victims. As such, deficiency gaps between policy and procedure in Florida's approach to child sex trafficking may be filled through the exploration of best practices in the fields of substance abuse and domestic violence services.

Practice in Florida is lacking on the critical issues of risk, relapse, runaway behaviors, trauma-bonds with the trafficker, trauma-informed services, staff training, programming capacity and community-based alternatives, according to the Delores Barr Weaver Policy Center. The organization, along with DCF, have identified resource needs and recommended strategies in improving Florida's approach to combatting child sex trafficking, including:

- → Appropriate funding for quality safe houses, including new shelters for trafficked minors and support for existing shelters;
- → Appropriate funding for specialized training and in-kind professional services for medical help, tutoring and mental health counseling;
- → Continued prosecution of sex traffickers and johns, which procures funding for services from fines levied against convicted johns;
- → Community outreach programs to help victims out of the life of trafficking;
- → Prevention programs to protect vulnerable youth and education targeted at students to prevent human trafficking; and
- → Statewide Public Service Announcements and other awareness programs.

RETURN TO SAFE HARBOR

Current attempts to address the shortcomings of Safe Harbor Act implementation have come in the form of a variety of legislation under consideration during the 2014 session. Some 20 bills related to human trafficking, specifically commercial sexual exploitation of children, are active in the Florida Legislature this year. Most build upon the Safe Harbor

Act through improved prevention, prosecution or treatment of child sex trafficking.

The bills propose numerous changes, including refined legal definitions; increased safe house security and victim safety via revised public records law, legal proceedings and evaluation criteria; stricter penalties for child sex traffickers and solicitors; expanded victim assistance programs and access to child welfare professionals with special training; and the establishment of a Commission on the Prevention of Human Trafficking under the purview of the Attorney General's office.

In general, child advocacy groups like DCF, The Children's Campaign and the Delores Barr Weaver Policy Center find these proposals favorable. Another set of bills, on the other hand, is more contentious.

Companion bills in the House and Senate are stirring up controversy with a provision that would establish a pilot program for one "secure safe house" where victims of child sex trafficking could be placed involuntarily for up to 10 months. House Bill 7141 — formerly a proposed committee bill from the House Healthy Families Subcommittee now sponsored by Rep. Gayle Harrell (R-Stuart) — and Senate Bill 7088 call for the development of a 15-bed locked service facility for sexually exploited children who are determined to be ineffectively served through less restrictive placement. Another proposal, House Bill 1071 by Rep. Erik Fresen (R-Miami), provides for the placement of sexually exploited children into DCF custody to include the option of locked facilities — a more sweeping change than the pilot program.

Relevant Legislation

HB 989: HUMAN TRAFFICKING

Sponsor: Rep. Carlos Trujillo (R-Doral)
Companion Bill: SB 768 by Sen. Oscar Braynon (D-Miami Gardens)
Description: Includes human trafficking in definition of term "sexual abuse of child"; includes human trafficking within provisions providing for confidentiality of court records concerning certain offenses involving children; clarifies offense of human trafficking; provides that victims of human trafficking are eligible for crime victim compensation awards & allows them to be eligible for financial relocation assistance.

Legislation proponents, including the bill sponsors, DCF and some community-based organizations, seek to test secure safe houses as a way to break the cycle of relapse and re-victimization that is common among sex trafficking victims. Locked facilities would allow service providers to evaluate the therapeutic benefits of a secure residential setting within the broader array of residential and community-based services and would prevent victims from leaving before receiving services.

Also referred to as "secure detention" and "involuntary hospitalization," the use of locked safe houses is strongly opposed by child advocacy groups like The Children's Campaign and the Delores Barr Weaver Policy Center, which contend such facilities effectively re-traumatize sex-trafficked children by returning them to a controlled, isolating situation. Because victims of sexual abuse experience feelings of stigmatization, powerlessness, traumatic sexualization and betrayal, these groups note that mandated inpatient hospitalization that fosters these same negative feelings can further traumatize the victim — effectively proving the point of traffickers who repeatedly tell their victims they will be locked up if they escape.

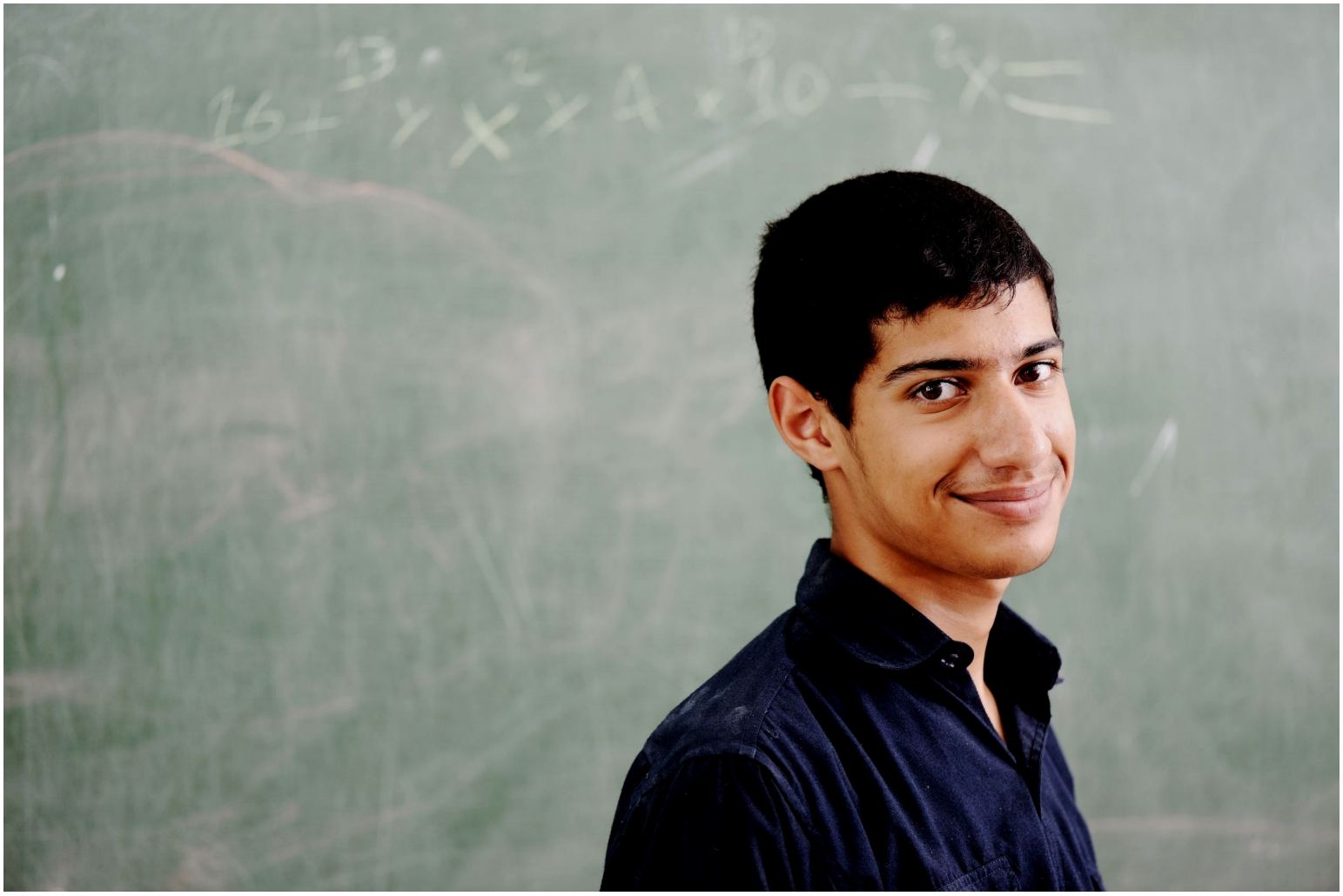
Secure detention does deviate from the original intent of the Safe Harbor Act, which established voluntary safe houses. Current legislation opponents are concerned that the development and maintenance of expensive locked facilities will divert funding from the higher demand for gender-responsive, developmental appropriate and therapeutic services for

rehabilitation and recovery. Furthermore, secure detention opponents fear the slide of victims from dependency to delinquency if confined to facilities, where they may respond violently to staff and risk entering the criminal justice system for assault or battery.

Despite the debate over secure detention, other proposals combatting human trafficking in the 2014 legislative session aim to better prevent, prosecute and treat child sex trafficking through widely accepted policies. Florida can return to safe harbor and better implement the 2012 legislation by expanding the reach of services in a trauma-informed and fiscally responsible manner.

Florida also needs to take a closer look at human trafficking as a whole, tackling more than just child sex trafficking in a meaningful and sustainable fashion. According to the Florida State University Center for the Advancement of Human Rights, labor trafficking is the most prevalent type of human trafficking that occurs in Florida. The state must explore improved policy and practice to fight forced labor in the agricultural sector and the tourism and hospitality industries.

A comprehensive approach to human trafficking is the only way to end modern-day slavery.



Sources: International Labor Organization, U.S. Department of State, United Nations Office on Drugs and Crime, National Human Trafficking Resource Center & The Polaris Project, Shared Hope International, Florida Department of Children and Families, Florida Department of Juvenile Justice, Florida House of Representatives, Florida Senate, The Children's Campaign, Delores Barr Weaver Policy Center, Florida State University Center for the Advancement of Human Rights

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