

## **Forum looks at ongoing problem of sex trade**

Seven years after Toledo police and the FBI uncovered a nationwide sex trafficking ring operating in Toledo, human rights advocates continue to call for heightened awareness and stricter regulations in Ohio. In the first day of a two-day community forum at the Hotel @ UTMC, the Ohio Advisory Committee to the U.S. Commission on Civil Rights met Wednesday with the state's leading human trafficking experts to discuss Ohio's status as one of the five worst states for human trafficking. "This is the biggest human rights issue today in our lifetime," said Celia Williamson, professor of social work and criminal justice at the University of Toledo. "... If you are not [emotionally disturbed], something may be wrong. Keep this emotional disturbance as a reminder to be moved to action." The advisory committee had unanimously chosen to investigate the topic after Diane E. Citrino, chairman and 10-year committee member, suggested the committee follow up and monitor the changes made since Ohio Attorney General Mike DeWine reconvened the Human Trafficking Commission. Ms. Citrino, an attorney in Cleveland, said the committee chose to convene in Toledo because of its status as a national hub for human trafficking. The panelists explained that 12, 13, and 14 year olds from broken homes are targeted for sex trafficking. While the state has had some success in combating sex trafficking, Melinda Sykes Haggerty, director of children's initiatives for the Ohio attorney general, said there needs to be better data collection, continued training of prosecutors, judges, and the media, and a greater recognition that children might be victims of crimes rather than simply runaways. Carole Rendon, first assistant U.S. attorney for the Northern District of Ohio, also said the state has seen less success combating labor trafficking and that people need to look for it in nail salons, restaurants, and other businesses. The Ohio Advisory Committee is composed of 17 people. They are appointed every two years by the Commission on Civil Rights. Sister Geraldine Nowak of Sylvania, one of seven attendees, said she "resented" what she learned but thought the forum was "comprehensive and excellent." Darlene Sweeney-Newbern, 54, a lifelong Toledo resident and regional director of the Ohio Civil Rights Commission, said she came to the conference to learn more about human trafficking in Toledo. "This is an American tragedy and we need to come together to combat this problem. These are a hidden group of people that we have to support and learn more about," she said. Former Toledo trafficker Deric Willoughby — who was convicted seven years ago of federal charges of conspiracy to traffic in prostitution for taking a 15-year-old girl and her 14-year-old cousin to Michigan to be sold for sex — was scheduled to speak Wednesday. However, he canceled after he received negative attention from advocates who believe that he has not truly reformed, said David J. Mussatt, U.S. Commission on Civil Rights Midwestern regional office director. After the forum adjourns today, committee members will draft a report that includes recommendations for the U.S. Commission on Civil Rights. Today's panels start at 9 a.m. and will feature testimony from trafficking survivors, human rights advocates, and state Rep. Teresa Fedor (D., Toledo), whose human trafficking legislation became law last year.

*Toledo Blade.* 6/6/13

## **Batchelder says he'd like to see Medicaid bill contain drug testing despite legal uncertainty**

House [Speaker Bill Batchelder](#) said Wednesday that he hopes that Medicaid overhaul legislation that comes out of his chamber addresses the impact drug addiction is having on Ohio's workforce. Specifically, Speaker Batchelder (R-Medina) told reporters that he would like to see language that calls for Medicaid program drug testing, despite uncertainty over whether such a proposal would gain federal approval. "They can turn us down if they want," he said. "The number of people we talk to every week, who own businesses and so forth, say the single biggest problem they have in hiring is drugs. "We just can't keep going like that and if we're going to have a huge rewrite of all of the health bill, we better get that one taken care of." The idea of drug testing Medicaid recipients has been kicked around the lower chamber as the General Assembly has worked through the executive budget bill ([HB 59](#)), which originally contained a provision called to extend eligibility for the program up to 138% of the federal poverty level. Following the House's move to strip the measure from the legislation, however, conversation in both chambers shifted to ways the state could overhaul the current Medicaid system to focus on health from a more holistic fashion. While the Senate has largely refrained from consideration of the issue as it works through the budget process, Republican House lawmakers have been developing various Medicaid-related proposals. [Rep. Barbara Sears](#) (R-Sylvania), a key lawmaker on this issue, introduced an expansion proposal late last month ([HB 176](#)), which she said would serve as the "core" for future changes. Meanwhile, Rep. John Adams (R-Sidney) and [Rep. Ron Amstutz](#) (R-Wooster) are also working on Medicaid-related bills. According to Speaker Batchelder, Rep. Adams' legislation represents the most conservative take on the issue, while Rep. Amstutz's proposal will include bipartisan and bicameral provisions, as he is working with [Sen. Dave Burke](#) (R-Marysville) on the bill. "I met with the president of the Senate this morning and we talked about that... we would look forward to trying to do something that if it's going to pass one house, it would be likely to pass the other one," the speaker said. He added that while Rep. Sears' bill is completed, "it's not as appealing ...as some others might be." "We want to add drug tests, we want to have a bunch of stuff that will strengthen it and will also help in having public support for the whole concept. And at this point we don't have that," Speaker Batchelder said. Rep. Amstutz noted that while there are problems in the current health care system, he hasn't had any conversation about drug testing Medicaid recipients. "The focus that I have and I think that I've been working with with other members across the way have to do with comprehensive assessments of what might be holding back individuals from being successful in their lives both in terms of family life, their work life and so on," he said in an interview. "So that wouldn't really be focused on some kind of drug test that would be punitive." Rep. Amstutz, who chairs the House Finance & Appropriations Committee, stressed that the question at hand is how to best address this issue in a way that "helps lift (Ohioans) up" - a view which he believes is shared by the speaker.

*Gongwer News Service. 6/5/13*

## **Kasich: Reagan expanded Medicaid, why not Ohio?**

Gov. John Kasich, in an [editorial that ran Sunday in USA Today](#), lays out his argument again for expanding Medicaid in his state. In February, Kasich joined a growing contingent of Republican governors to support Medicaid expansion, in spite of his party's misgivings about what he and other Republicans call Obamacare. Since then, he's been working to convince members of his own party – which control Ohio's House and Senate, that expansion makes economic and moral

sense. In Sunday's piece, he offers up another lens for considering the issuing: "What would Ronald Reagan do?"

*Cincinnati Enquirer*. 6/3/13

## **Ohio may raise speed limit to 70 on more roads**

The speed limits on even more Ohio roads could go up to 70 miles per hour this year. The Ohio Senate Finance Committee has suggested raising the top speed limits on some state freeways "built to the standards and specifications of the interstate system" from 65 miles per hour to 70 mph, and from 55 mph to 60 mph for other state routes. The change was included as an amendment to the state budget proposed by committee members last week. The speed limit hike would add to the [570 miles of Ohio rural interstates](#) that will go from 65 mph to 70 mph under a new law [passed earlier this year](#). That [change will take effect next month](#). The latest proposal does not yet specify which roads would be impacted. But Senate President Keith Faber, R-Celina, said it would apply to rural state and U.S. routes with four lanes and divided highways. Among the roads that could fit this criteria in the Miami Valley: U.S. 35, Ohio 4, U.S. 68 and U.S. 127. Faber used U.S. 30, which runs across northern Ohio through Lima and Canton, as one of the "prime examples" of roads that would be impacted, and said state senators had always intended for U.S. and state routes to be included in the speed limit hike. "If you can tell me what the difference is between U.S. 30 running across the state and (Interstate 75) running across the state... It's arguably better to drive 70 on U.S. 30 because it's less congested," Faber said. "If it's limited access and safe to do, then we want the speed limit raised," said Ohio Sen. Bill Coley, R-West Chester Twp., vice chair of the Senate Finance Committee. The Ohio Insurance Institute opposes the last speed limit hike, and it opposes this one too, said President Dan Kelso. Kelso said increasing speeds on state routes poses even more risk than on interstates because some state routes have cross traffic. "The less safe the structure of the road is, if you increase the speed, you're going to have as a practical matter more accidents. And because people are traveling faster, they tend to be more severe accidents," Kelso said. The Ohio State Highway Patrol wasn't involved in developing the Senate's proposal and is still reviewing it, said spokeswoman Lt. Anne Ralston. While he didn't know which roads the Senate has in mind, Ohio Department of Transportation spokesman Steve Faulkner said ODOT designates some state routes as "interstate look-alikes," which means the road has entrance and exit ramps without "definite stopping" intersections with stop signs or stoplights. When asked if ODOT has concerns about the proposed speed limit hike, Faulkner said: "We're talking to the legislature to see what kinds of provisions would be the most appropriate to keep the motoring public of Ohio the safest." The speed limit amendment within the state budget is among dozens the Senate Finance Committee proposed last week. Also tucked into the senate finance budget is another amendment that will be of interest to drivers: a proposed 2 percent hike to the state portion of annual vehicle registration fees. Most noncommercial drivers would as a result pay another 62 cents, bringing the total cost to \$35.12. The Legislative Service Commission, the nonpartisan research arm of the state legislature, has not yet calculated how much money the fee hike would raise. The new revenues would go to local BMV deputy registrars, said agency spokeswoman Lindsey Bohrer. The final list of budget amendments is scheduled to be unveiled this afternoon, with a finance committee vote held on Wednesday and a vote from the full state senate on Thursday.

*Dayton Daily News.* 6/4/13

## **OSU might add human-trafficking office**

Judge Paul M. Herbert, an architect of central Ohio's strategy for steering women away from prostitution, said he thinks Ohio State University could be a leader in the movement to study and end human trafficking. That's why Herbert, a Franklin County Municipal Court judge who started the county's specialty court for former prostitutes in 2009, has proposed the creation of the Ohio State Office of Human Trafficking. There, he said, former prostitutes and trafficked victims could have their traumas and mental-health and addiction issues treated; the psychology and social-work departments could help with societal acceptance and reintegration; researchers could study the larger issue of trafficking; there could be outreach to help other victims escape the lifestyle; and perhaps most importantly, real policy change could start. Sen. Jim Hughes agrees. The Columbus Republican asked for \$2 million in startup money for the office in the massive list of amendments the Senate added to the version of the state budget the House had passed. A committee quickly slashed that to \$1 million but, so far, that amount remains. The Senate is still negotiating and plans to vote on its version of the budget this week. Then, it all goes to a joint committee of representatives and senators to work out the differences between the two budgets. The deadline for approving a final budget is July 1. Hughes said OSU is an obvious choice for such an office, which probably would be the first of its kind in the country. "At this flagship university, you have all of that expertise and all of those disciplines under one umbrella," he said. "I think the center is a great idea, and Ohio has an opportunity to have a real impact on this problem." And the problem isn't minor. Nationally, more than 100,000 children are thought to be involved in the sex trade. Ohio has been labeled a hub, and it has been estimated that at least 1,000 juveniles are forced into the trade here annually and thousands more are at risk. In Franklin County alone, more than 1,000 solicitation/prostitution charges are filed each year. Herbert, who started CATCH Court (Changing Attitudes to Change Habits) in 2009, said people sometimes get hung up on the words "human trafficking" and think that's somehow different than the prostitution on the streets. "The reality is that somehow, some way, these women get trapped in a lifestyle that someone won't let them leave," he said. "I wholly believe this is a syndrome, and we need to take action to make a difference." Studies show that nearly all women who have been involved in the sex trade suffered trauma when they were younger, and substance abuse and addiction is nearly universal. Trafficking for labor is of equal concern, Herbert said. OSU spokeswoman Gayle Saunders said discussions about the project have been going on for about six months. She said university officials are excited about the possibility, but it's too early to discuss what the framework might look like. Herbert said the OSU office would be able to advance the recommendations already made by state Attorney General Mike DeWine's Ohio Human Trafficking Commission. Hughes said this is a chance for Ohio to make a difference: "This is a problem that hits you in the gut. We need to be the leaders in ending it."

*Columbus Dispatch.* 6/4/13

## **Obama calls for national conversation about mental health**

President Obama pressed Monday for a more-open dialogue on mental illness, which has been a focus of his administration since a string of mass shootings last year sparked discussions on

bolstering the nation's mental health services. In remarks at the White House, Obama noted that most mentally ill people are not violent and that many violent people have no diagnosable mental problem. But mentally ill people are more likely to commit suicide, he said, and "when a condition goes untreated, it can lead to tragedy on a larger scale." Lamenting the stigma associated with mental illness, he said, "Too many Americans who struggle with mental health illnesses are still suffering in silence, rather than seeking help. And we need to see [to] it that men and women who would never hesitate to go see a doctor if they had a broken arm or came down with the flu, that they have that same attitude when it comes to their mental health." The event occurred more than a month after the [failure](#) of one of Obama's legislative priorities, a bill that would have imposed new gun-control measures in the aftermath of the December school shooting in Newtown, Conn. An amendment to the bill that had broad bipartisan support would have provided grants to teach "mental health first aid" to emergency workers, teachers and others who might interact with someone struggling with mental illness. Advocates are hopeful the measure will be reintroduced in Congress later this year. Obama's remarks came at the White House-sponsored National Conference on Mental Health, which brought together advocates, elected officials, faith leaders and others to discuss ways to reduce the stigma of mental illness, which the president said is a barrier to those needing help. The conference was also a way for the administration to highlight steps it has taken to bolster mental health services. Those actions include [a provision in the 2010 Affordable Care Act](#) requiring health insurers to cover mental health services as an essential benefit, and a White House initiative aimed at mapping the human brain. The administration also has reached out to nonprofit and business groups, which unveiled several new projects in conjunction with the conference. Among them are a new wave of youth-oriented public service announcements to air on MTV; a media campaign targeting veterans; and an effort to disseminate information about mental health services on Internet message boards frequented by video gamers. Advocates say the president's attention to the issue has been a boon. "To the extent there is now a public discussion on mental health, that is a positive," said Chuck Ingoglia, a senior vice president at the National Council for Community Behavioral Healthcare. In his remarks, Obama singled out young people and veterans as groups particularly in need of attention on the issue of mental health. But he described it as a broader problem because one in five Americans suffers from mental illness, touching virtually everyone in one way or another. He said that many physical disorders get attention on television, "some of them very personal," pausing for effect as the audience laughed at the allusion to ubiquitous erectile dysfunction ads. "And yet, we whisper about mental health issues and avoid asking too many questions," he said. "The brain's a body part, too. We just know less about it." Also appearing at the conference were Vice President Biden, who has been deeply involved in White House efforts on mental health; actress Glenn Close, who has a sister with bipolar disorder and a nephew with another mental illness, and has started a mental health nonprofit group; and former senator Gordon H. Smith (R-Ore.), whose son committed suicide.

*Washington Post. 6/3/13*

## **Toledo's crime rate takes plunge**

Crime is down in the city of Toledo, but how far down depends on the source of information. Toledo's internal crime statistics are markedly different than those reported to the FBI in 2012 and 2011. And the numbers in the police department's annual report last year differ from those

presented to city council in an April 16 memo written by Police Chief Derrick Diggs. Toledo mayoral candidate D. Michael Collins, a city councilman and former Toledo police officer, is waging a war against Mayor Mike Bell's claims that crime has plummeted. Mr. Collins acknowledges some types of crime have fallen, but alleges the Bell administration has tried to draw attention away from other types, such as aggravated assault. The mayor and his top police officials dismiss Mr. Collins' claims as political rhetoric. Meanwhile, Mayor Bell has not stopped reminding voters about his record, which he says includes more police hired than his two predecessors combined, action to deal with a failing water system, overcoming a \$48 million deficit during his first year in office while not raising taxes, paving streets, demolishing abandoned homes, and decreasing crime. Among his assertions is that crime fell 24 percent during the first three months of 2013 versus the same period last year. But some officials such as Mr. Collins and the leader of the police patrolmen's union, don't believe the double-digit drop is possible and question how 2012 numbers were recorded and reported. "The bottom line for me is I find it patently offensive when the true story of what is going on in the city of Toledo is being distorted for political purposes, and the information that is being disseminated is only that which avails itself to the Bell administration in a favorable light," Mr. Collins said. "The mayor and chief of police are misrepresenting the true circumstances on how safe this city is or isn't." According to the FBI numbers, Toledo's total crime was down 9.49 percent in 2012 over 2011. On the other hand, total crime was down 18.34 percent according to the police annual report, or it was down 17.82 percent according to Chief Diggs' April 16 memo. The different sources of crime statistics are not easily compared because they offer numbers on different types of crime. For example, the annual report shows 512 "shooting incidents" in 2012, up from 449 in 2011. That category doesn't appear in the FBI data or the chief's memo. Instead, the FBI data include aggravated assaults — which show a 29 percent increase in 2012 over the previous year. The chief's memo does not show data for aggravated assaults or rape, which also increased in the FBI data from 124 in 2011 to 172 in 2012. Chief Diggs, in that April 16 memo to council, warns that the city's "CrimeStat" numbers and the FBI's Unified Crime Report data should not be compared against each other. "Unlike UCR crimes, that require a stringent and time-consuming classifications and scoring process, CrimeStat utilizes raw data for comparison and pattern identification," the chief wrote. "Therefore, these two processes should not be compared to each other." Burglary, auto theft, robbery, and murder are the only crimes appearing in all three sources — but with different numbers. There were even different numbers for murders: 39 in 2012 according to the FBI numbers and 36 according to the Toledo numbers. The number of 2012 murders were increased after the annual report because three deaths originally not thought to be murders in the city were later ruled homicides here, said police Sgt. Joe Heffernan, the department's spokesman. Mayor Bell's spokesman, Jen Sorgenfrei, and Police Capt. Michael Troendle, head of the department's criminal intelligence section, also said the differing numbers for the same years and categories of crime are explainable. "UCR just has different classifications of the way to title crimes, the way they classify crimes," Captain Troendle said. "If you trespass on someone's property and steal something, in the Ohio Revised Code it is called a burglary, but UCR doesn't call it a burglary. It is called a theft." Captain Troendle said other classifications don't match. "UCR does not classify a male-on-male rape as a rape. They call it a sexual assault," he said. "The point is, UCR is about classifying crimes the same way throughout all the states. ... When we do our CrimeStat process, we don't care about how UCR classifies the crime." The city's process allows the department to quickly deploy officers where they are needed more quickly in an attempt to prevent crime, the captain said. "Even though we

are not tracking the same exact incidents, we are tracking the same types of crime that correlate to each other,” Captain Troendle said. Internal statistics from other cities also differ from the FBI data. In 2010, Cleveland police issued a report that showed the city had 10,088 burglaries, 2,319 felonious assaults, and 507 rapes. The FBI data said the city had 9,871 burglaries, 1,923 aggravated assaults, and 344 rapes that year. Toledo burglaries were down among all three sources but each showed a different number for 2011 and 2012. The FBI records show 6,739 in 2012, down from 8,366 in 2011. The police annual report said there were 6,490 in 2012, down from 8,369 in 2011. Dan Wagner, president of the Toledo Police Patrolman’s Association, said that 19 to 22 percent drop — depending on where you look — is not believable. “I don’t think it is an accurate portrayal of what has actually occurred here in Toledo,” Mr. Wagner said. “The officers don’t believe burglary is down, because of the number of calls they are responding to,” he said. “We are wondering if some of those were reclassified to make it look better. It’s an election year, and I’m sure if you are on a platform to make Toledo safer, you can make the figures say what you want them to say.” Mr. Wagner said it would be possible to classify a burglary, which is a felony, as a criminal trespassing, a misdemeanor. Michael Dearth, a Block Watch leader and former citywide Block Watch chairman, said the city doesn’t feel safer, regardless of the numbers from this year or past years. “I have seen the stats that are going to the FBI and they are really a lot different than the annual report,” said Mr. Dearth, who last year was one of several people interviewed for the Lucas County Democratic Party’s endorsement to fill a vacant seat on Toledo City Council. “I talk to a lot of people in a lot of different neighborhoods and I don’t hear anyone talking about a safer town,” he said. The other main candidates in the mayor’s race, Councilman Joe McNamara and Lucas County Auditor Anita Lopez, have both promised a safer city if elected. Mr. McNamara said he would increase the police ranks and reopen the department’s Northwest District Police station on Sylvania Avenue, which was closed in 2012 over the objections of the majority of councilmen. Before Ms. Lopez officially announced her candidacy, she called crime an ongoing problem in the city as well as the condition of neighborhoods. Chief Diggs’ data-driven policing project, called ORION, which stands for Observation Research Intelligence Operations Network, has been at the top of his efforts to reduce crime. Under his watch since taking over the department on Oct. 21, 2011, a new camera system known as “eye in the sky” has been installed along city streets. The chief said data-driven policing helps to deter crime, improves officers’ response, and helps investigators solve crimes. He stressed that burglaries in Toledo declined from 2011 and homicide detectives solved 83 percent of the crimes they investigated, compared to the national average of 52 percent. Ms. Sorgenfrei said Mayor Bell stands by the department’s accomplishment of reducing crime. “We are stopping serial crime faster than we ever have before,” she said.

*Toledo Blade.* 6/3/13

## **Ohio considering higher taxes on some tobacco products**

Taxes on most non-cigarette tobacco products would go up under a plan being considered by Ohio lawmakers. Health advocates are calling on lawmakers to raise taxes on tobacco products to fund prevention and cessation programs as they consider other health care reforms. The Ohio House scrapped Gov. John Kasich’s plan to expand Medicaid, the federal- and state-funded medical insurance program for low-income and disabled Ohioans, earlier this year in favor of

pursuing reforms to the \$19.8 billion a year program. One in four Ohio adults smokes, according to the Centers for Disease Control and Prevention. The rate is much higher — 42 percent— among Ohio’s 2.3 million Medicaid participants. Shelly Kiser, director of advocacy for the American Lung Association in Ohio, said that translates to \$1.4 billion spent each year in state Medicaid costs for smoking-related illnesses. Some tobacco products such as hookah and chewing tobacco and cigars are not taxed as much as regular cigarettes and could be impacted by this proposal. Kiser and other health advocates told lawmakers on a Senate panel that equalizing the tax on other tobacco products to 55 percent from 17 percent could raise revenue to help Medicaid participants quit and prevent more people from using tobacco. Ohio allocates no state funds to tobacco prevention and cessation, ranking the state and three others last in the nation for funding. The Centers for Disease Control and Prevention recommends Ohio spend \$145 million each year from a \$25.7 billion settlement between states and tobacco companies. Ohio traded its share in for bonds to fill a budget hole in 2008, leaving local health districts to plan and fund programming. Sen. Shannon Jones, R-Springboro, said she drafted an amendment to the state budget bill to equalize the tax. The amendment was not accepted in the Senate’s first round of revisions to the bill, but Jones said she would try to amend the bill again before it moves out of the Senate Finance Committee and to a full vote of the Senate. Gregory Wellinghoff, owner of wholesale distributor Keilson Dayton, told lawmakers Thursday that raising the tax would not reduce smoking but encourage people to drive to neighboring states with lower taxes. Wellinghoff said stores in Hamilton and south Butler counties can’t sell a significant volume of cigarettes because of their proximity to Kentucky, where cigarettes are taxed 60 cents per pack compared to \$1.25 cents in Ohio. “Ohio is still going to have smokers, probably at similar levels as today,” said Wellinghoff, who also owns smoke shops in Southwest Ohio. “These people are going to buy their products out of Ohio. I’ll have to close my stores.”

*Dayton Daily News. 5/30/13*

## **Ohio meeting looks at ways to quell urban violence**

Former gang members will be among the community and anti-violence activists from across the country meeting at a university in Cleveland this weekend to talk about solutions to violence in urban neighborhoods. "The Call to Universal Oneness Campaign" is a four-day event that began Thursday at Cleveland State University. Leaders of the event, which is being organized by the International Council For Urban Peace, Justice and Empowerment, said they'll discuss how to deal with poverty, gun violence, gangs and the breakdown of traditional family structure and lack of moral identity in many inner-city communities. One of the organizers, Rashad Byrdsong, tells The (Cleveland) Plain Dealer that one of the main goals is to address the problems in urban communities as a public-health problem instead of as criminal justice challenges. "The research shows that most folks who are incarcerated don't finish school," Byrdsong said, and "are people of color who that come from poor communities ... and folks who deal with chemical dependency issues." "We're going to be talking about disrupting the variables that lead to this kind of behavior," he said. Khalid Samad, an organizer who directs Cleveland's Peace in the Hood, said more than 35 different organizations are expected to participate at the conference. They're coming from Los Angeles, Chicago, Washington, New York and other cities. U.S. Rep. Marcia Fudge, who represents a northeastern Ohio district, also is scheduled to speak. Other events Friday included a panel providing a historical analysis on urban violence. Former gang members

from the Bloods, Crips, Gangster Disciples, Folk Nation and from Ohio's Heartless Felons, one of the state's largest prison gangs, are also expected to attend. Part of the event will take place at a Cleveland church. The final day will be marked by a remembrance ceremony, cultural fair and family event at an east side park.

*Dayton Daily News. 5/31/13*

## **Texas A.G. shuts down fraudulent “notarios” and unauthorized immigration consultants in south Texas**

Earlier this month, the State filed separate enforcement actions against the four defendants and charged each of them with violating the Texas Deceptive Trade Practices Act (DTPA) and the Notary Public Act. At the State’s request, a Hidalgo County district court ordered the four defendants to pay civil penalties for unlawfully representing that they were legally authorized to process immigration cases before federal authorities. During the discovery process, state investigators discovered that the defendants were neither licensed attorneys nor accredited to offer immigration-related legal services. Under federal law, only [licensed attorneys](#) and [organizations accredited by the U.S. Department of Justice’s Board of Immigration Appeals](#) may offer immigration consulting services. Texas law authorizes notaries public to witness the signing of legal documents – but specifically forbids them from providing immigration services unless they hold a separate license to practice law. Scam artists have long exploited the misunderstanding between the term “notary” and the similar-sounding Spanish term “notario público,” which is used in Latin America to describe highly experienced, specialized attorneys. The State’s cases against the four defendants were part of the Office of the Attorney General’s (OAG) month-long crackdown on immigration scams in Hidalgo County. The OAG’s case against Jairo Romanovich – doing business as Romanovich Charitable Service Inc. – remains pending. On May 21, a Hidalgo County district court granted the State’s request for a temporary restraining order stopping Romanovich and his firm from offering unauthorized immigration-related legal services. Since assuming office in 2002, Attorney General Abbott has shut down more than 75 businesses for providing unauthorized legal services.

*Texas Attorney General. 5/29/13*

## **Four human-trafficking suspects get prison time**

What began last summer as Franklin County’s first human-trafficking indictment ended yesterday with four Chillicothe residents sentenced instead for promoting prostitution and misdemeanor unlawful restraint. Defense attorneys said the trafficking case against their clients fell apart as prosecutors struggled with the cooperation and credibility of the woman who alleged that she had been held captive in 2011 and forced into prostitution by four acquaintances. “Nobody argues there wasn’t prostitution going on,” said Steven Larson, attorney for Craig E. Tackett, one of the defendants. “It all comes down to one question: Was she forced into it, or was she a willing participant?” The indictment alleged that the 25-year-old woman was lured to Columbus by the four, who were acquaintances in Chillicothe, and forced to work as a prostitute at motels around the city. The four convicted were Richard L. Evans, 56; Mara D. Morrison, 22;

Tackett, 22; and Roger K. Rider, 29. They were indicted in July on charges of trafficking in persons, kidnapping and promoting prostitution. The men also were charged with rape. But when the four pleaded guilty last month, the felony kidnapping charges were reduced to misdemeanor unlawful restraint, and the rape counts were dismissed. Common Pleas Judge Timothy S. Horton sentenced Evans and Rider yesterday to 14 months in prison, Tackett to 12 months and Morrison to eight months. All four were credited for the time they spent in jail while awaiting trial. Morrison was released, having already served her time; her co-defendants face several more months of incarceration. All four also will have five years of parole supervision and must register as sex offenders for 15 years. Karen Phipps, Rider's attorney, said defense investigators determined that the woman might have been more of a willing participant than authorities first thought. The woman wasn't in court yesterday. Assistant Prosecutor Daniel Hawkins said she wasn't required to be there. In an email yesterday, Franklin County Prosecutor Ron O'Brien said the defendants' pleas to unlawful restraint go against defense claims that the victim was a willing participant. "There were issues with our ability to locate the victim ... and for that reason we reduced the charges," he wrote. The indictments were the first for the Central Ohio Human Trafficking Task Force. "The task force presented the first case that they had successfully investigated, and the result of a conviction for less than all charges doesn't lessen their efforts in any way," O'Brien wrote. "They will continue to work on similar cases."

*Columbus Dispatch. 5/31/13*

## **Ohio House Republicans propose more abortion restrictions**

A group of Ohio Republican lawmakers has introduced a bill that would require women seeking abortions to wait at least 48 hours and undergo an ultrasound examination. Those requirements are among an extensive list of [abortion restrictions](#) in House Bill 200, introduced by Rep. Ron Hood of Southeast Ohio and backed by 34 of his GOP colleagues. Among other things, the bill would:

- Require doctors to give women a verbal description of the ultrasound, including an audible heartbeat, if available. (The bill notes, however, that a woman can refuse to view ultrasound images or listen to the sounds detected by a fetal heart monitor.)
- Compel abortion providers to tell patients that fetuses and embryos can feel pain, and that a woman who has an abortion increases her risk of breast cancer.
- Extend the waiting period for abortions to 48 hours instead of 24.
- Require doctors to tell patients seeking abortions in writing how much money they earn and how much income they would lose by not performing abortions.
- Eliminate "medical necessity" as a reason to waive the waiting period. Medical necessity had been defined as a medical condition that complicates the pregnancy so that it warrants an immediate abortion.

- Allow a waiver for a "medical emergency," which is redefined in the bill as a condition that would result in the woman's death without an abortion, as opposed to one that presents a serious risk to her life or physical health.

Doctors who do not follow the rules could be charged with a first-degree felony and fined up to \$1 million. Hood, several cosponsors and the GOP leadership in the House did not respond to requests for comment Wednesday on the bill. "Ohio politicians continue to violate women," said Celeste Glasgow Ribbins, a spokeswoman for Planned Parenthood of Greater Ohio. "They are violating our trust by introducing one extreme bill after another. They are stripping away our rights at every turn." Reps. Kristina Roegner and Marilyn Slaby, both of Summit County, are the only women in the House to attach their names to the bill. Multiple calls placed to Roegner and Slaby were not returned. According to the legislation, women seeking an abortion would have to undergo an "obstetric ultrasound." Typical ultrasounds scan over the abdomen with a transducer to gather images of the uterus. Another method is a transvaginal ultrasound, which is invasive but can provide a better look at pelvic organs and fetuses, according to the American Congress of Obstetricians and Gynecologists, or ACOG. The bill does not specify which type of ultrasound would be required, but says it must portray "the entire body of the embryo or fetus." A patient could receive a photo of the fetus or embryo at no extra charge, but would have to pay out of pocket for the ultrasound. Planned Parenthood argues the required ultrasounds aim to further distress women in crisis. "Information about a woman's pregnancy should support a woman," Ribbins said. "This information should not be provided with the intent of shaming her or coercing her." ACOG opposes mandated ultrasounds, saying they would do nothing to enhance a woman's health or safety and would add unnecessary emotional and financial stress. "State legislators should not be determining the conversation between a woman and her doctor, regardless of the issue," according to ACOG's website. The group also says multiple studies have shown that women who receive abortions do not have an increased risk of breast cancer. Ohio Right to Life would not comment on the legislation and said it was currently focused on anti-abortion measures included in the state's budget. The budget, which must be signed by Gov. John Kasich no later than June 30, contains an amendment that would strip funding from Planned Parenthood by altering the current system of divvying federal funds the state receives for family planning. The bill also contains language that would stop surgical facilities that perform or induce abortions from having transfer agreements with public hospitals. Surgical facilities in the state are required to have a transfer agreements with a hospital, Ribbins said, adding that barring Planned Parenthood from drafting agreements with public hospitals would force the health care provider to seek agreements with private hospitals, which are often affiliated with religious groups that oppose abortion.

*Cleveland Plain Dealer.* 6/12/13

## **Medicaid reforms net Ohio \$169M**

Beginning next month, Ohio's Medicaid program will receive an additional \$169 million in federal funds through the Affordable Care Act to help seniors and people with disabilities stay in their homes, state health officials announced Wednesday. Ohio is one of 16 states selected by the U.S. Department of Health and Human Services to participate in the health care law's Balancing Incentive Program, which offers states enhanced Medicaid reimbursements to encourage them to

step up spending on home and community-based long-term care. States currently spending less than 50 percent of their long-term care budget on home and community-based services qualify for the program. Ohio will receive a 2 percent bump in Medicaid reimbursements for its commitment to reach the 50 percent threshold by Sept. 30, 2015. Today, about 39 percent of the state's long-term care spending is directed toward home and community-based care — up from about 36 percent in fiscal 2011, according to a press release from the Governor's Office of Health Transformation and the Office of Medical Assistance. "Ohio's participation in the (Balancing Incentive Program) is part of the Kasich administration's commitment to improving access to services that people prefer and improving quality of care in those settings, while also achieving an efficient use of taxpayer resources," said Greg Moody, director of the Office of Health Transformation. Gov. John Kasich's first jobs budget increased Medicaid spending on home and community-based services by \$200 million for the 2012 and 2013 fiscal years. As a result, an additional 7,600 Ohioans are receiving Medicaid long-term care services in their own home or community setting, Moody said. The governor's latest budget proposal would increase Medicaid payments related to home and community-based services by \$30.8 million over the biennium and takes other steps to improve quality and access to services in community-based settings. The budget has yet to be approved by the General Assembly. In addition to the spending goals, states must also adopt three operating standards to qualify for the ACA program, including: a single entry point for beneficiaries; case management services that are free of conflicts of interest; and standardized assessment tools.

*Dayton Daily News. 6/13/13*

## **Medicaid effort takes step forward**

Ohio's House and Senate have drafted a joint bill seeking to curb the costs of Medicaid and improve the income of people who need it, a step in building bipartisan support for extending coverage to more Ohioans, a Republican leader said today. Barring any last-minute changes, both chambers may introduce the bill on Thursday, said Rep. Ron Amstutz, R-Wooster. At first, that bill won't include expanding Medicaid to more Ohioans, and it won't say whether Ohio will take money from the federal government to do so, he said. "Our goal is to do as much as we can, as soon as we can, to address the rising cost curves of Medicaid ... as well as trying to help individuals who are currently served by Medicaid to move up and off of it," Amstutz told reporters after today's House session. If that happens, "we can introduce the discussion of whether we can add new (Medicaid) members to be served. We've got to get the cost curve changed enough to feel like we have a stronger consensus." General Assembly leaders say their eventual goal is to get health care coverage for more Ohioans, but for now, they're avoiding any legislation that would be controversial. Under the Affordable Care Act - "Obamacare," to many conservatives - the federal government has offered to pay for three years to expand Medicaid to Ohioans who fall within 138 percent of the federal poverty line, or about \$32,500 for a family of four. That offer has alienated conservative Republicans. For now, General Assembly leaders are seeking to get conservatives' support, rather than talk about expansion or funding. So leaders have created a bill that will address conservatives' concerns about Medicaid's costs and people's long-term participation in the program, Amstutz said. He didn't give many more details about the content of the bill, which is 21 pages, he said. In an interview last week, the Senate's main

Medicaid negotiators, Sen. Dave Burke, R-Marysville, and Sen. Capri Cafaro, D-Hubbard, said their focus has been establishing guidelines to hold the state accountable for:

- holding down the cost of Medicaid to taxpayers,
- improving Medicaid members' health and
- helping Ohioans become qualified for better-paying jobs, so they won't need state help with health care.

If the new Medicaid policy curbs costs, "one could assume that those people (who fall within 138 percent of the federal poverty line) could be absorbed within the current system if the math works," Burke said. The bill would establish a Medicaid Oversight Commission, Amstutz said Wednesday, likely to take charge of accountability measures. House and Senate leaders are considering the two-year budget that is to take effect July 1. A committee of six General Assembly leaders starts meeting Thursday to finalize a joint budget. But the final version likely won't include any Medicaid changes, said Amstutz, who is chairing the joint budget committee. Leaders are pushing this separate bill forward so they have the option of considering it simultaneously, but the debate could stretch out over the General Assembly's July and August break, Amstutz said. Supporters of expanding Medicaid say Ohio needs to hurry to decide whether it's going to accept federal money for covering more Ohioans: The federal money becomes available in January, but health care officials say they'd need three to six months to prepare the state's system to enroll new people. Gov. John Kasich, a Republican, signaled his support for Medicaid expansion by including it in his budget proposal in February. He's worked to convince his own party that having more Ohioans with healthcare coverage makes fiscal and economic sense for the state. His stance has support among Democrats and a minority of Republicans. Many more conservative Republicans, including members of the tea party, are concerned about increasing the number of people who rely on Medicaid. They also worry about funding for Medicaid after the first three years, when government support for the expansion is currently set to drop to 90 percent. Eventually, the federal government might not be able to afford to pay for the Medicaid program, they say. Expanding Medicaid under the federal government's offer, would extend benefits to more than 366,000 new Ohioans, according to state reports. Currently, about 820,000 residents receive the benefit.

*Cincinnati Enquirer*. 6/12/13

## **Food insecurity hits 25% of children; Brown, food banks promote summer meal program**

About a quarter of Ohio's children are in families that don't consistently know where their next meal will come from and very few of them access free summer meal programs, according to two national reports. Feeding America reported this week that almost 680,000 Ohio children, or 25.7%, are considered "food insecure." A separate study by the Food Research and Action Center found that nearly 90% of children who received free and reduced-price lunches during the school year are not being reached via summer meal programs. [U.S. Sen. Sherrod Brown](#) (D-Avon), meanwhile, joined the push to expand the number of Summer Food Service Program sites

in Ohio. Feeding America said in its [Map the Meal Gap](#) report that children experiencing food insecurity are more likely to repeat a grade in school and tend to experience a higher rate of diabetes and other chronic conditions. "We have 44% of our kids now who are enrolled in public or private schools that are now eligible for free or reduced-price school-based meal programs," Ohio Association of Foodbanks Director Lisa Hamler-Fugitt said in an interview. "(That's) a sign of the times, and the fastest growing increases are in our suburban districts." FRAC's [Hunger Doesn't Take a Vacation](#) report found for every 100 Ohio children who received free or reduced-price school meals during the 2012 school year, only 10.2 access summer programs. There was, however, a 10% increase in the number of [Summer Food Service Program](#) sites. Sen. Brown said far too few families know about the summer meal program. "Part of the reason for that is people need to set these programs up in May and take them down in August," he said during a conference call with reporters. "The money from the feds is sometimes less than adequate and it's (the need) to find the place and to get the word out, and all of those are very complicated things. "For more than 800,000 Ohio children, poverty is real. They know how it feels to be hungry and to try to focus on learning through the pangs of an empty stomach. That's the reason we set up the school lunch and breakfast programs many, many years ago.... They're in dire need of a nutritious meal or snack when school cafeterias are closed for summer. That's why the Summer Food Service Program is so important." Sen. Brown released a [county-by-county report](#) of the 1,200 available summer programs in 79 counties. He said families can also call 866-3-HUNGRY to find a site. Ms. Hamler-Fugitt said childhood hunger and food insecurity continues to be at record highs. "This year, really in stark contrast to what we've seen in other years, is the signal that hunger has hit the suburbs," she said. "We now have summer food service programs operating in communities that have been pretty insulated from poverty and hunger." She nevertheless said there need to be more sites. Nine counties in the state currently have no program sites. "We have federal resources available to feed children during the summer months and we need more support to get others involved that can become sites under existing sponsors for communities that are without programs this summer," she said. The federal government reimburses sites for up to two meals a day. They receive \$3.30 per meal for lunch, \$1.90 for breakfast and \$0.79 for a snack, Sen. Brown said. That amount doesn't always cover the cost of the administrative work associated with setting up sites. Only about 10% of sites are run by schools. Ms. Hamler-Fugitt said cuts to education and to local governments has hit those entities' ability to host the program. "Budget cuts whether they come from the federal or state level have catastrophic impacts on our most vulnerable children," she said. "That being said, I do want to recognize that there are schools in this state that have embraced the summer program and understand full well that their kids benefit academically from being engaged in summer activities." Ms. Hamler-Fugitt questioned what it will take to drive action by Ohio lawmakers. "Is it OK that we're just going to discount that one out of every four kids don't get enough to eat? Is that OK? It's not OK by me. It's not OK by the communities, and we are failing these kids."

*Gongwer News Service. 6/12/13*

## **Health-care law's perks, costs draw near**

David Peabody is looking at the new federal health-care law with apprehension. Ericka Haverkos sees in it reason for hope. These two Columbus residents — one the owner of a landscaping business, the other a college student who works part time as a cashier — are emblematic of

millions of Americans who next year will have to adapt to the most sweeping changes in the delivery of health care since the establishment of Medicare and Medicaid during the height of the Great Society in 1965. To Peabody, the new law will impose steep costs on his company and force him to decide whether to insure his 65 workers — a number that fluctuates with the season — or pay a fine to the federal government that would eat into a third of his \$180,000 profit last year. To Haverkos, who said she has a learning disability, it could mean access to a doctor who could prescribe medication. All across Ohio and the country, millions of people are facing the reality of a new era in health care. Signed into law in 2010 by President Barack Obama, the Affordable Care Act — often dubbed Obamacare — will extend health coverage to more than 20 million of the 47 million uninsured Americans. “For people who haven’t been able to find affordable insurance, they are going to love it,” said Elise Gould, a health-insurance analyst at the Economic Policy Institute, a left-leaning nonprofit group in Washington. Yet to its legion of critics, the law is going to frustrate Americans with its complexities, wave of new regulations, and blizzard of fees and taxes that they say will deal a major blow to a fragile economy still recovering from the Great Recession. When asked to describe how efficiently the new law is being implemented, Thomas Miller, a health-policy analyst at the conservative-oriented American Enterprise Institute in Washington joked, “Coming along just fine. Steady as she goes right into the cliff. Don’t mind that iceberg. The Titanic got past it.” A Kaiser Family Foundation survey in April found that 49 percent of Americans say they lack the information to understand how the new law works. A *Wall Street Journal*/NBC News poll last week showed that 49 percent of Americans believe the law is a bad idea, while only 37 percent call it a good idea. The law extends coverage in two ways. It expands eligibility for Medicaid, which provides health coverage to low-income people. The law also offers federal subsidies for those earning between 100 percent and 400 percent of the federal poverty level — currently \$23,550 to \$94,200 a year for a family of four — to buy their own plans through new exchanges operated by the federal or state government. “I do believe folks underestimated the enormity of this law,” said Kevin Kuhlman, a Washington lobbyist for the National Federation of Independent Businesses. “In order for it to be a success, not only does the government have a massive project ahead of it managing and operating these exchanges, but private businesses also will have to come along and make a lot of drastic changes.” Haverkos, a student at the Columbus College of Art & Design, said she lost her health insurance more than two years ago after her mother’s term on the state Board of Education ended. The health law lets young adults remain on a parent’s health plan until age 26, but Haverkos said that’s not an option for her. And she said her employer doesn’t offer insurance to part-time employees like her. Haverkos said she has only emergency coverage through the college. But because of the Affordable Care Act, if Haverkos doesn’t buy her own health care, her coverage will be upgraded anyway if she remains enrolled at the school. A spokeswoman said the college this fall will begin requiring its students who don’t already have coverage to improve their coverage, charging \$1,430 per year for a more-comprehensive plan, compared with \$598 per year for the current bare-bones coverage. Haverkos’ income, however, would qualify her for a large subsidy that would make health care more affordable through the exchange — coverage that could help relieve the symptoms of persistent allergies. What would comprehensive coverage mean to her? “Security, a sense of comfort knowing that it’s there,” she said. Here is how the new law would work, according to an example cited by the Kaiser Family Foundation. Take a single, 45-year-old woman earning \$28,735 a year, 250 percent of the federal poverty level. A typical plan in the exchange might cost her \$5,733 a year in premiums. But because of the new law, the federal government would

pay \$3,420 of that total. “Those people who have found it very difficult to have access to coverage will find it a good deal,” said Kenneth Thorpe, a professor of health policy at Emory University in Atlanta and a one-time senior health official under former President Bill Clinton. “For people working for small businesses and earning \$20,000 to \$40,000 a year, this is going to be a good deal for them.” But what might be a good deal for people like Haverkos may not appeal to Peabody, who is scrambling to determine whether he will pay more to insure his workers or pay thousands of dollars in federal penalties instead. The reason: While most large companies such as General Motors or Procter & Gamble insure their workers, many people work at smaller companies that have not offered insurance in the past. The new law will require a company with the equivalent of 50 or more full-time workers to provide insurance or pay a \$2,000 per-person fine for every uninsured worker. The first 30 workers in the company are excluded from the calculations. Peabody, who years ago took pride in covering the entire cost of his employees’ health coverage, said today he has to look at providing insurance “as strictly economical. It’s no longer a benefit.” Last year, his company paid \$48,000 of the \$119,000 in premiums charged by his insurer, with workers picking up the rest. But for a variety of reasons, not all his workers accept the company-provided insurance. Because of the seasonal nature of the workload, many of his employees earn no more than \$25,000 a year, making it difficult for some to pay their share of the premium. “A lot of people can’t afford health insurance,” he said. “That’s why they choose not to take it.” Other businesses are facing the same difficult choices. Jamie Richardson, vice president of Columbus-based White Castle, which has 406 hamburger shops across the country, had an average health-care cost of \$33 million over the past two years for its roughly 5,000 full-time workers. Of those 5,000, 4,000 elected to participate in the health-insurance program. The chain paid 80 percent of that \$33 million — about \$27 million annually. White Castle employs 10,000, including part-time workers. Under the new law, White Castle must offer its workers insurance within 90 days of being hired, as opposed to the company’s current policy of offering insurance six months after a worker is hired. To pay for the increased costs, White Castle could reduce the number of hours each person works. Under the law, anyone working fewer than 30 hours a week does not qualify for insurance. But the chain does not want to do that. “If someone’s full time, we want them to stay full time,” Richardson said. “We don’t want people to lose benefits; we want them to keep them ... if anything, it put us in a situation where we’re less likely to hire more people.” Opponents of the law argue that adding 20 million into the health-care system along with requirements for minimum federal coverage is likely to cause premiums to rise for everyone who is already insured. By contrast, supporters contend that the new law will restrain the growth rate of health-care costs because uninsured people will no longer be flooding emergency rooms for care. Jennifer Tolbert, director of state health reform for the Kaiser Family Foundation, said people’s costs will vary. “For most people with employer-sponsored coverage, the cost of that coverage has been increasing over the past decade,” she said. “What is going to be hard to disentangle is how much of a cost increase we’ll see over the next decade related to the general trends that we’ve been seeing versus what’s related to the new law.”

*Columbus Dispatch. 6/9/13*

## **New human trafficking bill moving through Ohio House**

The next step in trying to stop human trafficking in Northwest Ohio, is now one step closer to becoming a reality. A new measure that targets the traffickers has cleared a big hurdle. The Safe Harbor act was signed by Governor John Kasich in June 2012. This new bill really targets the 'johns,' the people who put these women into harm's way, an issue that's been on the rise in this area for years. State Representative Teresa Fedor tells 13abc that some minor changes were made thorough a House committee and it should be headed to the full House for a vote next week. Some of the changes this bill would include are making the penalty for soliciting a felony instead of a misdemeanor and making that person ultimately register as a sex offender. The measure would also make it easier for victims to testify on close circuit video, and increasing the statute of limitations in this case. She says all of this will strengthen the bill and help law enforcement. She says with Ohio's law as it is now, many cases have to be turned over the federal government and they don't always take every single case. Once this through the house, it heads to the senate, and the hope is that it gets signed by the governor by the end of the summer.

*13ABC News. 5/30/13*

## **Airlines, U.S. agencies partner to combat human trafficking**

Under a new partnership with the U.S. government, four American commercial airlines will train their employees to recognize human trafficking indicators, both in flight and on the ground. U.S. Transportation Secretary Ray LaHood and U.S. Customs and Border Protection acting Deputy Commissioner Kevin K. McAleenan announced the new partnership June 6 at a press conference in Washington. They were joined by Delta Air Lines Chief Executive Officer Richard Anderson and JetBlue Airways Senior Vice President for Government Affairs and Associate General Counsel Robert Land. Under the voluntary partnership, Allegiant Air and North American Airlines also will train their employees to identify indicators of human trafficking. "We cannot let the American transportation system be an enabler in these criminal acts," said Secretary LaHood, according to a June 6 Transportation Department news release. "With today's announcement, we are sending a message to any would-be traffickers — whether you travel by land, by rail or by air, we will be watching you. "By working together, we can raise awareness and keep an eye out for these activities," LaHood said. Together, the U.S. Department of Transportation and the Department of Homeland Security (DHS) developed a training program called the Blue Lightning Initiative that is available to airlines as part of the DHS Blue Campaign to help them educate their employees on potential indicators of human trafficking and how to identify potential victims, the Transportation Department news release said. The Blue Lightning Initiative provides U.S. commercial airlines and their employees a voluntary mechanism to identify suspected human trafficking victims and notify federal authorities. The partnership is part of the Transportation Department's efforts to raise awareness about human trafficking and ensure that the U.S. transportation system is not being exploited for trafficking purposes. In addition to inviting airlines to join the Blue Lightning partnership, the Transportation Department joined with the Department of Homeland Security and the Amtrak, the U.S. rail passenger service, in October 2012 to help train Amtrak employees on what to do if they suspect someone is being trafficked. Amtrak is currently developing a system for training all 20,000 of its employees. The Transportation Department has also trained its more than 55,000 employees

to identify and report human trafficking, and is working with representatives from all modes of transportation to secure industry support in stopping this crime. In March 2012, [President Obama directed his administration](#) to redouble efforts to eliminate human trafficking. In an address to the Clinton Global Initiative, [the president reaffirmed America's commitment](#) to leading the global movement against human trafficking, calling it one of the great human rights causes of our time and announcing a number of new initiatives. "The U.S. Department of Transportation welcomes partnerships like the one announced today, which helps build a whole-of-nation approach to eliminating this scourge," the department's news release said.

*Philadelphia News.* 6/9/13

## **Human trafficking: Mexican troops rescue 165 people sold to drug cartel**

Mexican troops have rescued 165 people, mostly Central Americans including children and pregnant women, who were kidnapped by gunmen in Mexico's northeast and held captive less than a mile from the U.S. border, the government said on Thursday. The group of would-be immigrants, primarily from El Salvador, Guatemala and Honduras, had hoped to cross into the United States from the volatile northern state of Tamaulipas. They were captured in batches near the border two to three weeks ago and held in a house in the municipality of Gustavo Diaz Ordaz. There was also an Indian national among the group. 'Everything indicates that these migrants were contacted by human traffickers... and these criminals handed them over to criminal gangs instead of taking them to the border,' government security spokesman Eduardo Sanchez said. 'They were found kidnapped by an armed individual and held against their will in precarious, dirty, overcrowded conditions,' he added. The group was rescued on Tuesday. Tamaulipas has been plagued by kidnappings and violence in recent years, and it has long been the site of a turf war between two major drug cartels. Amongst the people rescued were children and pregnant women, who had been kidnapped by a gunman in Mexico's northeast and held captive less than a mile from the U.S. border. In 2010, Mexican Marines found 72 corpses in a ranch near the border in the same state, thought to be the remains of migrant workers. It was the biggest single discovery of its kind during a bloody drug war that has killed an estimated nearly 75,000 people since 2006. Mexican cartels have moved into human smuggling in recent years, kidnapping migrants and extorting money from them or forcing them to carry drugs across the border.

*YNaija.com.* 6/7/13

## **Shortage of primary-care doctors may worsen**

Getting face time with the family doctor could soon become even harder. A shortage of primary-care physicians in some parts of the country is expected to worsen as millions of newly insured Americans gain coverage under the federal health-care law next year. Doctors could face a backlog, and patients could find it difficult to get quick appointments. Attempts to address the provider gap have taken on increased urgency ahead of the law's full implementation Jan. 1, but many of the potential solutions face a backlash from influential groups or will take years to bear

fruit. Lobbying groups representing doctors have questioned the safety of some of the proposed changes, argued they would encourage less collaboration among health professionals and suggested they could create a two-tiered health system offering unequal treatment. Bills seeking to expand the scope of practice of dentists, dental therapists, optometrists, psychologists, nurse practitioners and others have been killed or watered down in numerous states. Other states have proposed expanding student-loan reimbursements, but money for doing so is tight. As fixes remain elusive, the shortfall of primary-care physicians is expected to grow. Nearly 1 in 5 Americans already lives in a region designated as having a shortage of primary-care physicians, and the number of doctors entering the field isn't expected keep pace with demand. About a quarter-million primary care doctors work in America now, and the Association of American Medical Colleges projects the shortage will reach almost 30,000 in two years and will grow to about 66,000 in little more than a decade. In some cases, nurses and physician assistants help fill the gap. The national shortfall can be attributed to a number of factors: The population has both aged and become more chronically ill, while doctors and clinicians have migrated to specialty fields such as dermatology or cardiology for higher pay and better hours. The shortage is especially acute in impoverished inner cities and rural areas where it already takes many months — years in some cases — to hire doctors, health professionals say. “I’m thinking about putting our human-resources manager on the street in one of those costumes with a ‘We will hire you’ sign,” said Doni Miller, chief executive of the Neighborhood Health Association in Toledo. One of her clinics has had a physician opening for two years. In southern Illinois, the 5,500 residents of Gallatin County have no hospital, dentist or full-time doctor. Some pay \$50 a year for an air ambulance service that can fly them to a hospital in emergencies. Women deliver babies at hospitals an hour away. The lack of primary care is both a fact of life and a detriment to health, said retired teacher and community volunteer Kappy Scates of Shawneetown, whose doctor is 20 miles away in a neighboring county. “People without insurance or a medical card put off going to the doctor,” she said. “They try to take care of their kids first.” In some areas of rural Nevada, patients typically wait seven to 10 days to see a doctor. “Many, many people are not taking new patients,” said Kerry Ann Aguirre, director of business development at Northeastern Nevada Regional Hospital, a 45-bed facility in Elko, a town of about 18,500 that is a four-hour drive from Reno, the nearest sizable city. Nevada is one of the states with the lowest rate per capita of active primary-care physicians, along with Mississippi, Utah, Texas and Idaho, according to the Association of American Medical Colleges. The problem will become more acute nationally when about 30 million uninsured people eventually gain coverage under the Affordable Care Act, which takes full effect next year. “There’s going to be lines for the newly insured, because many physicians and nurses who trained in primary care would rather practice in specialty roles,” says Dr. David Goodman of the Dartmouth Institute for Health Policy and Clinical Practice. Roughly half of those who will gain coverage under the Affordable Care Act are expected to go into Medicaid, the federal-state program for the poor and disabled. States can opt to expand Medicaid, and at least 24 and the District of Columbia plan to. In Ohio, which is weighing the Medicaid expansion, about 1 in 10 residents already lives in an area underserved for primary care. Mark Bridenbaugh runs rural health centers in six southeastern Ohio counties, including the only primary care provider in Vinton County. The six counties could see some of the state’s largest enrollments of new Medicaid patients per capita under the expansion. As he plans for potential vacancies and an influx of patients, Bridenbaugh tries to identify potential hires when they start their residencies — several years before they can work for him. “It’s not like we have people falling out of the sky, waiting to come work for us,” he said. State

legislatures working to address the shortfall are finding that fixes are not easy. Bills to expand the roles of nurse practitioners, optometrists and pharmacists have been met with pushback in California. Under the proposals, optometrists could check for high blood pressure and cholesterol, while pharmacists could order diabetes testing. But critics, including physician associations, have said such changes would lead to inequalities in the health-care system—one for people who have access to doctors and another for people who don't. In New Mexico, a group representing dentists helped defeat a bill that would have allowed so-called dental therapists to practice medicine. And in Illinois, the state medical society succeeded in killing or gutting bills this year that would have given more medical decision-making authority to psychologists, dentists and advanced practice nurses. Other states are experimenting with ways to fill the gap. Texas has approved two public medical schools in the last three years to increase the supply of family doctors and other needed physicians. New York is devoting millions of dollars to programs aimed at putting more doctors in underserved areas. Florida allowed optometrists to prescribe oral medications — including pills — to treat eye diseases. The federal health-care law attempts to address the anticipated shortage by including incentives to bolster the primary-care workforce and boost training opportunities for physicians' assistants and nurse practitioners. It offers financial assistance to support doctors in underserved areas and increases the level of Medicaid reimbursements for those practicing primary care. Providers are recruiting young doctors as they gear up for the expansion. Stephanie Place, 28, a primary-care resident at Northwestern University's medical school in Chicago, received hundreds of emails and phone calls from recruiters and health clinics before she accepted a job this spring. The heavy recruitment meant she had no trouble fulfilling her dream of staying in Chicago and working in an underserved area with a largely Hispanic population. She'll also be able to pay off \$160,000 in student loans through a federal program aimed at encouraging doctors to work in areas with physician shortages. Place said the federal law turned needed attention to primary care as a specialty among medical students. "Medical students see it as a vibrant, evolving, critical area of health care," she said. Even so, many experts say the gap between doctors and those gaining care under the health reforms in many parts of the country will not close quickly. Access to care could get worse for some people before it gets better, said Dr. Andrew Morris-Singer, president and co-founder of Primary Care Progress, a nonprofit in Cambridge, Mass. "If you don't have a primary-care provider," he said, "you should find one soon."

*Associated Press. 6/23/13*

## **Many Ohioans will pay less than expected for health insurance**

Most Ohioans buying insurance next year on a [statewide health exchange](#) created by the Affordable Care Act will avoid the sticker shock that state officials and others have warned them about, based on premium calculations for exchange plans submitted to the state for approval. Under the ACA, insurers will be required to offer plans on the exchanges that fit within four levels of coverage: bronze, silver, gold and platinum. Using the second-lowest cost silver plan for baseline comparisons, the average monthly premium for a 40-year-old nonsmoker to buy what is expected to be the most popular level of coverage on the exchange was \$282, according to the analysis from [Avalere Health](#), a Washington, D.C.-based consulting firm that follows state and federal health programs. That's more than \$100 lower than the Congressional Budget Office's estimate that the average monthly premium for the same level of coverage nationwide

would be about \$433 a month in 2016. While the premium estimate in Ohio is lower than the national average, it's still higher than premium costs for most individual plans on the market today. That's mainly because insurers' costs to provide health coverage on the exchange will be significantly higher as a result of minimum benefits requirements that are typically more generous than what most individual health plans offer today. A preliminary analysis of filings from [14 insurers seeking approval for 214 different plans on Ohio's exchange](#) found the average cost to cover health care expenses would rise 88 percent next year compared to current market rates, according to the Ohio Department of Insurance. "The department's initial analysis of the proposed rates show consumers will have fewer choices and pay much higher premiums for their health insurance starting in 2014," Ohio Lt. Gov. Mary Taylor said in a press release. But anyone earning up to 400 percent of the poverty level — or just under \$45,000 a year in 2012 — will be eligible for generous tax credit subsidies that will offset premium costs for many of the estimated 1.5 million uninsured Ohioans who could sign up for insurance on Ohio's health exchange. "Premiums will certainly be higher than what they are today," said Caroline Pearson, vice president at Avalere Health. "But anybody who's already buying coverage in the open market is most likely paying more than what they will pay with a subsidy." About 916,000 Ohioans — including nearly 200,000 residents in southwest Ohio — would qualify for subsidies, which would be paid directly to insurers to help offset plan premiums, according to [Families USA](#), a national nonprofit advocacy organization. The subsidies are designed to offer the lowest-income enrollees the biggest benefit. For example, a subsidized 40-year-old nonsmoker earning \$27,925 a year would pay \$147 a month for the second lowest-cost silver plan in Ohio, according to Avalere's calculations. Meanwhile, someone with the same profile earning just over minimum wage, or \$16,755 annually, would pay \$42 for the same coverage, the company found. Ohio insurance officials have not calculated premiums or the impact of subsidies for the exchange plans under review. "It is difficult to arrive at a precise average for premium across the state, because each insurance company makes adjustments to the price of plans based on age and health status and the demographic profile of the regions where the plans are offered. In addition, not everyone who enrolls in health insurance on the exchange will be eligible for subsidies. "Premiums will vary widely for a lot of people depending on where you fall on the income scale," said Chris Brock, a spokesman for the state insurance department. But the vast majority of people most likely to sign up for health coverage on the exchanges will fall well within the income range to qualify for a subsidy, said John Bowblis, a health economist at Miami University. "The majority of people who are not self-employed, earning \$40,000 a year or more, probably already have some form of health insurance that is offered to them through an employer," Bowblis said. "It's those people earning just above minimum wage or in the \$25,000-to-\$40,000-a-year range for whom health insurance is more of an issue and would be likely to sign up on the exchange." Still, premiums do not tell the whole story. [ValuePenguin.com](#), a consumer finance website, calculated premiums, deductibles, coinsurance and out-of-pocket maximums for a proposed Ohio exchange plan from Aetna and an existing plan with similar coverage that the company sells. ValuePenguin found that not only did premiums increase from 5 percent to 56 percent, but other costs rose, including the cost of deductibles — the portion of a claim under an insurance policy that must be paid before the insurance company pays the balance — and percentage of coinsurance, or the total cost of covered medical services shared after the deductible has been paid. The deductible was a third higher, climbing from \$1,500 to \$2,000 when comparing the Aetna plans, and coinsurance rose from 20 percent to 30 percent.

“It’s important to note that premiums aren’t the only cost you pay for health insurance,” said ValuePenguin’s Brian Quinn.

*Dayton Daily News. 6/24/13*

## **Wave of legislation would expand gun rights in Ohio**

Republican lawmakers have introduced a new wave of legislation that would continue to expand gun rights in Ohio. Among the proposed changes are measures that would allow public officials to carry firearms in the Statehouse and other "non-secured" public buildings, ban law enforcement from melting down confiscated guns and loosen the state's definition of "automatic firearm." The fresh legislation piggybacks on years of significant changes to Ohio's gun laws, which began in 2004 when Republican Gov. Bob Taft signed a law legalizing concealed handguns. The proposals have gun advocates rejoicing and opponents reeling. House Bill 191, introduced by Republican Rep. John Becker, of Southwest Ohio, would strip a clause from Ohio's definition of "automatic firearm" that classifies a semi-automatic weapon that fires more than 31 rounds without reloading as "automatic." The legislation would keep language that defines "automatic firearm" as a gun that fires multiple rounds with a single trigger pull -- a more traditional definition. Doug Deeken, director of Ohioans for Concealed Carry, said the move is "just good house cleaning legislation." "A firearm is either automatic, or it isn't," Deeken said. "This keeps Ohio from calling something a machine gun that the federal government wouldn't even call a machine gun. It's an arbitrary limit that needs to go." Toby Hoover, executive director of the Ohio Coalition Against Gun Violence, said housekeeping is not the rationale behind HB 191. "I think the motive there is to make sure Ohio is not limiting the number of rounds that can be in a magazine," Hoover said. "I think the motive is to make sure the number of rounds you can have is unlimited." Becker's House Bill 210 would stop the state's law enforcement agencies from destroying legal, confiscated firearms and ammunition. Instead, agencies would be compelled to sell the ordnance to a federally licensed dealer. The measure also gives law enforcement the option to sell the guns "for sporting use or as a museum piece or collectors' item." "I like this one a lot," Deeken said. "The police or any agency should not be melting down a revenue source. They are beholden to this cult-like agenda in which they have to destroy them. "I think it's a crime to melt down guns. The gun didn't do anything wrong. A person did something wrong." Becker is also toiling on legislation that would give public employees who have a concealed-carry license the right to carry guns inside the Statehouse, including the House and Senate floors. The legislation, which Becker said could be introduced this month, would apply to all "non-secured" public buildings. "If the nut cases can get in with guns, then the good guys need to be able to defend themselves and shoot back," Becker said. "The bottom line is that it's about safety and security." A "non-secured" public building would be defined as one that does not require every person who enters to pass through a metal detector, Becker said, adding that he intends to prohibit local and state governments from overriding the legislation if it's passed. "I'm sort of divided on this one," Hoover said. "Do I think guns belong there? Absolutely not. But it's good that [legislators] are no longer exempting themselves from where guns are allowed." The bill could run into a wall with the Capitol Square Review and Advisory Board. The group is considering spending nearly \$2 million to fortify the Statehouse with metal detectors and other security measures. Becker said he has spoken to public employees in his district and has not received any negative feedback. The idea doesn't sit well, however, with

Democratic Rep. Nickie Antonio of Lakewood. "At first blush, I think this is irresponsible and very troubling to hear," Antonio said. "It's just inappropriate. We are not living out on the prairie in the Wild West." Since the 2004 legalization of concealed carry, Ohio lawmakers have tweaked the law to make it less restrictive, for example, by allowing concealed guns in bars, restaurants and stadiums. They also have enacted other laws expanding gun rights, including a measure in 2006 that voided assault weapons bans in Cleveland, Columbus and Dayton and the "castle doctrine" law in 2008, which assumes a homeowner who injures, maims or kills an intruder is acting in self-defense and places the burden on police and prosecutors to prove otherwise. Becker's three gun proposals are not the only controversial firearms legislation on the agenda of this General Assembly, which is controlled by Republicans. GOP Rep. Terry Johnson, of Southern Ohio, introduced a bill that would allow people from outside the state to carry a concealed gun in Ohio if they hold a concealed handgun license issued in another state. The proposal included in House Bill 203 would apply only to licenses issued by states that recognize concealed handgun licenses issued in Ohio. In addition, HB 203 would change the training requirement to obtain a concealed handgun license. Current law states a person must go through 12 hours of training. HB 203 doesn't set a minimum number of hours required for competency. Johnson's bill would also arm Medicaid fraud investigators appointed by the attorney general and expand the "castle doctrine" to apply outside of the home in any place a gun owner "lawfully has a right to be." "Not everyone is a track star and the legal duty to retreat in Ohio law places the elderly, the infirm and those of us who have gained a few pounds at risk," Deeken said. "It's absurd that in order to satisfy the law that I must flee to protect my loved ones. 'Castle doctrine' was a great first step but [HB 203] is where the law should be." Johnson did not respond to a request for comment on his gun legislation. Hoover said the slew of new gun legislation would misplace priorities. "We are making guns more important than people," Hoover said. "The whole scheme is always to let more people carry more guns in more places with less training."

*Cleveland Plain Dealer. 6/22/13*

## **New GOP proposals seek restrictions on abortions**

Ohio Republicans, fresh off the divisive "heartbeat bill" last year, are seeking to land several unified blows against the abortion industry, attacking family planning funding, abortion clinics and the pre-abortion doctor's visit. The barrage of new legislation has found its way into the state's two-year budget, along with a newly proposed bill designed to ensure a woman waits 48 hours and hears a fetus' heartbeat before going through with an abortion. That House bill would also require physicians to describe a fetus during a pre-abortion ultrasound, including its ability to feel pain. "I believe strongly that we need to cut down on the number of abortions as much as possible," Rep. Ron Hood, R-Ashville, told *The Enquirer* of the bill that would change pre-abortion regulations. "It's my hope that when a mother sees a baby in an ultrasound, she sees its life." Ohio's annual abortion total has fallen from a peak of more than 45,000 in 1982 to around 25,000 today, according to the Ohio Department of Health. Abortion-rights advocates and Democrats say Hood's proposed law would use shame and coercion to keep women from having abortions. In addition, limiting access to family planning care – measures to defund Planned Parenthood are in both the House and Senate versions of Ohio's two-year budget, expected to be unveiled next week – will only increase the number of unplanned pregnancies and therefore the number of abortions, they say. For Rashida Manuel of Walnut Hills, Planned Parenthood

provided affordable medication and access to a doctor who would take Medicaid for her annual exam. Manuel, 29, first visited Planned Parenthood six years ago as a single mom in college. She needed birth control to provide hormones that help with a medical condition, she says. She's never had an abortion. Manuel heard from a roommate that Planned Parenthood could provide birth-control medicine for \$10. "And I just kept going. I'm a graduate student, so I'm living off stipends," she said. Without Planned Parenthood's low prices, "I wouldn't be able to afford it. I struggled to find good health care in Cincinnati, as far as a gynecologist who is able to talk to me in a way that respects me and respects my choices about my body." Patients like Manuel, who aren't having an abortion, make up more than 95 percent of Planned Parenthood appointments, said Stephanie Kight, CEO of Planned Parenthood Advocates of Ohio. People who lack insurance often use Planned Parenthood for annual exams, cancer screenings and prescriptions, sometimes free of charge. But both the House and Senate versions of the two-year Ohio budget reprioritize how the state distributes money allocated to family planning, effectively putting Planned Parenthood at the end of the line. Without that funding, Planned Parenthood might have to offer subsidized prices to fewer Southwest Ohioans. That's a concern for Ashley Hernandez of Clifton, who has visited Planned Parenthood for the past five years for her annual exam, often when she lacked insurance. She says she's never paid more than \$30 for a visit. "Whether I have health insurance or I don't, I get an appointment immediately, and I'm seen and taken care of," said Hernandez, 25. "There's no difference in care." Anti-abortion Republicans in the Legislature say the defunding measure will fight the abortion industry. Democrats argue the money couldn't legally be used for abortion in the first place. Low-income patients rely on family planning centers for nonjudgmental, affordable health care, they say. "Not one tax dollar in this state is going to support abortion services," state Rep. John Patrick Carney, D-Columbus, said this week at a press conference. Anti-abortion lawmakers say they don't want to fund organizations that support abortion – period. "Life is something that is very precious," Sen. Peggy Lehner, R-Kettering and former president of Ohio Right to Life, said this month in a Senate speech. "We are talking about an organization that has been responsible for more of those abortions than any other single entity. ... If Planned Parenthood chose today to give up being the nation's leading abortion provider, this amendment (defunding Planned Parenthood) would be yanked out of here. "This amendment is about the state of Ohio standing up and saying, 'We are not going to spend our limited resources on an organization that advocates the destruction of human life.' It is simple as that and we will not apologize." Last year, Republicans and anti-abortion activists were divided over the so-called heartbeat bill, which would have banned abortions if a fetal heartbeat was detected. The bill passed the House in 2011, but former Senate President Tom Niehaus, R-New Richmond, prevented it from having a vote in the Senate. He joined some Republicans and Ohio Right to Life in worrying that courts would declare such a law unconstitutional. This year's abortion-related legislation, along with several measures that passed last year, shouldn't come as a surprise, Ohio Right to Life spokesman Mike Gonidakis said. Ohioans elected supermajorities of Republicans in the House and Senate because of their stances on the economy and on abortion, he said. This week, Hood defended the most recent bill. Ohio law already requires a woman to wait 24 hours in most cases before having an abortion. She must meet with a physician and typically has an ultrasound to determine the gestational age of the fetus. Under Hood's bill, a doctor would have to perform an ultrasound, describe the fetus and make the sound of the heartbeat audible. The bill would also double the wait for most women unless a doctor thought "the death of the woman would result from the failure to immediately terminate the pregnancy." Currently, a woman can skip the waiting period if a

doctor thinks her health is at serious risk. Doctors complained the bill would require them to lie to their patients by talking about the increased risk of breast cancer after an abortion, a claim the American Cancer Society says is not supported by scientific research. A separate measure, in the Senate's budget, would prohibit abortion clinics from having patient-transfer agreements with public hospitals, forcing them to make transfer agreements with private hospitals to stay in operation. Private hospitals often have religious affiliations that could motivate them to deny partnerships with abortion clinics. Planned Parenthood's Cincinnati abortion clinic, the Elizabeth Campbell Center in Mount Auburn, is not expected to be affected from the transfer agreement language. Republican majorities, not Gov. John Kasich, put the defunding provisions and the patient-transfer prohibition in versions of the budget. If they are in the final version set to pass the House and Senate next week, abortion rights advocates hope Kasich will use his budget-related line-item veto power to take them back out. Kasich opposes abortion. "We have budget meetings every day, and the things we talk about are K-12 (spending), Medicaid and tax reform, and that's it," Kasich spokesman Rob Nichols said. Republicans have introduced these anti-abortion provisions this year: Both the House and the Senate budgets have provisions that would send taxpayer money to other health clinics over abortion providers such as Planned Parenthood. The funding is for family planning and other health-related care. Taxpayer money already can't be used for abortions. Where it stands: In conference committee of House and Senate leaders; final budget expected Monday or Tuesday. Ohio law requires outpatient surgical facilities, including abortion clinics, to line up a hospital that will agree to take patients in event of complications. The Senate budget includes an amendment that would prevent abortion surgery centers from having those agreements with public hospitals. To stay open, clinics would have to find a private hospital willing to make the agreement, a concern for centers in areas without a private hospital or with private hospitals with religious affiliations. Where it stands: In conference committee of House and Senate leaders; final budget expected Monday or Tuesday. A budget provision would allow Ohio to give federal money for low-income mothers and children to groups that include crisis pregnancy centers. Where it stands: In conference committee of House and Senate leaders; final budget expected Monday or Tuesday. A new House bill would double the wait time for most women to have an abortion to 48 hours. The pre-abortion meeting with a doctor would have to include a description of the fetus, including its ability to feel pain, and the sound of the fetal heartbeat, although she could refuse to listen to it. The doctor would also have to tell the woman that an abortion increases the risk of breast cancer, a claim the American Cancer Society says is not supported by scientific research. Under the bill, all women would have to go through the 48-hour waiting period, the ultrasound process and more, unless their doctor thought "the death of the woman would result from the failure to immediately terminate the pregnancy." So far, the bill is co-sponsored by every Southwest Ohio Republican in the House except Margaret Conditt of Liberty Township, Tim Derickson of Oxford and Doug Green of Mount Orab. Where it stands: Has had first hearing House health committee. Likely to have additional hearings, since the health committee chairman, Rep. Lynn Wachtmann, R-Napoleon, is a co-sponsor.

*Cincinnati Enquirer*. 6/22/13

## **Medicaid bills get first hearing in House despite uncertain future**

House Lawmakers on both sides of the aisle made their cases for two competing Medicaid overhaul bills Tuesday despite uncertainty over the immediate future of such proposals. Shortly after House [Speaker Bill Batchelder](#) (R-Medina) raised doubt that such proposals will pass the legislature in the run-up to summer recess, two bills, which call for Medicaid expansion and broad system overhauls respectively, underwent their first round of consideration in the chamber's Finance & Appropriations Committee. [Rep. Ron Amstutz](#) (R-Wooster), committee chairman and a joint sponsor of one of the measures, said while it would be a "moderate miracle" for such legislation to pass before June 30, he would not shut the door completely to the idea. In sponsor testimony before the committee, [Rep. Barbara Sears](#) (R-Sylvania), a key lawmaker on the issue and outspoken proponent of expansion, also vowed to continue pushing for the policy measure so it can be implemented in time for January 2014. She told colleagues that her bill ([HB 176](#)) incorporates many ideas that have sprung up since the budget began and "recognizes a unique opportunity to reform Ohio's Medicaid program and to reform the processes we use to link entitlement programs to insure they work for Ohioans." Specifically, she said it would set a new priority focus and modify members of committees that are currently tasked with overseeing the state's Medicaid program, as well as includes a circuit-breaker provision, similar to that included in Gov. Kasich's original budget proposal. The legislation, Rep. Sears added, also seeks to:

- Improve Medicaid recipient health while lowering costs, as well as control Medicaid costs and reduce the rate of expenditure increase;
- Enroll a minimum of 80% of Medicaid recipients in private sector health plans;
- Require greater personal responsibility through cost sharing and other measures;
- Ensure those who received treatment for narcotics are unable to access the medications they abuse;
- Highlight work-related services and linkage through Medicaid Managed Care programs to lower caseloads;
- Streamline administration of the program and make Ohio a national leader in preventing fraud and abuse within the system, among other things.

Rep. Sears said her bill states that the Medical Assistance director "shall request a state plan amendment," but not implement changes until approved by the federal government. It also requires the director to submit a report to the legislature on the progress of these overhauls, which can include recommendations for additional changes, as well as allows the state to deposit the federal share "for the purposes of the Medicaid expenditures." She stressed her belief that it's "imperative" that the legislature take an overarching systematic approach to Ohio's current Medicaid system to effectively address "the needs of Ohio's most vulnerable." "HB 176 adds the framework and allows the legislature, working within each of our committees, to identify and develop the interior and exterior of the program by identifying 'hot spots' and legislative priorities that are used as linkage opportunities within the programs," Rep. Sears said. The Republican lawmaker added that her bill "allows for a rational and comprehensive public policy

approach that has the ability to develop into an overarching systematic approach to helping the poor and disadvantaged, while also helping those that need hope and a gentle push forward." Rep. Ann Gonzales (R-Westerville) asked the witness if it's "too late" to pursue a waiver for expansion, which Rep. Sears explained a state plan amendment is the more likely option at this point as it would take less time to get through. She added that she believes it's important to set January 1, 2014 as a target date for any Medicaid expansion policy as it's the date other ACA-related provisions will go into effect. Chairman Amstutz asked the sponsor to clarify what she means by "Medical Assistance" director. Rep. Sears said this is the new title for the Medicaid director under the budget. In response to the chairman's follow-up question, the sponsor said she envisions repurposing what the state already has within its committee structure, in terms of oversight. She noted that her concern is that too much oversight puts the state at risk for losing flexibility when addressing problems. [Rep. John Carney](#) (D-Columbus) called Rep. Sears' bill a "small ray of light" for evidence-based strategies in the General Assembly. He asked the lawmaker to discuss why "time is of the essence" with this measure. "I can't emphasize enough that for every day we delay for beyond January 1 we risk losing financial opportunity and...a reform opportunity," she said in regards to federal funding that will be available in 2014, as well as penalties that will go into place for employers who do not offer proper coverage. According to Rep. Sears, the cost of not expanding Medicaid extends beyond what can be put down on a balance sheet. If she had her way, Rep. Sears added, the legislature would be adding the bill to the budget conference report due to the lengthy consideration the measure has received in the General Assembly, in response to Rep. Carney's follow-up question. "You cannot build a structure around something that has no foundation and expect it to last," she said. [Rep. Vernon Sykes](#) (D-Akron) said his caucus is generally "impressed" with and supportive of the bill. Offering testimony on a bipartisan effort ([HB 208](#)) that aims to improve Ohio's Medicaid system through a series of yet-to-be defined reforms, Chairman Amstutz said the measure largely picks up where the chamber left off upon its removal of Medicaid expansion language from the budget bill. According to the lawmaker, the bill permanently sets into law a plan and creates a legislative oversight committee. He added that it creates a "starting point on specific measures" to bend down the Medicaid cost curve, encourage Ohioans to move up and off of the entitlement program and provide additional legislative oversight and accountability. Rep. Amstutz noted the measure does not currently include provisions that would link the proposed changes to the executive budget bill or language regarding appropriations needed for expansion. He cautioned colleagues against "camping too much on this version of the bill" as changes are expected to occur along the legislative process. Specifically, the measure aims to: establish a new Joint Medicaid Oversight Committee that produces cost containment and peer mentoring reports, as well as advises the Joint Committee on Agency Rule Review; limit per member per month Medicaid costs; provide cost reform methods; and lower the number of Ohioans who rely on Medicaid. Joint sponsor Rep. Sykes stressed that this bill represents the "beginning process," which they hope to build on in the near future and expedite through the General Assembly. "While HB 208 would put in place a number of reforms as Chairman Amstutz outlined, these reforms would not hinder or violate federal law in any way and they would not prevent but rather promote a more efficient and effective health care system to serve more persons at a lower cost per member per month and eventually lower overall expense," he said in written testimony. In response to Rep. McGregor, Chairman Amstutz said the new committee was crafted to be advisory in nature and focus on this plan in its relation to JCARR. Rep. Sykes added that he and his joint sponsor wanted to ensure that such a committee would have "teeth" and an impact on

the program. Following-up, Rep. McGregor asked the two to discuss the powers of this committee, which Rep. Amstutz said it would have the ability to subpoena as part of its "teeth." Rep. Sykes added that the bill doesn't intend to lengthen the JCARR process. Chairman Amstutz said currently the legislation represents a "feel good bill" in its current form and will need to be refined more. Responding to Rep. Gonzales, Rep. Sykes said he and his joint sponsor were cautious not to include appropriations in this bill, but intend to have them in the future. Rep. Amstutz added that he would like to employ the expertise of the Legislative Service Commission for anticipated costs. In regards to Rep. Gonzales' questions on cost transparency being provided to consumers under the bill, Rep. Amstutz said the measure comes from the recommendation of a committee member. Rep. Sykes added that it comes in line with personal responsibility aspirations. Chairman Amstutz said the bill doesn't change eligibility and aims to lower the relative number of recipients through strategies that empower wellness, in response to questions posed by Rep. Debbie Philips (D-Athens). This relative number, he said, pertains to non-disabled adult recipients.

*Gongwer News Service. 6/18/13*

## **Governor's office, food banks partner to deliver meals to children in Appalachia**

The Governor's Office of Faith-Based Initiatives will team with local food banks this summer to deliver meals to children in Appalachia who cannot otherwise access free summer meal programs. The new Summer Meals Delivery Program is on top of the office's added effort in targeted areas of the state to ensure children who are food insecure receive nutritious meals on weekends. Seventy-nine counties statewide have Summer Food Service Program sites where children who are eligible for free and reduced-price lunches during the school year can access meals during summer break. Those programs are typically operated on weekdays and are supported with reimbursements from the U.S. Department of Agriculture. Kim Hettel, director of the Office of Faith-Based Initiatives, said what she learned during site visits in Jackson County is that many children there eat lunch through the program sites on Friday and might not have another nutritious meal until they return to the site Monday. "We knew that that was something that we could help with," she said in an interview. "So we went to the governor and explained to him and he without hesitation said, let's do it." First Lady Karen Kasich has shown an interest in supporting childhood nutrition efforts, but it was [Gov. John Kasich](#) who through executive order directed \$1 million in Temporary Assistance to Needy Families dollars overseen by OFBI to the cause. Summer Weekend Meals Programs at 167 sites last year served six meals - provided in a backpack on Fridays - to 10,000 children per week for 10 weeks, Ms. Hettel said. It has been expanded to 183 sites for 2013 but the impact is expected to be the same. Ohio Association of Foodbanks Director Lisa Hamler-Fugitt said food banks have taken the backpack approach during the school year and said the summer approach is "getting meals in innovative ways to children in very remote and rural areas." Programs that fight food insecurity for children is "an investment in our future," she said. The program, which Ms. Hamler-Fugitt said is anchored by food banks, is targeted to counties that have 40% or more of their families at or below 200% of the federal poverty levels or their schools are in academic watch or academic emergency. Participating counties this year are: Butler, Columbiana, Crawford, Erie, Franklin, Gallia, Highland, Hardin, Huron, Jackson, Jefferson, Logan, Lorain, Mahoning, Marion, Morgan, Van

Wert, Vinton, Washington, Trumbull, Pike, Tuscarawas and Wayne. The backpack program won't be the only extra outreach in Appalachia this summer, however, as another need was identified by the state after last year's program. "As we did site visits again in the Appalachian counties, specifically Gallia, Jackson, we realized that because of the distance between the Summer Food Service Program sites and where some of these kids live way out in the hills and hollows, that we could maybe deliver the meals to them rather than them just not having access to any of the Summer Food Service Program sites or the weekend backpacks," Ms. Hettel said. The governor again via executive order administered \$1 million for the backpack program but threw in an extra \$500,000 to cover the Summer Meals Delivery Program. "We're extremely proud of it. It does a lot of good," Kasich spokesman Rob Nichols said of the two programs. "It's helping kids and families during the summer when they need it most. I don't know who wouldn't want to be able to do these sorts of things but we're able to do them because we got things stabilized. "They're worthy causes. They do tangible good for kids and families, and we're glad to be able to support them." The effort is in partnership with faith-based and nonprofit groups and involves no administrative funds with all TANF dollars going to the program, Ms. Hettel said. It is slated to serve 2,230 children per week. To date the delivery program is serving 11 meals per week to only 889 children, but Ms. Hettel said she expects the numbers to increase in the coming weeks. The Summer Food Service Program requires children eat their meals on site as part of the USDA rules, Director Hettel said. "What our program has done is allow more flexibility for kids to be served and to get nutritious meals where they are without so many restrictions." The USDA is testing a similar program, but the director said she thinks Ohio is doing really well with its approach. The program was open by competitive bid to sponsors and school systems in Adams, Athens, Gallia, Holmes, Jackson, Lawrence, Meigs, Morgan, Pike, Scioto, and Vinton counties, she said. "These kids were identified by school nurses, teachers and principals as being not just food insecure but hungry," Ms. Hamler-Fugitt said. "There's no resources in those households to feed kids." Last month the governor also allocated another \$500,000 for Mobile Farm Markets. "We will be doing farmers markets with Ohio-grown and raised fruits and vegetables that will be distributed at Summer Food Service Programs and our backpack programs throughout the summer to ensure the families of these children are also receiving healthy, wholesome foods," Ms. Hamler-Fugitt said. The Ohio Association of Foodbanks seeks greater state funding for food pantries and is pushing conference committee members to provide an additional \$2.5 million per year in the budget ([HB 59](#)) for emergency food "so we can ensure that we've got food at our food banks, on our food pantry shelves and on the plates of more hungry Ohioans." "We see every day in our system that our agencies, our food banks, our food pantries and our soup kitchens are absolutely stretched to the limit," she said. "It is short-sighted of us as a state and nation to believe that there are not going to be horrible consequences to be paid for children that we allow to go hungry during the summer months. "I don't need any more research. We have decades and decades of research that tell us the impact that hunger has on children who don't have reliable access to healthy, wholesome food. We know that just one experience with hunger can have very negative health outcomes for children 10 to 15 years from now. We know that they have higher rates of repeating grades, being held back, higher rates of diabetes and other chronic disease."

*Gongwer News Service. 6/14/13*

## **House bill aims to deter sex trafficking**

Tougher penalties await “johns” who pay minors for sex, regardless of whether they knew their age, under a bill passed unanimously Wednesday by the Ohio House. House Bill 130 is the latest in a series of attempts by Ohio to legislate its way out from under its reputation as a hub for modern-day slavery, particularly for the sex trade. The measure now goes to the Senate, which isn’t expected to take it up until after its summer recess which is set to begin later this week. “The buying and selling of people is big business, folks...,” the bill’s sponsor, Rep. Teresa Fedor (D., Toledo), told her colleagues. “Now we must finish what we started. Ending demand makes sense.” The bill gets rid of a two-tier system of prosecutions created in Ohio’s last human-trafficking law passed last year. That law created differing penalties for sex-for-hire customers based on the age of the trafficked victim. Instead, those who solicit a minor for sex would be prosecuted with a third-degree felony, carrying jail time of up to five years, instead of a misdemeanor. They would also have to register as sex offenders regardless of whether they knew the minors they hired for sex were under the age of 18 or were developmentally disabled. The bill no longer contains a provision that would have required the spouse of someone charged with soliciting to be notified of the arrest. The so-called End Demand Act would also:

— Prohibit the purchase of any advertising of prostitution that depicts a minor, including Internet sites.

— Prohibit someone not licensed by government to advertise massage services, a move targeting the proliferation of massage parlors that front for prostitution.

— Authorize a court to allow a trafficking victim to testify via closed-circuit television from outside the courtroom.

“Whether you know it or not, this is happening in your community...,” Rep. Denise Driehaus (D., Cincinnati) said. “It’s real, and there are real victims.” The state has already passed laws toughening penalties against those who traffick in people for the sex trade, forced labor, or domestic servitude and to steer victims away from jail cells toward drug and alcohol treatment, counseling, and other services. Gov. John Kasich, who has used his clout to push legislation through, has hired Ohio’s first full-time anti-human-trafficking coordinator. Ohio’s role as a crossroads in human-trafficking came to light in 2005 when a federal sting broke up a trafficking ring in Harrisburg, Pa. That ring involved 177 females, and 77 of them, including a 10-year-old girl, were from the Toledo area. Highlighting the urgency placed on the problem, lawmakers unanimously supporting the attachment of an emergency clause to the bill. That will allow it to take effect immediately upon receiving the signature of the governor rather than have to wait the customary 90 days.

*Toledo Blade. 6/27/13*

## **Poll: Ohioans want expanded gun checks**

A recent poll finds wide support among Ohio voters for new restrictions on buying guns at gun shows and online. The poll released Wednesday by Quinnipiac (KWIHN’-uh-pee-ak) University indicates that 78 percent support expanded background checks for people buying guns those ways. Those polled indicated that Republican Sen. Rob Portman’s opposition to the expanded

background checks caused many — 45 percent — to think of him less favorably. The poll says Portman's position made 15 percent view him more favorably. Democratic Sen. Sherrod Brown's support for expanded checks led 43 percent to say they viewed him more favorably, and 16 percent less. Both senators enjoy positive approval ratings, though Portman's is higher. The poll taken June 18-23 surveyed 941 voters, for a margin of error of plus-or-minus 3.2 percentage points.

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